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DLN: 93493133012183

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A Fo	r the	2012 cal	endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-	31-2012		
B Ch	eck if a	applicable	C Name of organization REGIONAL BUSINESS COUNCIL		D Employer	identification number
∏ Add	dress c	hange	Doing Business As		43-1913	3803
∏ Na	me cha	ange	Dollig business As			
┌ Ind	tıal retu	nu	Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telephone	number
Г Те	rmınate	ed	7701 FORSYTH BOULEVARD NO 205		(314)22	5-2100
☐ Am	nended	return	City or town, state or country, and ZIP + 4 SAINT LOUIS, MO 631051875		(311)22	
Г Ар	plicatio	n pending			G Gross rece	ıpts \$ 2,262,491
			F Name and address of principal officer		this a group re	
			KATHLEEN OSBORN 7701 FORSYTH BLVD	a	ffiliates?	ΓYes Γ No
			SAINT LOUIS, MO 63105	Н(b) д	re all affiliates i	ncluded?
——— т Та	ıx-exer	npt status	✓ 501(c)(3)	_ If	"No," attach a	list (see instructions)
			WW STLRBC ORG	H(c)	Group exemption	number ►
				<u> </u>		
K For	m of or	rganızatıon	Corporation Trust Association Other	L Year	of formation 2001	M State of legal domicile
Pa	rt I	Sum	ımary			
			escribe the organization's mission or most significant activities			_
			TE AND ENGAGE MEMBERS TO ACT ON HIGH-IMPACT BUSINESS MENT OF THE ST LOUIS REGION	, CIVIC AI	ND PHILANTHR	OPIC AFFAIRS FOR THE
8		<u>DETTER</u>	THE ST LOUIS REGION			
E E						
Governance	,	Check th	his box ▶─ if the organization discontinued its operations or disposed	of more tha	an 25% of its ne	et assets
	-	oncon c		or more en		
Activities &	3	Number	of voting members of the governing body (Part VI, line 1a) $$. $$.			3 116
Ħ			of independent voting members of the governing body (Part VI, line 1)		<u> </u>	4 116
Ę			mber of individuals employed in calendar year 2012 (Part V, line 2a)		· · · ·	5 6
∢			mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12		· · ·	6 600 7a 0
			elated business taxable income from Form 990-T, line 34		_	7b 0
			·		Prior Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		2,422,480	2,248,836
Ravenue	9	Progra	am service revenue (Part VIII, line 2g)		(0
łaye	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		21,58	_
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lii		(0
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), III	ne	2,444,06	2,262,491
	13		s and similar amounts paid (Part IX, column (A), lines 1–3) $$. $$. $$.		659,899	669,492
	14		its paid to or for members (Part IX, column (A), line 4)		(0
Ω ?	15	Saları 5–10	es, other compensation, employee benefits (Part IX, column (A), lines		666,96	693,100
Expenses	16a		, ssional fundraising fees (Part IX, column (A), line 11e)			0 0
Š	Ь		ındraısıng expenses (Part IX, column (D), line 25) ▶20,584			
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		602,94	2 685,405
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,929,80	2,047,997
	19	Reven	nue less expenses Subtract line 18 from line 12	_	514,26	214,494
2 8 2 6 3 6 3 6				Begin	ning of Current Year	End of Year
to ge	20	Total	assets (Part X, line 16)		3,216,07	3,539,868
Not Assets or Fund Balances	21		liabilities (Part X, line 26)		1,787,738	+
žÏ	22	Netas	ssets or fund balances Subtract line 21 from line 20		1,428,338	1,652,456
Pa	rt II	Sign	nature Block			
my k	nowle	dge and	perjury, I declare that I have examined this return, including accompa belief, it is true, correct, and complete Declaration of preparer (other nowledge			
		****			2013-05-11	
Sigr		Signa	ature of officer		Date	
Her	e		ER F BENOIST FINANCE CHAIR			
		<u> </u>	e or print name and title Print/Type preparer's name Preparer's signature	Date		TIN
Paid	Ч		Preparer's signature JEFFREY PERSON	Date		00437219
	u pare	۱ مج	Firm's name RUBINBROWN LLP		Firm's EIN 🕨 43-0	765316
	on:	I .	Firm's address ► ONE NORTH BRENTWOOD		Phone no (314) 2	90-3300
	. J.I	··· •				

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

✓ Yes ☐ No

4d Other program services (Describe in Schedule O) 583,133 including grants of \$ 126,050) (Revenue \$ Total program service expenses > 1,947,093

KIND SURVEY OF YOUNG PROFESSIONALS TO BETTER UNDERSTAND THEIR PERCEPTIONS OF THE REGION

COMPANIES TO PROMOTE AN INCLUSIVE BUSINESS ENVIRONMENT - ALLOCATED \$20,000 TO FUND THE ASIAN AMERICAN CHAMBER OF COMMERCE A NEWLY

DEVELOPED ORGANIZATION COMMITTED TO GROWING AND SUPPORTING ASIAN OWNED BUSINESSES IN THE REGION -PROVIDED A \$10,000 SPONSORSHIP TO THE RBC MINORITY MID-LEVEL PROFESSIONALS IN THE ST LOUIS BUSINESS DIVERSITY FELLOWS PROGRAM THAT OFFERS PROFESSIONAL DEVELOPMENT OPPORTUNITIES - SUPPORTED NUMEROUS EDUCATIONAL, CULTURAL AND CIVIC ORGANIZATIONS INCLUDING THE UNIVERSITY OF MISSOURI ST LOUIS, ST LOUIS UNIVERSITY, THE URBAN LEAGUE OF ST LOUIS, AND THE ST LOUIS SYMPHONY TO EXPAND OPPORTUNITIES FOR MINORITY YOUTH -CONDUCTED A FIRST OF ITS

Part IV	Checkli	st 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	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		No
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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $\sqrt[4]{2}$	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, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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
е	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 and XII	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 and XII 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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
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? If "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		Νo
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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

r G I	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 11			110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		30		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
	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		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		.,,

Form 990 (2012) Page 6 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. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 116			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
	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			
	The governing body?	8a	Yes	
	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			ue Cod Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a	Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 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. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- 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 (314) 225-2100

Form	990	(2012)
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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 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 organization nor any related organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1039-MI3C)		organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

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

	(A) Name and Tıtle	(B) A verage hours per week (list any hours for related	person is both an officer from the and a director/trustee) organization (W-organizations (V-organizations (V							Reportable compensation from related organizations (W	-	(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-M15C)	2/1099-M15C)		relate organiza	ed
												+		
												-		
												+		
												+		
												+		
1b	Sub-Total			•				Þ						
С	Total from continuation sheet	•	ection A	Α.		•	•	•						
	Total (add lines 1b and 1c). Total number of individuals (in		limitad	to the		ıcto	d abov	<u></u>	ho rocouro	297,647		0		89,335
	\$100,000 of reportable comp	-					u abov	C) W	no receive	u more ti	iaii			
													Yes	No
	Did the organization list any f							yee	, or highes	t compen	sated employee			
	on line 1a? If "Yes," complete 5 For any individual listed on lin							•	d other see		on from the	3		No
	organization and related organ													1
	Individual				•	•		•				4	Yes	
	Did any person listed on line 1 services rendered to the organ									anization	or individual for	5		No
1	ction B. Independent Co Complete this table for your fi compensation from the organi	ve highest comp											tay year	
		(A) Name and business		4011	101 0			a. , c	ar chang		(B) cription of services		(C Comper)
		varne and pusiness	auu1E55							Des	enption of services		comper	iadilOII
												\dashv		
2 T	otal number of independent co	ontractors (inclu	dına but	t not	lımıt	ed to	o thos	e list	ted above)	who rece	ıved more than	\dashv		

Part V	4 + 4 4	Statement of Revenue Check if Schedule O contains a response to any question	in this Part VIII		_	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s s	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 873,000				
Gr imo	С	Fundraising events 1c				
ifts, ir A	d	Related organizations 1d				
igi nila	e	Government grants (contributions) 1e				
ons, Sin	_					
utic ier	f	All other contributions, gifts, grants, and similar amounts not included above 11,375,836				
rib Oth	g	Noncash contributions included in lines 1a-1f \$				j
Cont and	h		2,248,836			
C		<u>-</u>				
an.	2a	Business Code				
ever	b					
a E	c					
, MC	d					
38	e					
ranı	f	All other program service revenue				
Program Serwce Revenue	•					
F	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)	13,655			13,655
	4	Income from investment of tax-exempt bond proceeds •				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	Ь	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
		(I) Securities (II) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	b	Less cost or other basis and				
		sales expenses				
	۲ C	Gain or (loss)				
	d 8a	Net gain or (loss)				
eune	54	events (not including \$ of contributions reported on line 1c)				
Other Revenue		See Part IV, line 18				
ţ.	b	Less direct expenses b				
ပ	C	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a−11d				
	12	Total revenue. See Instructions				
		iotal revenue. See Instructions	2,262,491	0	(13,655

	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	The state of the s		lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	nrt IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	669,492	669,492		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	386,983	348,284	30,959	7,740
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	244,351	225,175	14,967	4,209
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,026	6,800	199	27
9	Other employee benefits	28,147	26,228	1,359	560
10	Payroll taxes	26,593	24,319	1,795	479
11	Fees for services (non-employees)				
а	Management				
b	Legal	31	28	2	1
c	Accounting	23,999	12,210	9,825	1,964
d	Lobbying	51,568	51,568		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	82,582	82,393	150	20
12	Schedule O)	118,258			641
	-	53,160	115,191 49,926	2,426 2,558	
L3	Office expenses				676
L4 	Information technology	18,379	16,727	1,307	345
L5	Royalties				
L6 . –	Occupancy	86,114	78,374	6,123	1,617
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,383	2,354	23	6
19	Conferences, conventions, and meetings	166,361	160,329	4,772	1,260
20	Interest	·			•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	11,592	10,550	824	218
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PRINTING	32,933	30,786	1,698	449
b	DUES	20,826	20,315	404	107
С	POSTAGE & SHIPPING	4,536	4,128	323	85
d	SUBSCRIPTIONS	3,700	3,485	170	45
е	All other expenses	8,983	8,431	436	116
25	Total functional expenses. Add lines 1 through 24e	2,047,997	1,947,093	80,320	20,584
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				•

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Pa	art X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		100	1	100
	2	Savings and temporary cash investments		2,600,374	2	2,734,138
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
ts		Loans and other receivables from current and former officers, dire			-	
	5	employees, and highest compensated employees Complete Part Schedule L	II of		5	
	6	Loans and other receivables from other disqualified persons (as d $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and con and sponsoring organizations of section $501(c)(9)$ voluntary emplorganizations (see instructions) Complete Part II of Schedule L	tributing employers		6	
4ssets	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use			8	
	9				9	
	10a	Prepaid expenses and deferred charges	240.040		9	
	ь	Part VI of Schedule D	10a 319,946 10b 319,946	4 1	10c	0
		·	615,602		805,630	
	11	Investments—publicly traded securities	615,602	11	605,630	
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,216,076	16	3,539,868
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		1,479,500	19	1,510,794
	20	Tax-exempt bond liabilities			20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedu	le D		21	
<u>, av</u>	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified				
Liabilit		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part >				
		D		308,238	25	376,618
	26	Total liabilities. Add lines 17 through 25		1,787,738	26	1,887,412
ري طاع		Organizations that follow SFAS 117 (ASC 958), check here ► 7	and complete			
ĕ		lines 27 through 29, and lines 33 and 34.			~-	
<u>ත</u>	27	Unrestricted net assets			27	
<u> </u>	28	Temporarily restricted net assets			28	
Ĕ	29	Permanently restricted net assets			29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	► and			
ź	30	Capital stock or trust principal, or current funds		0	30	0
À	31	Paid-in or capital surplus, or land, building or equipment fund .		0	31	0
	32	Retained earnings, endowment, accumulated income, or other fund	ds	1,428,338	32	1,652,456
ĕ	33	Total net assets or fund balances		1,428,338	33	1,652,456
_	34	Total liabilities and net assets/fund balances		3.216.076	34	3,539,868

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				r
					· ·
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,2	262,491
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0	47,997
3	Revenue less expenses Subtract line 2 from line 1	3		2	214,494
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,4	128,338
5	Net unrealized gains (losses) on investments	5			9,624
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,6	552,456
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. F
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	equired	3b		

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As Filed Data -

DLN: 93493133012183

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization REGIONAL BUSINESS COUNCIL

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

					Yes	No	Yes	No	Yes	No			
				or IRC section (see instructions))	document?								
org	ganiza	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) org in the U		sup	support	
S	uppor	ted	(11) LIN	organization	organızatı	on in	the organiz	zation	organizat	ion in	mon	etary	
) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	notify	(vi) Is	the	(vii) ^ -	nount of	
h				ng information about						[ا /···/		
		` '	•	er of a person descri lled entity of a perso	` ,		hove?				g(iii)	 	
				governing body of th er of a person descri		-	'				g(i) g(ii)	 	
				rectly or indirectly o	•		_	persons de	scribed in (ii)		Yes	No	
_		followir	ng persons?	_								T	
g			this box August 17, 2	2006, has the organi	zation accer	ted anv gift	or contribution	on from anv	of the			ı	
f		If the o	rganization	received a written de	etermination	from the IR	5 that it is a	Type I, Typ	e II, or Type	III suppor	tıng organı	zation,	
			han foundatı n 509(a)(2)	on managers and otl	her than one	or more pub	licly supporte	ed organizat	ions describ	ed in section	on 509(a)(1) or	
e	Γ			ox, I certify that the	organization	ıs not contr	olled directly	or indirectl	y by one or r	nore disqua	alıfıed pers	ons	
		the box		bes the type of supp	or <u>tı</u> ng organı	ization and c	omplete line	s 11e th <u>ro</u> u	gh 11h				
11	ı			ganized and operated ly supported organiz									
10		-		ganized and operated	•		•						
	_	acquire	ed by the org	janızatıon after June	30,1975 S	ee section 5	09(a)(2). (C	omplete Pai	tIII)				
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from b	usinesses		
		receipt	s from activ	ities related to its ex	xempt function	ons—subject	to certain ex	xceptions, a	ınd (2) no mo	re than 33	1/3% of		
9	Γ	An orga	anızatıon tha	at normally receives	(1) more th	an 331/3% o	· f its support [·]	from contrib	utions, mem	bership fee	s, and gros	ss	
8	Γ			described in sectior			nplete Part II)					
7	굣			at normally receives on 170(b)(1)(A)(vi).			support from	a governme	ntal unit or f	rom the ger	neral public	С	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
				A)(iv). (Complete P	•								
5	Γ	Anorg	anızatıon op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	a governmen	tal unıt des	cribed in	<u></u>	
-	'			ty, and state	teu iii conjun	Ction with a	nospital dest	indea iii sec	.tioii 170(b)((1)(A)(III).	Linter the		
3 4	<u> </u>			perative hospital se n organization operat						11/41/:::1	Entartha		
2				in section 170(b)(1				170/b)/1)	(A)(:::)				
1	_		•	on of churches, or as				ection 170(l	o)(1)(A)(i).				
	rganız			e foundation becaus			-						
Par				blic Charity Sta						nstruction	s.		
									43-19138	803			

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 2,010,808 1,952,973 1,874,450 2,422,480 2,248,836 10,509,547 include any "unusual grants ") 7 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 2,010,808 1,952,973 1,874,450 2,422,480 2,248,836 10,509,547 Total. Add lines 1 through 3 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 Public support. Subtract line 5 10,509,547 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 2,010,808 1,952,973 1,874,450 2,422,480 2,248,836 10,509,547 Amounts from line 4 Gross income from interest, dividends, payments received on 35,006 34,879 21,586 13,655 securities loans, rents, royalties 60,664 165,790 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 10,675,337 through 10) Gross receipts from related activities, etc (see instructions) 12 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 98 450 % Public support percentage for 2011 Schedule A, Part II, line 14 15 15 97 700 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493133012183

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Political Campaign and Lobbying Activities

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

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

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** REGIONAL BUSINESS COUNCIL 43-1913803 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No 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 function 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? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (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-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	·►□	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN
		expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

	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			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	53,206	
c	Total lobbying expenditures (add lines 1a and 1i	o)	53,206	
d	O ther exempt purpose expenditures		1,893,887	
е	Total exempt purpose expenditures (add lines 1	1,947,093		
f	Lobbying nontaxable amount Enter the amount f	247,355		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	61,839	
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 4720	reporting	□ Ves □ No

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 Expe	nditures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount	251,468	261,694	246,310	247,355	1,006,827
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,510,241
_c	Total lobbying expenditures	159,216	88,268	50,708	53,206	351,398
d	Grassroots nontaxable amount	62,867	65,424	61,578	61,839	251,708
_e	Grassroots ceiling amount (150% of line 2d, column (e))					377,562
f	Grassroots lobbying expenditures	12,500			Julo C (Form 990	12,500

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second of the	(6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
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?					
j	Total Add lines 1c through 1:					
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 505(c)(6).	01(c)(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493133012183

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization REGIONAL BUSINESS COUNCIL

Employer identification number

COOTINE	bosiness cooncie			1913803
art I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if th
		(a) Donor advised funds		(b) Funds and other accounts
Total	I number at end of year			
	egate contributions to (during year)			
	egate grants from (during year)			
Aggr	egate value at end of year			
	the organization inform all donors and donor advisors is are the organization's property, subject to the or		nor adv	rsed Yes N
used	the organization inform all grantees, donors, and d I only for charitable purposes and not for the benef erring impermissible private benefit?			
rt II	Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
☐ P ☐ P ☐ Com	ose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space plete lines 2a through 2d if the organization held a ement on the last day of the tax year	or education) Preservation of a Preservation of a	certifie	d historic structure
ease	ement on the last day of the tax year			Held at the End of the Year
Tota	I number of conservation easements		2a	Held at the Lild of the Teal
	I acreage restricted by conservation easements		2b	
	ber of conservation easements on a certified histo	oric structure included in (a)	2c	
Num	ber of conservation easements included in (c) acc oric structure listed in the National Register		2d	
	ber of conservation easements modified, transferr	red, released, extinguished, or terminat	ed by th	ne organization during
	ax year -	,	,	
	·			
	ber of states where property subject to conservat			
	s the organization have a written policy regarding treement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	f violations, and Yes N
Staff ►	and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year
A mo	unt of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durin	g the year
	s each conservation easement reported on line 2(osection 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı) Yes
balaı	art XIII, describe how the organization reports col nce sheet, and include, if applicable, the text of th organization's accounting for conservation easeme	e footnote to the organization's financia		
t III	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
work	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve its held for public exhibition, education	, or rese	earch in furtherance of public
work	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ice, provide the following amounts relating to thes	ts held for public exhibition, education		
(i) _R	evenues included in Form 990, Part VIII, line 1			► \$
(ii) ∆	Assets included in Form 990, Part X			 \$
Ifthe	e organization received or held works of art, histor wing amounts required to be reported under SFAS			
	enues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,		► \$
				· ¬

b Assets included in Form 990, Part X

Part	111 Organizations Maintaining Co	llections of Art	t, His	tor	ical T	reasur	es, or C	<u>ther</u>	<u> Similar As</u>	sets (c	<u>ontınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	neck	any of	the follov	wing that	are a	sıgnıfıcant use	e of its	
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	y furth	er the or	ganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									┌ Yes	□ No
Par	t IV Escrow and Custodial Arrang	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form 9	990,	,
1a	Part IV, line 9, or reported an and Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets n		 ┌ Yes	
b	If "Yes," explain the arrangement in Part XII	T and complete the	e follov	wina	table					,	, 110
_	The state of the s			9			Γ		Ar	nount	
c	Beginning balance						ľ	1c			
d	Additions during the year						ľ	1d			
e	Distributions during the year						ľ	1e			
f	Ending balance						ŀ	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X. lır	ne 21?	,			L			┌ Yes	
b	If "Yes," explain the arrangement in Part XII				on has	heen nro	vided in F	art X	TTT		
Pa	rt V Endowment Funds. Complete									· · · ·	-
		(a)Current year) Prior					hree years back	(e)Four	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships							1			
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses							_			
g	End of year balance										
2	Provide the estimated percentage of the curi	rent year end balan	ce (lır	ne 1g	ı, colum	nn (a)) he	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are hel	d and ad	mınıstere	d for t	the	Yes	No
	(i) unrelated organizations								3a		
	(ii) related organizations								3a(<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second or the seco							•	3	Б	<u></u>
_	t VI Land, Buildings, and Equipme					10					
	Description of property	inc Sec Form 5.	,,,,		(a) Cost		(b) Cost or basis (ot		(c) Accumulat depreciation		Book value
1a	Land		_	+							
	Buildings										
	Leasehold improvements			\vdash		319,946			319	,946	0
	Equipment			\vdash					317	,	
	Other										
	I. Add lines 1a through 1e (Column (d) must e			ımn ((B), line	10(c).)					0

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method	of valuation
(including name of security)		Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		1.2	
Part VIII Investments—Program Related. Sec (a) Description of investment type	(b) Book value		d of valuation
(a) Description of investment type	(b) book value		year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III		1	(b) Book value
(a) Descrip	octon		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	i.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
DEFERRED COMPENSATION	376,618		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	376,618		

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , Part IV, lines	1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

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

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

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

OMB No 1545-0047

DLN: 93493133012183

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

lame of the organization						Employer identification	on number
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 	ard the grants or as	ssistance?					▽ Yes □ No
Part II Grants and Other As Form 990, Part IV, line							es" to
(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 grant or assistance
See Additional Data Table							
2 Enter total number of section 50	1 (c)(3) and govern	ment organizations lie	ted in the line 1 table				24
3 Enter total number of other orga							3
							_

	· · ·
1001	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Part III can be duplicated 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
	1	1	1	1	1

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	, 	SCHEDULE I, PART I, LINE 2 FOR EVERY GIFT THE REGIONAL BUSINESS COUNCIL ALLOCATES WE ASSURE THAT THE ORGANIZATION 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

(h) Purpose of grant

Software ID: **Software Version:**

EIN: 43-1913803

Name: REGIONAL BUSINESS COUNCIL

Form 990,Schedule I, Par	t II, Grants a	nd Other Assistance	to Governments	and Organization	ns in the United Sta	ites	
(a) Name and address of organization	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of g or assistance
					/haala EMAA ammusaal		

organization or government	(-,	ıf applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
DIRECTOR OF REVENUE STATE ROAD FUND205 JEFFERSON STREET JEFFERSON CITY, MO 65102	43-1283723		55,000				LIGHTING FOR MISSISSIPPI RIVER BRIDGE
UNITED WAY OF GREATER ST LOUIS910 N 11TH STREET ST LOUIS, MO 63101	43-0714167	501(C)(3)	50,750				SUPPORT FOR AGENCIES
TEACH FOR AMERICAPO BOX 5114 NEW YORK CITY, NY 10185	13-3541913	501(C)(3)	50,000				SUPPORT INNER CITY TEACHERS
TREASURER STATE OF MISSOURI205 JEFFERSON STREET JEFFERSON CITY, MO 65102	43-1283723		50,000				CHARTER SCHOOL TRANSITION
ARCH GRANTS611 OLIVE 12TH FLOOR ST LOUIS,MO 63101	27-4875945	501(C)(3)	50,000				EDUCATIONAL START UP GRANTS
KIPP INSPIRE2647 OHIO AVE ST LOUIS,MO 63118	01-0916759	501(C)(3)	36,000				OPPERATIONAL SUPPORT
INSIGHT ST LOUIS7701 FORSYTH BLVD ST LOUIS,MO 63105	20-3983119	501(C)(3)	30,000				OPPERATIONAL SUPPORT
HISPANIC CHAMBER OF COMMERCE3611 S GRAND BLVD SUITE 105 ST LOUIS,MO 63118	43-1323271	501(C)(6)	28,900				OPPERATIONAL SUPPORT
COLLEGE BOUND110 N JEFFERSON ST LOUIS,MO 63103	20-4768985	501(C)(3)	25,500				OPPERATIONAL SUPPORT
HAWTHORN FOUNDATION PO BOX 93 JEFFERSON CITY, MO 65102	43-1231419	501(C)(6)	20,000				OPPERATIONAL SUPPORT
ASIAN AMERICAN CHAMBER OF COMMERCE 1766 BURNS AVE ST LOUIS,MO 63132	45-2827370	501(C)(3)	20,000				OPPERATIONAL SUPPORT
ST LOUIS AMERICAN NEWSPAPER FOUNDATION 4242 LINDELL BLVD ST LOUIS,MO 63108	43-1686282	501(C)(3)	20,000				STEM INITIATIVE IN EDUCATION
LAMBERT ST LOUIS INTERNATIONAL AIRPORT 10701 LAMBERT INTERNATIONAL BLVD ST LOUIS, MO 63145	43-1553821		19,300				OPPERATIONAL SUPPORT
ST LOUIS CIVIC PRIDE FOUNDATION701 CONVENTION PLAZA SUITE 300 ST LOUIS, MO 63101	80-0740501	501(C)(3)	15,000				OPPERATIONAL SUPPORT
READY READERS1974 INTERBELT BUSINESS CENTER DR OVERLAND, MO 63114	43-1841631	501(C)(3)	12,500				OPPERATIONAL SUPPORT
UNIVERSITY OF MISSOURI ST LOUIS308 WOODS HALL 8001 NATURAL BRIDGE ST LOUIS,MO 63121	43-6003859		10,032				OPPERATIONAL SUPPORT
SCOTT FIELD HERITAGE AIR PARK FOUNDATION 216 E A ST BELLEVILLE, IL 62220	37-1388711	501(C)(3)	10,000				OPPERATIONAL SUPPORT
ST LOUIS BUSINESS DIVERSITY INITIATIVE ONE METROPOLITIAN SQUARE ST LOUIS, MO 63102	43-0975222	501(C)(6)	10,000				OPPERATIONAL SUPPORT
URBAN HARVEST915 OLIVE APT 1503 ST LOUIS,MO 63101	27-5559517	501(C)(3)	10,000				OPPERATIONAL SUPPORT
URBAN LEAGUE3701 GRANDEL SQUARE ST LOUIS,MO 63108	43-0653605	501(C)(3)	9,300				OPPERATIONAL SUPPORT
ANGEL'S ARMS1445 S 18TH ST UNIT 105 STE 4 ST LOUIS,MO 63104	43-1894074	501(C)(3)	8,000				OPPERATIONAL SUPPORT
FRIENDS OF LUCAS PARK 315 N 11TH ST APT 701 ST LOUIS, MO 63101	45-5074045	501(C)(3)	8,000				OPPERATIONAL SUPPORT
OUR LADY'S INN4223 S COMPTON AVE ST LOUIS,MO 63111	43-1213751	501(C)(3)	7,500				OPPERATIONAL SUPPORT
CRAFT ALLIANCE6640 DELMAR ST LOUIS,MO 63130	43-1022226	501(C)(3)	7,500				OPPERATIONAL SUPPORT
SHALOM HOUSE1040 S TAYLOR ST LOUIS,MO 63110	43-0915808	501(C)(3)	7,500				OPPERATIONAL SUPPORT
MAGIC HOUSE516 S KIRKWOOD ST LOUIS,MO 63122	51-0138441	501(C)(3)	6,500				OPPERATIONAL SUPPORT
ST LOUIS POLICE FOUNDATION1200 CLARK AVE ST LOUIS,MO 63103	26-0326513	501(C)(3)	6 ,2 50				OPPERATIONAL SUPPORT

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** REGIONAL BUSINESS COUNCIL 43-1913803

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	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			
	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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee ☐ Written employment contract			
	✓ 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		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
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		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
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 duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(i) Base (ii) Bonus & (iii) Other (incentive compensation compensation (iii) Bonus & (iiii) Other (incentive compensation compensation (iiii) Other (incentive compensation compensation (iiii) Other (iiiiii) Other (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
(1)KATHLEEN T OSBORN EXECUTIVE DIRECTOR	(i) (ii)	288,534 0	0	9,113	69,250 0	20,085 0	386,982 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any dadition	nar mrormación	
Identifier	Return Reference	Explanation
	,	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)
SUPPLEMENTAL INFORMATION		LINE 4 B THE EXECUTIVE DIRECTOR, KATHLEEN OSBORN, ACCRUED A NONVESTED BENEFIT OF \$44,250 UNDER A DEFINED CONTRIBUTION FORMULA THIS AMOUNT IS NOT PAID UNTIL VESTED AND IS AN UNSECURED OBLIGATION OF RBC 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) 2012

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OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

2012

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Name of the organ REGIONAL BUSINESS											ploye	r identif 3803	fication	numbei	r
									01(c)(4) or	ganıza	tions	only).		0.1	
1 (a) Name o						orm 990, P oetween dis		25	(c) Descrip					d) Corr	ected?
	•	•				organızatı							— <u>—</u>	es	No
2 Enter the amount 4958 3 Enter the amount 1958										yearu 	inder s	ection \$ \$ •			
Comp	lete if the	organiza	rom Inte ation answei n amount on	red "Yes	s" or	Form 990			ne 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, oı	r ıf the	
(a) Name of interested person	(b) Rela		(c) Purpose		oan om tl	to ne	(e)Origir principa amount	nal al	(f) Balance due		In ult?	(h Appro by boa commi	ved rd or	(i)Wr agreer	
				То		From				Yes	No	Yes	No	Yes	No
														_	
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1														ר	
Part III Gran	ts or As	ssistan	ce Benefi	tting I	nte	rested F	ersons.	art	IV, line 27.	<u> </u>					
(a) Name of inte		(b) Rel	ationship be ted person a organization	tween nd the			f assistanc	-	(d) Type o		tance	(e)	Purpose	e of ass	ıstance

Part IV Business Transactions					
Complete if the organization	<u>on answered "Yes" on F</u>	<u>Form 990, Part IV, lın</u>	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	t zation's
				Yes	No
(1) ST LOUIS BUSINESS JOURNAL (E SHERBERG)	COMMON OFFICER / DIRECTOR	,	APRIL 6TH INSERT IN BUSINESS JOURNAL		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Schodula I /Form 000 or 000 F7\ 2012

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493133012183

OMB No 1545-0047

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization REGIONAL BUSINESS COUNCIL Employer identification number

43-1913803

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	PATRICIA D WHITAKER, RICHARD H MILES FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
		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

ldent	ifier Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	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 AND ELECTION OF OFFICERS

Identifier	Return Reference	Explanation						
	FORM 990, PART VI, SECTION A, LINE 7B	RBC MEMBERS VOTE ON SELECTION OF THE MEMBERS OF THE EXECUTIVE COMMITTEE						

Identifier	Return Reference	Explanation						
	FORM 990, PART VI, SECTION B, LINE 11	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						

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 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.

Identifier Return Reference	Explanation						
FORM 990, PART VI, SECTION B, LINE 15	DETERMINATION OF COMPENSATION - DESCRIPTION OF THE PROCESS - ALL PAY IS BASED ON MARKET AND MERIT ANNUAL EVALUATIONS ARE CONDUCTED FOR ALL EMPLOYEES THE EVALUATIONS CONSIDER PERFORMANCE AND PROGRESS TOWARDS PREVIOUSLY ESTABLISHED GOALS THE EXECUTIVE DIRECTOR REPORTS ON THE OVERALL ACHIEVEMENTS OF THE ORGANIZATION THE CHAIR THEN REVIEWS THIS REPORT AND DISCUSSES THE DETAILS WITH THE EXECUTIVE DIRECTOR THE REPORT IS THEN DISCUSSED AT THE EXECUTIVE COMMITTEE, THE INITIATIVE COMMITTEES AND THE FULL BOARD RBC MONITORS THE COMPENSATION PAID FOR SIMILAR POSITIONS AS DEEMED APPROPRIATE BY THE CHAIR, A COMPENSATION REVIEW REGARDING THE EXECUTIVE DIRECTOR IS CONDUCTED FROM TIME TO TIME THE EXECUTIVE DIRECTOR AND RBC ENTER INTO AN EMPLOY MENT AGREEMENT POSITIONS TO WHICH THE PROCESS APPLIES - THE GENERAL REVIEW PROCESS APPLIES TO ALL EMPLOYEES ADDITIONAL POLICIES DESCRIBED ABOVE APPLY TO THE EXECUTIVE DIRECTOR YEAR(S) WHEN THIS PROCESS WAS LAST UNDERTAKEN - THE EVALUATION PROCESS IS ONGOING COMPARABLE SALARY INFORMATION IS CONSIDERED ANNUALLY THE LAST COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR WAS IN 2011 THE MOST RECENT EMPLOY MENT AGREEMENT WAS SIGNED IN 2008						

Identifier	Return Reference	Explanation						
	FORM 990, PART VI, SECTION C, LINE 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						

Software ID: **Software Version:**

EIN: 43-1913803

Name: REGIONAL BUSINESS COUNCIL

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

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 week (list	Positio more unless an d	than	not one on is ran trust	box s bot d a tee)	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
J DANN ADAMS DIRECTOR	2 00	х						0	0	0
DOUGLAS A ALBRECHT DIRECTOR	2 00	х						0	0	0
JAMIE AUFFENBERG DIRECTOR	2 00	×						0	0	0
PETER F BENOIST DIRECTOR / SECRETARY / TREASURER	2 00	х		х				0	0	0
JOSEPH BLOMKER DIRECTOR	2 00	х						0	0	0
ROBERT G BRINKMANN DIRECTOR	2 00	х						0	0	0
ERIC BRUNNGRABER DIRECTOR	2 00	х						0	0	0
J JOSEPH BURGESS DIRECTOR	2 00	х						0	0	0
MARK BURKHART DIRECTOR	2 00	Х						0	0	0
STUART CAMPBELL DIRECTOR	2 00	Х						0	0	0
JOHN CAPPS DIRECTOR / NOMINATING CHAIR	2 00	Х		Х				0	0	0
GERALD CARLSON DIRECTOR	2 00	Х						0	0	0
JAMES G CASTELLANO DIRECTOR	2 00	Х						0	0	0
MICHAEL A CHIVELL DIRECTOR	2 00	х						0	0	0
W THOMAS CHULICK DIRECTOR	2 00	х						0	0	0
MAXINE CLARK DIRECTOR	2 00	Х						0	0	0
PARKER B CONDIE JR DIRECTOR	2 00	х						0	0	0
S BRYAN COOK DIRECTOR	2 00	х						0	0	0
DEANNA DAUGHHETEE DIRECTOR	2 00	Х						0	0	0
CLARK DAVIS DIRECTOR	2 00	Х						0	0	0
MICHAEL A DECOLA DIRECTOR / PAST CHAIRMAN	2 00	х		Х				0	0	0
KEVIN DEMOFF DIRECTOR	2 00	х						0	0	0
CRAIG S DESNOYER DIRECTOR	2 00	Х						0	0	0
GENE M DIEDERICH DIRECTOR	2 00	х						0	0	0
GARY W DOUGLASS DIRECTOR	2 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Worganizations (Wan officer and a week from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual 1 or director Highest compensated employee Institutional hours organizations 쥰 for employee related organızatıons trustee below Trustee dotted line) 2 00 THOMAS P DUNNE SR Χ Χ 0 0 0 DIRECTOR / VICE CHAIR 2 00 L B ECKELKAMP JR 0 0 Х 0 **DIRECTOR** 2 00 TODD EPSTEN 0 0 0 Х DIRECTOR 2 00 JOHN S EULICH Х 0 0 0 DIRECTOR 2 00 DOUGLAS R FABICK 0 0 0 Х DIRECTOR 2 00 JOHN H FERRING IV 0 0 0 Х DIRECTOR 2 00 JEFFREY L FOX 0 0 0 Х DIRECTOR 2 00 GENERAL WILLIAM M FRASER III 0 0 0 DIRECTOR 2 00 CATHERINE A FRENCH Χ 0 0 DIRECTOR 2 00 DEREK W GLANVILL 0 0 0 X DIRECTOR 2 00 ROBERT S GOLDSTEIN Χ 0 0 0 DIRECTOR 2 00 ANTHONY A GONZALEZ-ANGEL 0 0 DIRECTOR 2 00 SUSAN GRAHAM 0 0 0 Х DIRECTOR 2 00 WENDY HENRY 0 Х 0 0 DIRECTOR 2 00 ROBERT R HERMANN JR Х 0 0 0 DIRECTOR 2 00 BRIAN HOGAN 0 0 0 Х DIRECTOR 2 00 BRUCE B HOLLAND 0 0 0 Х DIRECTOR 2 00 VICTORIA M HOLT Χ 0 0 0 **DIRECTOR** 2 00 HUBERT HOOSMAN JR Х 0 0 0 DIRECTOR 2 00 THOMAS W HOUGH 0 0 0 Х DIRECTOR 2 00 CHRIS HOWARD Х O 0 0 DIRECTOR 2 00 GERARD J HOWE 0 0 0 DIRECTOR 2 00 CARMEN JACOB 0 0 0 Х DIRECTOR 2 00 JEFFREY A JOHNSTON 0 0 Х 0 2 00 RODNEY KINZINGER 0 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Wan officer and a organizations (Wfrom the week (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual to or director Highest compensated employee Institutional hours organizations for employee related organızatıons trustee below Trustee dotted line) 2 00 TODD J KORTE Χ 0 0 0 DIRECTOR 2 00 KENNETH KRANZBERG 0 Х 0 **DIRECTOR** 2 00 ROMAN T KULICH 0 0 0 Х DIRECTOR 2 00 DONN LUX Х 0 0 0 DIRECTOR 2 00 STEVE MARTENET 0 0 0 Х DIRECTOR 2 00 MICHAEL MCCARTHY 0 0 0 Х DIRECTOR 2 00 TERRANCE M MCCARTHY 0 0 0 Х DIRECTOR 2 00 SUSAN MCCOLLUM 0 0 0 DIRECTOR 2 00 VIRGINIA MCDOWELL Χ 0 0 DIRECTOR 2 00 P JOSEPH MCKEE III ٥ 0 0 X DIRECTOR 2 00 S WHITAKER MEYER Χ 0 0 0 DIRECTOR 2 00 ROGER D MILLER 0 0 DIRECTOR 2 00 ROBERT D MILLSTONE 0 0 0 Х **DIRECTOR** 2 00 KEVIN D MOWBRAY 0 Х 0 0 DIRECTOR 2 00 PATRICK K MURPHY Х 0 0 0 DIRECTOR 2 00 JAMES J MURPHY JR 0 0 0 Х DIRECTOR 2 00 JOHN R MUSGRAVE Х 0 0 0 Х DIRECTOR / GENERAL COUNSEL 2 00 ELIZABETH NIEDRINGHAUS Χ 0 0 0 **DIRECTOR** 2 00 REBECCA NOLAN Х 0 0 0 DIRECTOR 2 00 JAMES V O'DONNELL 0 0 0 Х DIRECTOR 2 00 FREDERICK J OERTLI Х O 0 0 DIRECTOR 2 00 BOB O'LOUGHLIN Х 0 0 0 DIRECTOR / VICE CHAIR 2 00 ROBERT L PLUMMER 0 0 0 Х DIRECTOR 2 00 JOHN K PRUELLAGE 0 0 Х 0 DIRECTOR 2 00 VICTOR L RICHEY JR 0 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Worganizations (Wan officer and a week from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual 1 or director Highest compensated employee Institutional hours organizations 쥰 for employee related organızatıons trustae below Trustee dotted line) 2 00 JOHN J RIFFLE Χ 0 0 0 DIRECTOR 2 00 RODGER O RINEY 0 0 Х 0 **DIRECTOR** 2 00 STEVEN C ROBERTS 0 0 0 Х **DIRECTOR** 2 00 SANTIAGO ROCES Х 0 0 0 DIRECTOR 2 00 GEORGE C ROMAN 0 0 0 Х DIRECTOR 2 00 SALLY H ROTH 0 0 0 Х Χ DIRECTOR / VICE CHAIR 2 00 JOSEPH D RUPP 0 0 0 Х DIRECTOR 2 00 CASSANDRA SANFORD 0 0 0 DIRECTOR 2 00 RICHARD A SAUGET Χ 0 0 DIRECTOR 2 00 SOREN SCHRODER 0 0 0 X DIRECTOR 2 00 RICHARD SEMS Χ 0 0 0 DIRECTOR 2 00 JAMES F SHEKELTON III 0 0 DIRECTOR 2 00 ELLEN SHERBERG 0 0 0 Х DIRECTOR 2 00 DAVID SINDELAR 0 Х 0 0 DIRECTOR 2 00 GREGORY R SMITH Х 0 0 0 DIRECTOR 2 00 MR DAVE SPENCE 0 0 0 Х DIRECTOR 2 00 MICHAEL H STAENBERG 0 0 0 Х 2 00 KENNETH STEINBACK Χ 0 0 0 DIRECTOR 2 00 JOSEPH J STEINER Х 0 0 0 DIRECTOR 2 00 DAVID L STEWARD 0 0 0 Х DIRECTOR 2 00 TOM STILLMAN Х O 0 0 DIRECTOR 2 00 KEITH STROPE 0 0 0 DIRECTOR 2 00 JOHN P STUPP JR 0 0 0 Х DIRECTOR 2 00 KENNETH H SUELTHAUS 0 0 Х 0 DIRECTOR 2 00 DONALD M SUGGS 0 0 DIRECTOR

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

Compensated Employees, and Independent Contractors (A) (B) (D) (C) (E) (F) Position (do not check Reportable Name and Title Average Reportable Estimated amount more than one box, of other hours compensation compensation from the per unless person is both from related compensation an officer and a organization (Worganizations (Wfrom the week director/trustee) 2/1099-MISC) 2/1099-MISC) (lıst organization and any related Individual to or director Office Highest compensated employee Former Institutional hours organizations for employee related organizations trustee below l Trustee dotted line) 2 00 ANTHONY R TERSIGNI 0 0 Χ DIRECTOR 2 00 JIM M THEISS Х Х 0 0 0 DIRECTOR / CHAIRMAN ELECT 2 00 ANDREW THOME Х 0 0 0 DIRECTOR 2 00 ANTHONY THOMPSON Х 0 0 0 Х DIRECTOR / VICE CHAIR 2 00 **EUGENE M TOOMBS** Х 0 0 0 DIRECTOR 2 00 JOHN M TRACY Х Χ 0 0 0 DIRECTOR / CHAIR 2 00 JOSEPH E TROVER JR 0 0 Χ 0 **DIRECTOR** 2 00 MAX TSAI Х 0 0 0 DIRECTOR 2 00 JOHN TVRDIK Х 0 0 0 DIRECTOR 2 00 GREG TWARDOWSKI Χ 0 0 0 DIRECTOR 2 00 SANDRA VAN TREASE Х 0 0 DIRECTOR 2 00 STEVE C WALLI Х 0 0 0 **DIRECTOR** 2 00 DOUGLAS K WEIBLE Х 0 0 0 DIRECTOR 2 00 PATRICIA D WHITAKER Х 0 0 0 DIRECTOR 2 00 SCOTT WILSON 0 0 0 Х **DIRECTOR** 2 00 MICHAEL A ZAMBRANA 0 0 0 Х **DIRECTOR** 40 00 KATHLEEN T OSBORN Χ 297,647 0 89,335 EXECUTIVE DIRECTOR