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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.lrs.gov/form990.								Open to Public		
		ue Service			rm 990 ar			rs.gov/form990.	Inspection	
<u>A F</u>	or the		ar year, or tax year be	ginning		and	ending			
B c	heck if oplicable		organization					D Employer identifie	cation number	
	Address	KEGT	ONAL CULTURA		PERFO	RMING ARTS				
<u>_</u>	_change	DEVE	LOPMENT COM	IISSION						
L	Name change		usiness as					43-1	363303	
]Initial return	Number	and street (or P.O. box if	mail is not del	vered to str	eet address)	Room/suite			
	Final return/	6128	DELMAR BLVI					(314)863-5811	
	termin- ated	City or to	own, state or province,	country, and	ZIP or fore	ign postal code		G Gross receipts \$	6,203,756.	
	Amende return	51.		3112-1				H(a) is this a group re	eturn	
	Applica tion	F Name a	nd address of principal	officer FEL	ICIA 1	W. SHAW		for subordinates	? ☐ Yes X No	
	pending SAME AS C ABOVE H(b) Are all subordinates include									
ΙT	ax-exe	mpt status:	X 501(c)(3) 501	(c) ()	(ınsert ı	10.) 4947(a)(1)	or 527	If "No," attach a	list (see instructions)	
JV	Vebsite	e: NWW .	RACSTL.ORG		-	, , , ,		H(c) Group exemption		
				rust As	sociation	Other >	L Year		State of legal domicile: MO	
		Summary				 		<u></u>		
			e the organization's mis	ssion or most	significant	activities PROM	OTE, E	ENCOURAGE AN	D FOSTER	
Activities & Governance		THE ART	S & CULTURE	WITHIN	THE	ST. LOUIS.	MISSO	OURI AREA		
Ē	_		x If the organ						sets	
ě			ting members of the gov			•	oca or mor	3	12	
යි			lependent voting memb			•		4	12	
ග්			of individuals employed					5	21	
蝗			of volunteers (estimate	-	eai zoio (i ait v, iiie zaj		6		
훘			d business revenue fror		lumn (C) I	ne 12		7a	18,338.	
٧			business taxable incom					7b	<35,112.	
	יו ט	vet unrelated	Dusiness taxable incom	ie irom Form	990-1, line	54 × 1 × 1 × 1 × 1 × 1	/:_ · >	Prior Year	Current Year	
		Danas	and aroute (Dout VIII I'm	- 16)	ı	N12E.		5,932,692.	6,110,466.	
Revenue			and grants (Part VIII, lin	-	ļ.,		19		49,566.	
Ş		-	ce revenue (Part VIII, lin		- L	NOV 16		249.	632.	
æ			come (Part VIII, column		II II		1 1 /	46,569.	42,827.	
			(Part VIII, column (A), li		ii ii				6,203,491.	
_			add lines 8 through 11					16,049,148.		
			nılar amounts paid (Par			3)		14,226,509.	3,752,163.	
		•	to or for members (Part		-		ļ	0. 874,358.	0.	
ses		-	r compensation, employ			umn (A), lines 5-10)	_	•	872,978.	
Expenses			undraising fees (Part IX,		• .		<u> </u>	0.	0.	
Š			ing expenses (Part IX, c		•		0.	1 100 000	020 406	
ш		•	es (Part IX, column (A), I		•		_	1,197,029.	930,496.	
		•	s Add lines 13-17 (mus	•		(A), line 25)	<u> </u>	6,297,896.	5,555,637.	
- 10	19 F	Revenue less	expenses. Subtract line	18 from line	12			<248,748.	> 647,854.	
Net Assets or Fund Balances							<u> B</u>	eginning of Current Year	End of Year	
set			Part X, line 16)				<u> </u>	6,026,157.	6,174,278.	
at A			(Part X, line 26)				<u> </u>	4,061,391.	3,561,658.	
컐			fund balances Subtrac	t line 21 from	line 20			1,964,766.	2,612,620.	
		Signature								
	•				_				y knowledge and belief, it is	
true,	correct	, and complete.	. Declaration of preparer (o	ther than office	r) is based	on all information of w	hich prepare	r has any knowledge.		
			leen & She	لي				11/15/2	2416	
Sigr	1	Signature	of officer					Date		
Her	e			EXECU	TIVE :	DIRECTOR				
		Type or p	orint name and title							
		Print/Type prep			Preparer's	signature	<u> T</u>	Date Check fr self-employe	PTIN	
Paid	ı k	JEFF WO	RSHAM, CPA		Lake	. Worsham	CPA 1	self-employe		
Prep		Firm's name	▶ KERBER, EC			L LLP		Firm's EIN	43-0352985	
Use			ONE MEMOR			E 900				
			ST. LOUIS	MO 63	102			Phone no.31	4-231-6232	
May	the IR	S discuss this	s return with the prepar			nstructions)	•	<u> </u>	X Yes No	

Form **990** (2015)

REGIONAL CULTURAL AND PERFORMING ARTS 43-1363303 Page 2 DEVELOPMENT COMMISSION Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission. THE REGIONAL ARTS COMMISSION WAS FOUNDED IN 1985 TO PROMOTE, ENCOURAGE, AND FOSTER THE ARTS AND CULTURAL INSTITUTIONS WITHIN THE ST. LOUIS CITY AND COUNTY AREA AND TO CONTRIBUTE TO THE ECONOMIC DEVELOPMENT OF THE AREA THROUGH A STRONG PRESENCE OF THE ARTS. THE Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes." describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 3,752,163.) (Revenue \$ 49,301. 4,724,709. including grants of \$) (Expenses \$ THE COMMISSION RECEIVES, AS REVENUE, 4/15 OF THE TOTAL REVENUE DERIVED FROM THE ST. LOUIS CITY AND COUNTY HOTEL/MOTEL SALES TAX. COMMISSION DISTRIBUTES THIS REVENUE BY FUNDING OR MAKING GRANTS TO NOT-FOR-PROFIT ORGANIZATIONS AND INDIVIDUAL ARTISTS FOR ACTIVITIES IN ST. LOUIS CITY AND COUNTY. THE COMMISSION MAKES IT POSSIBLE FOR OTHER INSTITUTIONS TO CONTINUE TO PERFORM AND FOSTER ART ACTIVITIES. SCHEDULE #1 FOR GRANT PAYMENTS. THE COMMISSION MAKES GRANTS BASED ON COMPLETED APPLICATIONS WHICH INCLUDE THE FOLLOWING AREAS: 1) ARTISTIC MERIT, 2) COMMUNITY/NATIONAL IMPACT, 3) EFFECTIVE AND ACCOUNTABLE MANAGEMENT, 4) AUDIENCE DEVELOPMENT, AND 5) CULTURAL DIVERSITY SEE SCHEDULE O FOR CONTINUED PROGRAM SERVICE ACCOMPLISHMENT. including grants of \$ Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4,724,709.

Form 990 (2015)

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	1 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		<u> </u>
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
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		x
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 V	10		х
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	Х	
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		X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	 	<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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_		х
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		X
		Form	990	(2015)

Page 4

DEVELOPMENT COMMISSION

Pai	Transfer of Required Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		·	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 25a	24a	X	<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ļ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			۱,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
	instructions for applicable filing thresholds, conditions, and exceptions)			
		28a		X
		28b	_	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		ŀ	_v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_	,	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
	contributions? If "Yes," complete Schedule M	30		_ <u>^</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	1	x
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32	ŀ	x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>32</u>		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	ł
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		х
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Total		Γ
	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?		<u> </u>	
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	[x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		İ	
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2015) DEVELOPMENT COMMISSION

Part VI Statements Regarding Other IRS Filings and Tax Compliance

43-1363303

Page 5

- 41	Check if Schedule O contains a response or note to any line in this Part V							
—	a copone a neto to any month of act			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_{1a} 59		169	140			
b	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 re	eportable gaming						
•	(gambling) winnings to prize winners?	-F- 5 5	1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 21						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_	X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b_	X				
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X_			
b	If "Yes," enter the name of the foreign country	<u>.</u>						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)						
5a			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	_5b		X			
	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	ne organization solicit			х			
	any contributions that were not tax deductible as charitable contributions?		6a	_				
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?	ions or gins	6b					
7	Organizations that may receive deductible contributions under section 170(c).		OD					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		х			
b								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7b					
_	to file Form 8282?		7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X			
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7 h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	i by the						
	sponsoring organization have excess business holdings at any time during the year?	,	8_					
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		_			
10	Section 501(c)(7) organizations. Enter	ا مم ا	l		ł			
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	_{11a}						
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the				1			
	organization is licensed to issue qualified health plans	13b			1			
c	Enter the amount of reserves on hand	13c			<u> </u>			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	ļ	Х			
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b		Ļ			
_			Form	990	(2015)			

DEVELOPMENT COMMISSION

43-1363303

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
12	Enter the number of voting members of the governing body at the end of the tax year 1a 1	2					
	If there are material differences in voting rights among members of the governing body, or if the governing	1					
	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 1b 1	2	!				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1					
~	officer, director, trustee, or key employee?	2		х			
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>					
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х			
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
4		5		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	-	X			
6	Did the organization have members or stockholders?	-					
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7.		х			
	more members of the governing body?	7a_					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x			
_	persons other than the governing body?	7b	 	 ^			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.	х				
	The governing body?	8a 8b	X	 			
ь	Each committee with authority to act on behalf of the governing body?	OD					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x			
~	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		[_V ,,	- I			
		40-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	10a	-	A			
þ	, , , , , , , , , , , , , , , , , , , ,	10b	1				
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-			
b		12b	├ ^	-			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1	x				
	in Schedule O how this was done	12c	X	_			
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14					
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	x				
a		15a	X	\vdash			
b	Other officers or key employees of the organization	15b	┢弃	\vdash			
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40.	1	x			
	taxable entity during the year?	16a	-				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	406					
	exempt status with respect to such arrangements?	16b		1			
	List the states with which a copy of this Form 990 is required to be filed NONE						
17	List the states with which a copy of the Form of the country is a second to be mean		No.				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	avallal	ЭЕ				
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	na tinar	icial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	DAN TIERNEY - (314)863-5811						
	6128 DELMAR BLVD., ST. LOUIS, MO 63122-1204						

DEVELOPMENT COMMISSION

43-1363303

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII		
--	--	--

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average			Pos	<mark>)</mark> ition	1		(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	hours per	box	not c , unle	heck i ss pe	more	than is bot	h an	compensation	compensation	amount of	
	week (list any hours for related organizations below line)	stee or director	institutional trustee	Officer Officer		Highest compensated employee	Former Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) DR. EVA FRAZER	1.00										
BOARD MEMBER	1 00	X	_	X	<u> </u>	<u> </u>		0.	0.	0	
(2) DR. JOHN WRIGHT	1.00	l								0	
VICE CHAIRMAN	1 00	Х		X	<u> </u>	L		0.	0.	0	
(3) DENNIS M. REAGAN	1.00	١.,		7.						•	
BOARD MEMBER	1 00	X		X	_	<u> </u>		0.	0.	0	
(4) JOHN H. RUSSELL	1.00	↓		v				_	0.	^	
TREASURER	1 00	X	<u> </u>	X	<u> </u>	_	_	0.	0.	0	
(5) MICHAEL SCULLY	1.00	x		х				0.	0.	0	
CHAIRMAN	1.00	12	_	^	\vdash	⊢	\vdash	<u> </u>	- 0.		
(6) ANN C. SCOTT BOARD MEMBER	1.00	x						0.	0.	0	
(7) CHERYL D.S. WALKER	1.00	A	\vdash		-	├	 	0.	•	-	
BOARD MEMBER	1.00	x				ł		0.	0.	0	
(8) CYNTHIA J. KOHLBRY	1.00		┢		\vdash	┢	\vdash				
BOARD MEMBER	1.00	\mathbf{x}	1					0.	0.	0	
(9) MARIA TAXMAN	1.00	┢▔				┢	\vdash				
SECRETARY	1 2 3 3	\mathbf{x}		x				0.	0.	0	
(10) SARA BURKE	1.00			-	\vdash	t		- <u>-</u> -		_	
BOARD MEMBER		x		1	ŀ			0.	0.	0	
(11) KELLIE TRIVERS	1.00	<u> </u>	┢					-		_	
BOARD MEMBER		Х						0.	0.	0	
(12) COLE MCBRIDE	1.00										
BOARD MEMBER		X						0.	0.	0	
(13) ANDREA PURNELL	1.00	İ									
BOARD MEMBER		Х						0.	0.	0	
(14) HELENE EPSTEIN	1.00										
BOARD MEMBER		X						0.	0.	0	
(15) DONNA WILKINSON - FORMER	1.00										
BOARD MEMBER		X	$oxed{oxed}$		$ldsymbol{ld}}}}}}$	<u> </u>	<u> </u>	0.	0.	0	
(16) DAN TIERNEY	40.00	1							_		
DEPUTY DIRECTOR			<u>_</u>	X	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	$oxed{oxed}$	$oxed{oxed}$	125,00 <u>0</u> .	0.	13,396	
(17) JILL MCGUIRE	40.00	1	l			1			_		
EXECUTIVE DIRECTOR - FORMER				Х				70,791.	0.	8,387	

532007 12-16-15

Page 8

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					h an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimat amount		
	week (list any hours for related organizations below (ine)	tee or director	Institutional trustee	Officer		Highest compensated A/V	Ť	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	com fr org and	other pensation the anizated related anizated	ation le tion ted
(18) FELICIA SHAW EXECUTIVE DIRECTOR	40.00	П		х				95,192.		0.		47	39.
EAECUTIVE DIRECTOR		Ħ									_	- , ′	<u> </u>
		$\vdash \mid$			_	-	-						
													_
	<u> </u>												
		H					_						
		\vdash	_			-	-		<u> </u>				
		\square											
		1											
		П											
		H	H			-	-	<u></u> -					
							Ļ	290,983.		0.	- 3	<u> </u>	22.
1b Sub-total c Total from continuation sheets to Part V	II, Section A							290,983.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	290,983.		0.	2	6,5	22.
Total number of individuals (including but is compensation from the organization.)	not limited to tr	iose	IISTE	ed al	00V6	e) Wr	10 re	eceived more than \$100	,,uuu of reportab	ie			1
3 Did the organization list any former officer	director or tr	uctor	s ka	w or	nnlo	wee	or	highest compensated a	mplovee on			Yes	No
line 1a? If "Yes," complete Schedule J for			5, NC	y Ci	пріс	ycc,	, Oi i	mgnest compensated e	inployee on		3		x
For any individual listed on line 1a, is the s and related organizations greater than \$15	•								the organization		4		x
5 Did any person listed on line 1a receive or	accrue compe	nsati	ion f	rom	any	unr	relat		idual for services	;			
rendered to the organization? If "Yes, " con Section B. Independent Contractors	nplete Schedul	e J fo	or su	ıch	pers	son					5		_X
1 Complete this table for your five highest co	•	•								npens	ation	rom	
the organization. Report compensation for (A)	the calendar y	ear e	endı	ng v	vith	or w	<u>rithir</u>	the organization's tax (B)	year		((<u> </u>	
Name and business	address	NC	ONE	3			_	Description of s	services	<u> </u>	ompe	-	n
							ļ						
	 .		_				\dashv				_		
							-				_		
									_		_		
									_				
2 Total number of independent contractors (including but r	not lir	mıte	d to	tho	se li	l sted	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization >				(0	_					000	(001 T)
532009											rorm.	330 ((2015)

Page 9

DEVELOPMENT COMMISSION

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1b **b** Membership dues 1c Fundraising events d Related organizations 5,974,527. e Government grants (contributions) f All other contributions, gifts, grants, and 135,939 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 6,110,466. Total. Add lines 1a-1f Business Code 900099 29,966. 29,966 DART PROJECT Program Service Revenue 19,481. RENTAL INCOME 531110 19,481. REGISTRATION FEES 900099 119. 119 All other program service revenue 49,566. Total. Add lines 2a-2f Investment income (including dividends, interest, and 632. 632. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 43,092. 6 a Gross rents 0. **b** Less: rental expenses 43,092. c Rental income or (loss) 18,338. 24,754. 43,092. d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV. line 18 b Less: direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 265. b Less: cost of goods sold <265. <265. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a All other revenue Total, Add lines 11a-11d 18,338. 203,491 49,301. 25,386. Total revenue. See instructions. 12

43-1363303 Page 10

Part IX | Statement of Functional Expenses

Do	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,752,163.	3,752,163.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	317,505.	47,626.	269,879.	
_	trustees, and key employees	317,303.	47,020.	209,019.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	434,439.	218,965.	215,474.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	202,2000	210,303.	213,111	
0	section 401(k) and 403(b) employer contributions)	15,029.	7,061.	7,968.	
9	Other employee benefits	51,916.	23,366.	28,550.	
10	Payroll taxes	54,089.	19,526.	34,563.	
11	Fees for services (non-employees)	,		0 = 7 0 0 0 1	
	Management				
b	·	20,671.		20,671.	
С	, ·	27,394.		27,394.	
d	Lobbying				
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 Sch O.)	403,419.	339,611.	63,808.	
12	Advertising and promotion			10 10	
13	Office expenses	43,442.	27,277.	16,165.	
14	Information technology	46,981.	14,133.	32,848.	· · · · · · · · · · · · · · · · · · ·
15	Royalties	30,587.	25,199.	F 300	
16	Occupancy	30,387.	4,535.	5,388. 26,286.	
17	Travel	30,621.	4,535.	20,200.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	27,731.	22,598.	5,133.	
21	Payments to affiliates	2,,,510	22,350.	3,133.	
22	Depreciation, depletion, and amortization	139,766.	109,841.	29,925.	
23	Insurance	13,051.	10,635.	2,416.	
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 0.)				
а	MEETINGS AND DELIVERY	84,601.	56,319.	28,282.	
b	EQUIPMENT RENTAL & MAIN	55,965.	45,410.	10,555.	
С	MEMBERSHIPS AND PUBLICA	4,557.	60.	4,497.	
d	PARKING	1,510.	384.	1,126.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,555,637.	4,724,709.	830,928.	0
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)				Form 990 (2015

DEVELOPMENT COMMISSION

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,120,793.	1	2,512,160.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1,285,168.	4	1,272,497
5	Loans and other receivables from current and former officers, directors,			
•	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ည	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net	85,005.	7	0
ة ¥	Inventories for sale or use		8	-
9	Prepaid expenses and deferred charges	26,122.	9	20,318
10a	Land, buildings, and equipment cost or other			
	basis. Complete Part VI of Schedule D 10a 3,512,804.			
l t	Less accumulated depreciation 10b 1,143,501.	2,509,069.	10c	2,369,303
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,026,157.	16	6,174,278
17	Accounts payable and accrued expenses	148,532.	17	55,951
18	Grants payable	2,457,632.	18	2,258,100
19	Deferred revenue	80,475.	19	15,895
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
စ္ဆ 22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>	key employees, highest compensated employees, and disqualified persons.			
Liabilities 23	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 third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D	1,374,752.	25	1,231,712
26	Total liabilities. Add lines 17 through 25	4,061,391.	26	3,561,658
1	Organizations that follow SFAS 117 (ASC 958), check here X and			
Se l	complete lines 27 through 29, and lines 33 and 34.	4 000 00-		
27	Unrestricted net assets	1,899,007.	27	2,612,620
ē 28	Temporarily restricted net assets	65,759.	28	0.
29	Permanently restricted net assets		29	
2	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ō	and complete lines 30 through 34.			
န္တ 30	Capital stock or trust principal, or current funds		30	
ဖွီး 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds	1 001 505	32	0.640.600
² 33	Total net assets or fund balances	1,964,766.	33	2,612,620
34	Total liabilities and net assets/fund balances	6,026,157.	34_	6,174,278.

Form **990** (2015)

Form	1990 (2015) DEVELOPMENT COMMISSION	43-	T2022	US	Pa	ige 1∠
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	_				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	20	<u>3,4</u>	91.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,			37.
3	Revenue less expenses. Subtract line 2 from line 1	3				54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	<u>96</u>	<u>4,7</u>	66.
5	Net unrealized gains (losses) on investments	5				
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				<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		_			
	column (B))	10	2,	61:	2,6	20.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					ᆜ
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					ļ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		J		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				v	ļ
b	Were the organization's financial statements audited by an independent accountant?		<u> </u>	<u>2b</u>	X	₩
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separation of the year were audited on the year were also and year were also also and year were also and year were also and year were also also and year were also and year were also and year were also and year were also and year were also and year were also also also also also also also also	e basis,		- 1		
	consolidated basis, or both:			- 1		
	X Separate basis Consolidated basis Both consolidated and separate basis		i	l		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	ŀ	_	v	
	review, or compilation of its financial statements and selection of an independent accountant?		<u> </u>	2c	X	├──
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	ant			
	Act and OMB Circular A-133?			<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schodule O and describe any stops taken to undergo such audits.	iired aud	JIT	25		
	or sugge, explain why in Schedule () and describe any etable taken to undergo such sugge					

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

REGIONAL CULTURAL AND PERFORMING ARTS

Employer identification number

DEVELOPMENT COMMISSION 43-1363303 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Jype II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (ı) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 DEVELOPMENT COMMISSION

43-1363303 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	104,944.	321,261.	40,964.	244,440.	135,939.	847,548.
2	Tax revenues levied for the organ-						_
	ızatıon's benefit and either paid to						
	or expended on its behalf	4,756,493.	4,983,250.	5,315,407.	5,688,252.	5,974,527.	26,717,929.
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,861,437.	5,304,511.	5,356,371.	5,932,692.	6,110,466.	27,565,477.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						27,565,477.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	4,861,437.	5,304,511.	5,356,371.	5,932,692.	6,110,466.	27,565,477.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	25 641	20 200	21 744	10 504	05 206	124 688
	and income from similar sources	25,641.	32,382.	31,744.	19,524.	25,386.	134,677.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	1,103.				•	1 102
	assets (Explain in Part VI)	1,103.					1,103.
	Total support. Add lines 7 through 10		1			40	27,701,257. 401,249.
	Gross receipts from related activities,	*	,	d 6db6444		12	401,249.
13	First five years. If the Form 990 is for organization, check this box and stop		s tirst, second, third	a, τουπη, or τίπη τε	ix year as a section	n 501(c)(3)	. □
Sec	ction C. Computation of Publ		rcentage				<u> </u>
	Public support percentage for 2015 (I			olumn (fl)		14	99.51 %
	Public support percentage from 2014		=	Oldifiif (1))		15	99.47 %
	33 1/3% support test - 2015. If the o			line 13, and line	ا 14 is 33 1/3% or m		
	stop here. The organization qualifies	•			, , , , , , , , , , , , , , , , , , , ,	10.0, 0.10011 Line 20	► X
b	33 1/3% support test - 2014. If the o		J	ne 13 or 16a. and	line 15 is 33 1/3%	or more, check th	
_	and stop here. The organization qual	•		·		or more, encour	▶ □
17a	10% -facts-and-circumstances tes				e 13. 16a. or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			=	•		▶ □
b	10% -facts-and-circumstances tes	•		, ,,	· ·	17a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ		·				ightharpoons
18	Private foundation. If the organization						s_
		<u> </u>				dule A (Form 990	

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

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

Sec	etion A. Public Support	iou, piodeo com	piece i <u>ure ir j</u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				1		
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			·		 	
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received					 	
J	exceed the greater of \$5,000 or 1% of the arrount on line 13 for the year				:		
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)		 	<u> </u>	 	 	
	First five years. If the Form 990 is for	the organization	s first second the	rd fourth or fifth t	ay year as a section	on 501(c)(3) organia	zation
• •	check this box and stop here	aro organizacion	o mot, occoria, triii	a, rourar, or mar t	an your as a section	on sortono, organiz	
Sec	ction C. Computation of Public	c Support Pe	ercentage	- . <u>-</u>		· · ·· -	<u> </u>
	Public support percentage for 2015 (lii			column (f))		15	%
	Public support percentage from 2014		•	(7)		16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))	·	17	%
	Investment income percentage from 2	,	• • • • • • • • • • • • • • • • • • • •			18	%
	33 1/3% support tests - 2015. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box an	_					ightharpoons
b	33 1/3% support tests - 2014. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The org	anızatıon qualıfıes	as a publicly supp	oorted organization	▶□
20	Private foundation. If the organization	ı dıd not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organiza

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
11		
2		
3a		
3b		
3c		
4a		<u> </u>
_ 4b		
4c		
5a		
5b 5c		
6		
7		
8		
-		
9a		
9b		
9c		
10a		
10b		
990 or 99	10-EZ	2015

Sche	edule A (Form 990 or 990-EZ) 2015 DEVELOPMENT COMMISSION	43-136330	3 P	age 5
	rt IV Supporting Organizations (continued)			
<u> </u>			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		ĺ	ľ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
Sec	tion B. Type I Supporting Organizations		,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ļ
<u></u>	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
	18/2		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
800	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
<u> </u>	Rion B. All Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	140
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			-
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	}	1	ļ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tructions):		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ty (see instructions	<u>}</u>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	İ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	ļ	l	1
	that these activities constituted substantially all of its activities			
b	, , , , , , , , , , , , , , , , , , , ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.		<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	├	├
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	۱ ۵.		
52202	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	20 57	

Schedule A (Form 990 or 990 EZ) 2015 DEVELOPMEN Part V Type III Non-Functionally Integrated			43-1363303 Page 6
Type III. Let I Sale I			
1 Check here if the organization satisfied the Integ			uctions. All
other Type III non-functionally integrated suppor Section A - Adjusted Net Income	ting organizations must complete s	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		-
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for pro-			
collection of gross income or for management, conser	1		
maintenance of property held for production of income			
	7		
7 Other expenses (see instructions)			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from li Section B - Minimum Asset Amount	nie 4) 0	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use asset	ets (see		
instructions for short tax year or assets held for part of			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	-	-
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-us	e assets 2		
3 Subtract line 2 from line 1d	3	-	
4 Cash deemed held for exempt use Enter 1-1/2% of lin	e 3 (for greater amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 fro	om line 3) 5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		9	Current Year
1 Adjusted net income for prior year (from Section A, line	e 8, Column A) 1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B,	line 8, Column A) 3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unl	ess subject to		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization	n's first as a non-functionally-integra	ated Type III supporting or	ganization (see
instructions)	. 0		•

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 DEVELOPMENT COMMISSION 43-1363303 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (ii) Underdistributions Distributable **Excess Distributions** Pre-2015 Amount for 2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 а b C d From 2013 e From 2014 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D, a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j and 4c Breakdown of line 7 b c Excess from 2013 d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	Form 990 or 990-EZ) 2015 DEV	ELOPMENT	COMMISSION		43-1363303 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, line 1, Part IV, Section D, lines 2	n. Provide the ex 3c, 4b, 4c, 5a, 6, 9 and 3, Part IV, Sec	planations required by 9a, 9b, 9c, 11a, 11b, a ction E, lines 1c, 2a, 2b	nd 11c, Part IV, Section B, Iir o, 3a and 3b; Part V, Iine 1, Pa	7a or 17b, Part III, line 12, nes 1 and 2, Part IV, Section C, art V, Section B, line 1e, Part V,
	Section D, lines 5, 6, and 8; and (See instructions)	Part V, Section E,	lines 2, 5, and 6. Also	complete this part for any ad	ditional information
					
		-			
				<u></u>	
	<u>-</u>			<u> </u>	<u> </u>
					· · · · · · · · · · · · · · · · · · ·
					<u></u>
		<u></u>			
					
					
					
·		- "			
					<u> </u>
					
_	 -				
					
					<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

REGIONAL CULTURAL AND PERFORMING ARTS

Employer identification number 43-1363303

D	DEVELOPMENT COMMISS		or Accor	10to Complete 4th
Pai	~		or Accou	ITILS.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		/b\ F	de and other personner
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		-	<u> </u>
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?		└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring	
	impermissible private benefit?			Yes No_
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7	<u> </u>
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histor	ically impoi	tant land area
	Protection of natural habitat	Preservation of a certification	ed historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	f a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c	-
	Number of conservation easements included in (c) acquired a	` '	e	
_	listed in the National Register	·	2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizatioi	n during the tax
	year▶		Ū	· ·
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ervation eas	sements during the year
	•			-
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organizat			
	conservation easements.			
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Otl	her Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		_
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherand	ce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	lic service,	provide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial		
_	the following amounts required to be reported under SFAS 1	-		
а	Revenue included on Form 990, Part VIII, line 1	· · · · ·	>	\$
	Assets included in Form 990, Part X			\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

_		MENT COMMI		_					63303	
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that a	ire a sign	ıfıcant	use of its	collection	items
	(check all that apply):									
а	a X Public exhibition d Loan or exchange programs									
b	Scholarly research	•	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ın how th	ney further t	he organization	's exemp	t purpo	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	sures, or other	sımılar as	ssets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nızatıon's co	ollection?				Yes	X No
Par	t IV Escrow and Custodial Arran	igements. Compl	ete if the	organizatio	n answered "Ye	es" on Fo	orm 990	o, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	ns or other asse	ts not inc	cluded			
	on Form 990, Part X?								Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			,
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial accoun	it liability	?	L_	∐ Yes	└── No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo						
		(a) Current year	(b) F	rior year	(c) Two years b	pack (d)	Three	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships				ļ					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	L	<u> </u>		<u> </u>				<u> </u>	
2	Provide the estimated percentage of the cur	rrent year end balan		g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c should equal 100%									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ind administere	a for the	organi	zation	г,	N-
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	ations listed as real	c	Sahadula DO					3a(ii) 3b	
D A	If "Yes" on line 3a(ii), are the related organization of the	•							SD	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		owment	turius.		-				
	Complete if the organization answere		0 Part IV	/ line 11a 9	See Form 990 F	Part X In	10 م			
		(a) Cost or o			or other	(c) Acci		ad	(d) Book	value
	Description of property	basis (invest			(other)		ciation		(u) DOOK	¥aiu c
4-	Land	24010 (1114031			5,214.	20010	J.41011	-	135	,214.
	Buildings				6,609.	8 A	0,4	02.	1.976	,207.
	Leasehold improvements				8,543.		$\frac{1}{1}, \frac{1}{1}$,365.
	Equipment				5,012.		0,9			,109.
	Other				7,426.		1,0			,408.
	. Add lines 1a through 1e (Column (d) must e	equal Form 990. Pari	t X, colur				-	ightharpoonup		,303.
			,							

Schedule D (Form 990) 2015

		PERFORMING A		
Schedule D (Form 990) 2015 DEVELOPMENT	COMMISSIO	N	43-13	63303 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end-of-ye	ar market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				<u>.</u>
(B)				_ <u></u>
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		_		
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d See Form 990,	Part X, line 15	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)	-			
(6)	·			
(7)				
(8)				
(9)		<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
			1	

(1) Federal income taxes(2) BONDS PAYABLE 1,231,712. (3) (4)

(6) (7) (8) 1,231,712.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2015

DEVELOPMENT COMMISSION

43-1363303 Page 4

Schedule	D (F	orm	990)	2015

Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Га	Complete of the expension engaged "Ven" on Form 000. Part IV. Inc. 199	Ctair	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements	1	6,374,262.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12	┝╧┪	0,0.1,2021
2	Net unrealized gains (losses) on investments 2a		
a b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c	1	
d	21 170 771	i l	
-	Add lines 2a through 2d	2e	170,771.
3	Subtract line 2e from line 1	3	170,771.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,203,491.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,726,408.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 170,771.	1	170 771
е	5	2e	170,771. 5,555,637.
3	Subtract line 2e from line 1	3	3,333,637.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
а	· · · · · · · · · · · · · · · · · · ·		
b	,		Λ.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c	5,555,637.
Pa	rt XIII Supplemental Information.		3,033,03,1
	ide 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 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	1, Part	X, line 2, Part XI,
PA	RT III, LINE 1A:		
DO	NATED COLLECTION ITEMS		
AS	PERMITTED BY GASBS NO. 34, BASIC FINANCIAL STATEMENTS, AN	D M	ANAGEMENT'S
DI	SCUSSION AND ANALYSIS, FOR STATE AND LOCAL GOVERNMENTS, TH	E C	OMMISSION
DO	ES NOT CAPITALIZE WORKS OF ART ACQUIRED THROUGH PURCHASES	OR 1	DONATIONS.
TH	AT STATEMENT PROVIDES THAT WORKS OF ART NEED NOT BE RECOGN	IZE	D IF THEY
AR	E ADDED TO COLLECTIONS THAT ARE HELD FOR PUBLIC EXHIBITION	, E	DUCATION,
OR	RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FIN	ANC	IAL GAIN;
AR	E PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED;	AND	ARE
ຮບ	BJECT TO A POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF	CO	LLECTION
IT	EMS TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.		
53203 09-21		Sched	dule D (Form 990) 2015

Part XIII Supplemental Information (continued)
PART X, LINE 2:
THE COMMISSION QUALIFIES AS A CHARITABLE ORGANIZATION AS DEFINED BY
INTERNAL REVENUE CODE 501(C)(3), AND ACCORDINGLY IT IS EXEMPT FROM FEDERAL
INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A) AND SIMILAR
PROVISIONS OF STATE LAW. THE COMMISSION FILES FEDERAL INFORMATION
RETURNS. THE STATUTES OF LIMITATIONS FOR INFORMATION RETURNS FILED FOR
THE TAX YEARS ENDED DECEMBER 31, 2012 THROUGH 2015 HAVE NOT EXPIRED AND
THEREFORE ARE SUBJECT TO EXAMINATION.
PART XII & XIII, LINES 2D
RECONCILIATION OF REVENUE AND EXPENSES. THE ADJUSTMENTS ARE DUE TO
INTERCOMPANY RENTAL REVENUE AND RENTAL EXPENSE BEING RECORDED ON THE
FINANCIAL STATEMENTS WITH REGARDS TO THEIR COMPONENT UNIT, THE LOOP EAST
COMMUNITY IMPROVEMENT DISTRICT.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

■ Attach to Form 990.

Open to Public OMB No 1545-0047

Inspection

P Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. REGIONAL CULTURAL AND PERFORMING ARTS

Schedule I (Form 990) (2015) å Employer identification number 43-1363303 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SEE ATTACHED Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed ö (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. DEVELOPMENT COMMISSION Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government GRANTS - SEE ATTACHED Name of the organization Part I Part II

REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION

Page 2

43-1363303

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2015)

Part III Grants and Othe

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the Information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, In	e 2, Part III, column	(b), and any other a	dditional information	
PART I, LINE 2:					
TT					
532102 10-28-15		33			Schedule I (Form 990) (2015

Schedule I (Form 990) (2015)

SCHEDULEK (Form 990)

Supplemental Information on Tax-Exempt Bonds

2015 Open to Public

nspection

(i) Pooled Yes No financing × **Employer identification number** OMB No 1545-0047 ş (g) Defeased (h) On behalf 43-1363303 No Yes No × of Issuer Yes × Yes ဍ PROVIDE FUNDS REFUND A BOND explanations, and any additional information in Part VI.

Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

REGIONAL CULTURAL AND PERFORMING ARTS (f) Description of purpose O Yes Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, ŝ ဥ ဥ œ Yes SEE PART VI FOR COLUMN (F) CONTINUATIONS 1,640,000 (e) Issue price 54,788. 408,288. 1,585,212. 1,640,000 ŝ 2012 (d) Date issued 10/01/12 Yes × × 71-0888097|NONEAVAIL (c) CUSIP # DEVELOPMENT COMMISSION (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? Has the final allocation of proceeds been made? Working capital expenditures from proceeds A IMPROVEMENT DISTRICT Capital expenditures from proceeds Credit enhancement from proceeds LOOP EAST COMMUNITY Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Amount of bonds retired Other unspent proceeds Total proceeds of Issue Other spent proceeds Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service Part II Part I 4 9 œ 6 = 15 9 N ო S 7 4 5 님 8 ပ 유 4 ۵

532/21 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Are there any lease arrangements that may result in private business use of

bond-financed property?

N

Was the organization a partner in a partnership, or a member of an LLC,

which owned property financed by tax-exempt bonds?

34

×

Schedule K (Form 990) 2015

ŝ

Yes

ŝ

Yes

ů

Yes

ŝ

Yes

Does the organization maintain adequate books and records to support the final allocation of proceeds?

Part III Private Business Use

Page 2 ŝ ŝ Yes Yes % % % % ŝ ŝ Yes Yes 43-1363303 % % % % ŝ ŝ Yes Yes % % % % 2 × ŝ × × × × × × Yes Yes × counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed Has there been a sale or disposition of any of the bond-financed property to a nonc If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? DEVELOPMENT COMMISSION Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another If "Yes" to line 2c, provide in Part VI the date the rebate computation was Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1.141-12 and 1 145-2? business use of bond-financed property? If "No" to line 1, did the following apply? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? Schedule K (Form 990) 2015 1 141-12 and 1 145-2? Total of lines 4 and 5 a Rebate not due yet? b Exception to rebate? c No rebate due? Part IV Arbitrage 39 89 4a 4 7 က ß ဖ

%

% % Schedule K (Form 990) 2015

d Was the hedge superintegrated? e Was the hedge terminated? 632122

b Name of provider

c Term of hedge

REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION

43-1363303 Schedule K (Form 990) 2015

Part IV Arbitrage (Continued)

Page 3

	V		8		S			۵
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×						
7 Has the organization established written procedures to monitor the requirements of		;						
section 1487		×						
Part V Procedures To Undertake Corrective Action			:			•		
	V		8		S			٥
	Yes	<u>۹</u>	Yes	No	Yes	Ñ	Yes	No No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable	_					•		
regulations?		×						
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)	on Schedule K	(see instru	ctions)					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: LOOP EAST COMMUNITY IMPROVEMENT	DISTRICT	Į.						
) DESCRIPTION OF PURPOSE:							i	
ΙФ	E 6, 2002	2						

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public

Employer identification number

43-1363303

OMB No 1545-0047

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. REGIONAL CULTURAL AND PERFORMING ARTS

Name of the organization DEVELOPMENT COMMISSION

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION OF THE REGIONAL ARTS COMMISSION IS TO CREATE AN ENVIRONMENT

THAT NURTURES ARTISTS AS WELL AS ARTS AND CULTURAL ORGANIZATIONS BY:

1) PROVIDING FUNDS TO PROMOTE, ENCOURAGE AND FOSTER THE ARTS AND

CULTURAL INSTITUTIONS AND ACTIVITIES WITHIN ITS BOUNDARIES,

- PROMOTING AND PRESERVING CULTURAL DIVERSITY,
- HELPING ARTISTS AND ARTS AND CULTURAL ORGANIZATIONS IMPROVE QUALITY,
- CREATING EQUAL ACCESS TO CULTURAL OPPORTUNITIES,
- INSURING CONSIDERATION OF AESTHETIC ISSUES IN LOCAL DECISION MAKING, 5)
- CONTINUING TO ENGAGE IN CULTURAL PLANNING

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ADDITION, THE GRANTEES MAKE PRESENTATIONS TO THE COMMISSION AND PROMOTE THEIR ACTIVITIES. THE COMMISSION REVIEWS ALL ASPECTS OF THE

ORGANIZATION BEFORE APPROVING GRANTS.

FORM 990, PART VI, SECTION B, LINE 11:

THE DEPUTY DIRECTOR REVIEWS AND THEN PRESENTS THE FORM 990 TO THE EXECUTIVE

COMMITTEE FOR REVIEW BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

MANY BOARD MEMBERS ALSO SERVE ON BOARDS OF OTHER ARTS AND CULTURAL

INSTITUTIONS. THEY ANNUALLY DISCLOSE BY WRITTEN NOTIFICATION OF THEIR

AFFILIATIONS ON OTHER BOARDS. DURING DISCUSSIONS AND VOTING, THAT

PARTICULAR BOARD MEMBER IS EXCUSED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	Employer identification number 43-1363303
FORM 990, PART VI, SECTION B, LINE 15:	
BOARD REVIEWS EXECUTIVE DIRECTOR'S COMPENSATION. EXECUTI	VE DIRECTOR
REVIEWS DEPUTY DIRECTOR'S COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL GOVERNING AND FINANCIAL DOCUMENTS ARE AVAILABLE TO TH	E PUBLIC UPON
WRITTEN REQUEST. NOTIFICATION SHOULD BE MADE TO THE OFFI	CE AND APPOINTMENT
MADE TO VIEW DOCUMENTS.	
	
	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015 Open to Public Inspection

OMB No 1545-0047

► Information about Schedule R (Form 990) and its instructions is at www./rs.gov/form990. REGIONAL CULTURAL AND PERFORMING ARTS

Employer identification number 43-1363303

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

DEVELOPMENT COMMISSION

(a)	(a)	(0)	©	(e)	E
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
LOOP EAST COMMUNITY IMPROVEMENT DISTRICT					
6128 DELMAR BLVD.					
ST. LOUIS, MO 63112	SEE PART VII OF SCHEDULE R	MISSOURI	170,771.	2,111,419.	
Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	ations Complete if the organization an	swered "Yes" on Form 990, Par	t IV, line 34 because	ent had one or more r	elated tax-exempt

organizations during the tax year. PartII

) 1,13	ם ס		No						
(g)	controlle	entity?	Yes	•					 _
(£)	Direct controlling	entity							
(e)		status (if section	501(c)(3))						
(p)	Exempt Code	section							
(c)	Legal domicile (state or	foreign country)							
(q)	Primary activity								
(a)	Name, address, and EIN	of related organization							

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

532161 09-08-15 LHA

Schedule R (Form 990) 2015

DEVELOPMENT COMMISSION Schedule R (Form 990) 2015

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

Page 2

43-1363303

General or Percentage managing ownership Schedule R (Form 990) 2015 Yes No Section 512(b)(13) controlled entity? Identrification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Ξ Percentage ownership Yes Ξ Code V-UBI amount in box 20 of Schedule 4.1 (Form 1065) Share of end-of-year assets <u>6</u> Yes Disproportionate allocations? Ξ Share of total income E (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) e Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ð Legal domicile (state or foreign country) (d)
| Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 532162 09-08-15 Part IV

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

				ŀ	H
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				۶	Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more re	lated organizations listed	ın Parts II-IV?		+
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	ty			t e	4
b Gift, grant, or capital contribution to related organization(s)				1	
c Gift, grant, or capital contribution from related organization(s)				10	
d Loans or loan quarantees to or for related organization(s)				1 9	
e Loans or loan guarantees by related organization(s)				1	
					_
f Dividends from related organization(s)				#	
g Sale of assets to related organization(s)				19	
h Purchase of assets from related organization(s)				÷.	
i Exchange of assets with related organization(s)				ij.	
j Lease of facilities, equipment, or other assets to related organization(s)				į	-
k Lease of facilities, equipment, or other assets from related organization(s)				*	
I Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)			£	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			4	
 Sharing of paid employees with related organization(s) 				10	
 P Reimbursement paid to related organization(s) for expenses 				우	1
 Reimbursement paid by related organization(s) for expenses 				10	\dashv
				·	
				=	╀
_				2	$\frac{1}{1}$
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ns line, including covered	relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(6)					
(4)					
(5)					
(9)	7			!	
532163 09-08-15	T #5		Schedule R (Form 990) 2015	R (Form 9	90) 201

43-1363303

REGIONAL CULTURAL AND PERFORMING ARTS

DEVELOPMENT COMMISSION Schedule R (Form 990) 2015

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

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

Primary activity Legal domotile Profession (Teladeric Junitalian) (State or foreign (Teladeric Junitalian) (Telade	(a) (b) (c) (d)	(q)	(c)	(9)	(e)	£ ((6)	£ ,	(i)	5	(K
Country Sections 512-544	Name, address, and EIN of entrty	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	arthers sec 501(c)(3) ords ?	Share of total	Share of end-of-year	Dispropor- tionate allocations'	amount in box 20	General or managing partner?	Percentage ownership
Schedule R (Frm 990) 2015			country)	sections 512-514)	es No	Income	assets	Yes	(Form 1065)	Yes No	
Schedule R (Ferm 899) 2015											
Schedule Rifform 980) 2015											
Schedule R (Form 990) 2015											
Schedule R (Form 990) 2015								#		+	
Schedule R Form 590) 2015										_	
Schedule R Form 890) 2015											
Schedule R Form 990) 2015											
Schedule R (Form 990) 2015											
Schedule R (Form 990) 2015											
Schedule R (Form 360) 2015											
Schedule R Form 980) 2015											
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Schedule R (Form 990) 2015								-			
									Schedule	R (For	n 990) 2015

Schedule R (Form 990) 2015 DEVELOPMENT COMMISSION	43-1363303 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)	
PART I, COLUMN (B)	
PRIMARY ACTIVITY: ACQUIRE AND IMPROVE PROPERTY LOCATED	IN THE CITY OF
ST. LOUIS NEARLY ADJACENT TO THE DOWNTOWN BUSINESS DISTR	RICT OF
UNIVERSITY CITY, MO.	
	