DLN: 93493129016920 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization REGIONAL BUSINESS COUNCIL D Employer identification number B Check if applicable ☐ Address change 43-1913803 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 7701 FORSYTH BOULEVARD NO 205 ☐ Amended return ☐ Application pending (314) 225-2100 City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO $\,$ 631051875 $\,$ G Gross receipts \$ 2,670,080 Name and address of principal officer H(a) Is this a group return for KATHLEEN T OSBORN □Yes ☑No subordinates? 7701 FORSYTH BLVD H(b) Are all subordinates AINT LOUIS, MO 63105 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 501(c)() **◀** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW STLRBC ORG L Year of formation 2001 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO UNITE AND ENGAGE MEMBERS TO ACT ON HIGH-IMPACT BUSINESS, CIVIC AND PHILANTHROPIC AFFAIRS FOR THE BETTERMENT OF THE ST LOUIS REGION Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 116 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 11 550 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 2,588,640 2,561,867 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,678 81,440 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,586,545 2,670,080 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 990,972 1,347,200 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 848,425 844,534 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶27,371 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 842,716 421,521 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 2,682,113 2,613,255 19 Revenue less expenses Subtract line 18 from line 12 . -95,568 56,825 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 3,905,573 4,091,039 21 Total liabilities (Part X, line 26) . 2,159,652 2,285,933 1,805,106 22 Net assets or fund balances Subtract line 21 from line 20 1.745.921 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-08 Signature of officer Sign Here JOHN KEMPER TREASURER/SECRETARY Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00829977 Paid self-employed Firm's name ► RUBINBROWN LLP Firm's EIN > 43-0765316 **Preparer** Use Only Firm's address ► ONE NORTH BRENTWOOD Phone no (314) 290-3300 SAINT LOUIS, MO 63105 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . Form **990** (2019) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

Form	n 990 (2019)					Page 2
Pa	Statement of	of Program Service	Accomplis	hments		
	Check if Sched	ule O contains a respon	se or note to	any line in this Part III .		🗹
1	Briefly describe the or	ganızatıon's mıssıon				
LOUI OF L TALE ORG ADV STRE	IS REGION OUR CORE F IFE, IMPROVING EDUCA INT DEVELOPMENT INITI ANIZATIONS WHICH ST OCATING FOR THE IMPR ENGTHENING AND FUND	FOCUS AREAS INCLUDE ITIONAL OPPORTUNITIE IATIVES WITH BI-STA RENGTHEN THE POOL (IOVEMENT OF TRANSPO DING REGIONAL NONPR	ADVOCATING S FOR ALL ST COLLEGES A DE DIVERSE TA DETATION INF OFIT ORGANIA	S FOR AND FUNDING REGULET OF STATE OF STATES OF SUPPORT THE RASTRUCTURE IN AREAS ZATIONS THAT ENHANCE	ANTHROPIC AFFAIRS FOR THE BET IJONAL PROGRAMS THAT IMPROVE LAR FOCUS ON DISADVANTAGED YIMPROVE SORTING BUSINESS DIVERSITY IS DEVELOPMENT OF MINORITY OWN SUCH AS ROADS, BRIDGES, AND THE QUALITY OF LIFE FOR OUR COMBERS IN OUR WORK AND THE BROOMS	THE OVERALL QUALITY OUTH, SUPPORTING SUES AND FUNDING ED ENTERPRISES, AVIATION, ITIZENS AND PROVIDE
2	Did the organization u	ndertake anv significan	t program ser	vices during the year whi	ch were not listed on	
_	the prior Form 990 or					☐ Yes ☑ No
	•	e new services on Sche				
3				changes in how it conduc	ts, any program	
	3		-	J		☐ Yes ☑ No
		e changes on Schedule				
4	Describe the organizat Section 501(c)(3) and	tion's program service a	accomplishmei is are required	I to report the amount of	irgest program services, as measur grants and allocations to others, th	
4a	(Code) (Expenses \$	894,249	including grants of \$	572,529) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$	574,402	including grants of \$		}
	See Additional Data) (2Apolloco	57.17.152	meratang grante or ¢	200,000 / (,
4 c	(Code See Additional Data) (Expenses \$	388,158	including grants of \$	164,481) (Revenue \$)
	(Code) (Expenses \$	572,833	including grants of \$	350,827) (Revenue \$)
	REGION IS ABLE TO COM THE HISPANIC CHAMBERS MOSAIC PROJECT TO SUP STUDENTS AND RETAININ PROGRAMMING - FILLED REFORM TO INVEST IN T IN THE REGION, ESPECIA SCHOOLS NETWORK BY R INITIATIVE SUPPORT FOR REGION'S UNDERSERVED - PROVIDED \$5,250 TO S INTERNSHIP, AND SOCIA STABILIZATION OF ST LE	PETE AND THAT ALL CITIZIS SOF COMMERCE TO PROMIPPORT THEIR MISSION OF ING THEM AS PROFESSIONABOARD SEATS AT CIVIC OID THE ECONOMIC FUTURE OF LILLY DISADVANTAGED YOU RECRUITING QUALIFIED TE SOF THE OPPORTUNITY TRUSTON FOR THE O	ENS TO HAVE AC DIE MINORITY-C ESTABLISHING I ALS AFTER GRAD RGANIZATIONS ' OUR REGION B' TH - CONTRIBU ACHERS AND PR I, A NON-PROFIT BLISHING A PAF ST LOUIS' PROO ENTINE TO UNDEF EAD OF THE EXP	CCESS TO OPPORTUNITIES - DWNED BUSINESSES AND PR THE ST LOUIS REGION AS THE UATION - PROVIDED ST LO WITH MEMBERS OF THE YOU Y ADVANCING OPPORTUNITIE ITED \$76,342 IN FUNDING TO KINCIPALS TO ST LOUIS - AL OF ORGANIZATION WITH THE LE RENTAL ADVOCACY GROUP TO SRAMMING TO PROVIDE TEST RESERVED STUDENTS - WORK RECTED GOVERNANCE TRANS	D MINORITY-FRIENDLY BUSINESS COMM PROVIDED \$20,000 TO THE ASIAN-AMEI OFESSIONAL DIVERSITY - ALLOCATED; ILLE FASTEST-GROWING DESTINATION FOULS REGIONAL CHAMBER WITH \$10,000 NG PROFESSIONALS NETWORK'S LEADERS FOR LEARNING AND ACADEMIC EXCELD GROW THE KNOWLEDGE IS POWER PROJUCIATED \$50,000 TO SUPPORT STRATE OF THE NUMBER OF THE PROPORT OF ADVANCING THE NUMBER OF THE PREP, ACADEMIC COMPETENCY, FINANCIED WITH LOCAL AND STATE-WIDE LEAD ITION BACK TO THE ELECTED BOARD GELEMENTARY AND SECONDARY EDUCATIONS.	RICAN AND \$20,000 TO \$15,000 TO THE ST LOUIS R FOREIGN-BORN TO INCREASE DIVERSITY RSHIP 100 EDUCATION LLENCE FOR EVERY CHILD DGRAM (KIPP) CHARTER BIC PLANNING AND PF QUALITY SEATS IN THE N EDUCATION OUTCOMES CIAL LITERACY, DERSHIP TO SUPPORT THE DVERNANCE - MONITORED
4d	Other program service	es (Describe in Schedul	e O)			

Page 3 Part IV Checklist of Required Schedules Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 🛸 4 Yes 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 98-197 If "Yes," complete Schedule C, Part III 🛸 . 5 Nο 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Yes 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 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 Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 11f Nο 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . Nο **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III 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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

14b

15

16

17

18

19

20a

20h

21

Yes

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No

Nο

Nο

No

Nο

Nο

No

the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, nn (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 23 24a 24b 24c 24d 25a 25b	Yes	No No
the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete dule J	24a 24b 24c 24d 25a 25b		No
the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete dule J	24a 24b 24c 24d 25a 25b	Yes	No
former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete dule J	24a 24b 24c 24d 25a 25b	Yes	
ast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and blete Schedule K If "No," go to line 25a	24b 24c 24d 25a 25b		
the organization maintain an escrow account other than a refunding escrow at any time during the year fease any tax-exempt bonds? The organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? The organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? The organization engage in an excess benefit is action with a disqualified person during the year? If "Yes," complete Schedule L, Part I The organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete dule L, Part I The organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former or, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family ber of any of these persons? If "Yes," complete Schedule L, Part II The organization provide a grant or other assistance to any current or former officer, director, trustee, key oyee, creator or founder, substantial contributor, or agrant selection committee member, or to	24c 24d 25a 25b		No
fease any tax-exempt bonds?	24d 25a 25b		No
ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit faction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete dule L, Part I	25a 25b		No
e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete dule L, Part I he organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former or, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family ber of any of these persons? If "Yes," complete Schedule L, Part II he organization provide a grant or other assistance to any current or former officer, director, trustee, key oyee, creator or founder, substantial contributor, a grant selection committee member, or to	25b		No
the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete dule L, Part I			
ber, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family ber of any of these persons? If "Yes," complete Schedule L, Part II	26		No
oyee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to			No
dule L, Part III	27		No
the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV actions for applicable filing thresholds, conditions, and exceptions)			
rent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> plete Schedule L, Part IV	28a		No
nily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i>	28c		No
he organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
he organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation inbutions? If "Yes," complete Schedule M	30		No
he organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
he organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete dule N, Part II	32		No
he organization own 100% of an entity disregarded as separate from the organization under Regulations sections 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and V, line 1	34		No
he organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
es' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity in the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
ion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related nization? If "Yes," complete Schedule R, Part V, line 2	36		No
	37		No
ated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
he organization conduct more than 5% of its activities through an entity that is not a related organization and that later than 5% of its activities through an entity that is not a related organization and that later than 5% of its activities through an entity that is not a related organization and that later than 5% of its activities through an entity that is not a related organization and that that later than 5% of its activities through an entity that is not a related organization and that that later than 5% of its activities through an entity that is not a related organization and that that later than 5% of its activities through an entity that is not a related organization and that later than 5% of its activities through an entity that is not a related organization and that later than 5% of its activities through an entity that is not a related organization and that that later than 5% of its activities through an entity that is not a related organization and that that later than 5% of its activities through an entity that is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and that the constant is not a related organization and the constant is not a related organization and the constant is not a related organiza			
hated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. form 990 filers are required to complete Schedule O			Ц.
hated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. form 990 filers are required to complete Schedule O	. ;	Yes	No
hated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. form 990 filers are required to complete Schedule O	· i		
r i	of to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity of the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	as to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity in the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b 35b 35b 35b 35b 35b 35b 35b

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a		No No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		NI -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	, , , , , , , , , , , , , , , , , , , ,	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

Form 990 (2019) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions **✓** Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 116 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 116 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο 6 Did the organization have members or stockholders? . . Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes 8b Yes Each committee with authority to act on behalf of the governing body? . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.51		

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records ►KATHLEEN T OSBORN 7701 FORSYTH BLVD SAINT LOUIS, MO 631051875 (314) 225-2100

Form **990** (2019)

only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

17

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

Form 990 (2	2019)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	/ees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	ıd H	lighe	st C	Compensated En	nployees	
year .	e this table for all persons require		·						,		
of compens	of the organization's current off ation Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid				
	of the organization's current key										
who receive	organization's five current high d reportable compensation (Box and any related organizations										
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
organızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensatio	n from t								e
	ions for the order in which to list	·									
☐ Check t	this box if neither the organization		d orgar	nızatı			ensate	d ar	ny current officer, di	rector, or trustee	_
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne b	ox, un of tor/t	t che unles ficer rust	· and a ee)	on	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
See Addition	al Data Table										
								_			
								_			
					1			l			

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Position (do not check more Average Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the

	ally llouis		unect					(N 2/1000	/W 2/1000	I IIII tile
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

1b Sub-Total			 	▶		
c Total from continuation sheets to Pa	art VII, Section	Α		▶ [

	Sub-Total					>									
	otal (add lines 1b and 1c)	•				•			453,08	39			0		72,432
2	Total number of individuals (including of reportable compensation from the o		e list	ed a	bove	e) wh	o rec	eived m	ore th	an \$10	00,00	0			
														Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>												3		No
4	For any individual listed on line 1a, is organization and related organizations										the				

	of reportable compensation from the organization ▶ 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	res	No.

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co from the organization Report compensation for the calendar year ending with or within the organization's tax year	mpensa	ition	

	individual		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received r from the organization. Report compensation for the calendar year ending with or within the or		pensa	ition	
	(A) Name and business address	(B) Description of services		(C Comper	

	services rendered to the organization? If "Yes," complete Schedule J for such person		5	No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		ensation	
	(A)	(B)		(C)
	Name and business address	Description of services	Comp	ensation
	<u> </u>			

(A) Name and business address	(B) Description of services	(C) Compensation					
7 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of							

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	
	Form 990 (2019)

Part	VIII	Statement	of F	Revenue						rage 3
		Check if Scheo	dule	O contains a	respo	onse or note to an	y line in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campa	aigns	s	1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s.	. [1 b	924,000				
Gra mot		c Fundraising even	nts .	. [1c					
īš, Ā		d Related organiza	tions	5	1 d					
<u>.</u> ≣		e Government grants	(con	tributions)	1e					
ons,		f All other contribution								
utic er		and similar amount above		L	1f	1,664,640				
흕		g Noncash contribution lines 1a - 1f \$	ons in	cluded in	1g					
ju d		h Total. Add lines	1a-1	f		•				
	┵					Business Code	2,588,640		Τ	1
	2a								+	
ile L									1	
ven	ь	•								
Program Service Revenue	_									
rvic	C	•							1	
፠	d	I								
gran	e									
ě		·							+	
	f	All other program	serv	ice revenue						
		Total. Add lines 2					_			
	3	Investment income similar amounts)	(Inc	luding divide	ends, ı •	nterest, and other	81,44	0		81,440
	l	Income from invest	tmen	nt of tax-exe	mpt bo	ond proceeds	•			
	5	Royalties	_	(ı) Rea	.1	(II) Personal	<u> </u>			
				(I) Rea	11	(II) Personal	\dashv			
		Gross rents	6a							
	b	Less rental expenses	6b							
	c	Rental Income	6c							
	١,	or (loss) Net rental income		(loss)		<u> </u>	_			
				(ı) Securi		(II) Other				
	7 a	Gross amount from sales of	7a							
		assets other than inventory	"							
	ь	Less cost or	-				7			
		other basis and sales expenses	7b							
	_	Gain or (loss)	7c							
	_	d Net gain or (loss)	Ш) .			<u> </u>	\dashv			
a	8a	Gross income from fu (not including \$	undra							
n We		contributions reporte	d on	line 1c)						
}e^	_	See Part IV, line 18			8a		_			
Other Revenue	l	Less direct expent Net income or (los			8b Ina ev	ents				
o t						· · · •				+
_	9a	Gross income from See Part IV, line 19	gamı	ing activities	9a					
	ŀ	Less direct expen			9a 9b		\dashv			
	l	Net income or (los			actıvıt	les •				
		- C								
	10	a Gross sales of inve returns and allowa	entor	ry, iess s	10a					
	ŀ	Less cost of good	ls sol	ld	10 b					
	_	Net income or (los			ınvent					
	11	Miscellaneo La	us R	evenue		Business Code	_			
	ŀ	·								
	(=								
		All other revenue								
		Total. Add lines 1				•				
	12	2 Total revenue. S	ee ir	nstructions .	• •		2,670,08	0	0	0 81,440
										Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must contain the section 501(c)(4) organization 501(c)(4) o				mn (A)
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,347,200	1,347,200		
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, trustees, and key employees	539,027	495,905	26,951	16,171
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	235,051	207,238	25,339	2,474
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,286	9,582	686	18
9 Other employee benefits	24,764	23,609	727	428
10 Payroll taxes	35,406	32,126	2,446	834
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	40,792	4,350	36,442	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,670		1,670	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,308	9,308	41,000	
12 Advertising and promotion	38,645	35,164	2,569	912
13 Office expenses	69,549	64,471	3,748	1,330
14 Information technology	20,215	18,394	1,344	477
15 Royalties	,	,		
16 Occupancy	100,078	91,063	6,654	2,361
17 Travel	2,298	2,091	153	54
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	_,	_,		
19 Conferences, conventions, and meetings	56,144	51,086	3,733	1,325
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	15,011	13,659	998	354
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES	14,482	13,177	963	342
b OTHER	4,170	3,795	277	98
c TAXES	3,498	3,182	233	83
d SUBSCRIPTIONS	3,262	2,968	217	77
e All other expenses	1,399	1,274	92	33
25 Total functional expenses. Add lines 1 through 24e	2,613,255	2,429,642	156,242	27,371

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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)

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1,745,921

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415,120

3,905,573

1.852.000

307,652

2.159.652

Page **11**

955

417,350

4,091,039

1.929.000

356.933

2.285.933

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1.805.106

1,805,106

4,091,039

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Chl.	ء.	دان اد د داد	_
Спеск	IΓ	Schedule	U

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Intangible assets . .

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments-program-related See Part IV, line 11

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	413	1	

contains a response or note to any line in this Part IX .

+	Cash-non-interest-bearing			l
2	Savings and temporary cash investments	3,490,040	2	3,672,672
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
-	Notes and Jame vaccuable, not		7	

319,946

319,946

	6	Loans and other payables to any current or form key employee, creator or founder, substantial co- entity or family member of any of these persons Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se	ontrib fied p
S	7	Notes and loans receivable, net	
šet	8	Inventories for sale or use	
Assets	9	Prepaid expenses and deferred charges	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a
	ь	Less accumulated depreciation	10b
	11	Investments—publicly traded securities .	
	12	Investments—other securities See Part IV, line	11 .

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Liabilities 22

Fund Balances

ō 29

Assets

Form	990 (2019)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,670,080
2	Total expenses (must equal Part IX, column (A), line 25)	2			613,255
3	Revenue less expenses Subtract line 2 from line 1	3			56,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			745,921
5	Net unrealized gains (losses) on investments	5			2,360
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			
_	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))				805,106
	tXII Financial Statements and Reporting	10	-		.005,100
ı a	Check if Schedule O contains a response or note to any line in this Part XII				
	Check if Schedule O contains a response of note to any line in this Part Air	• •	 i	Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ĺ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	. [_]		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle			

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single
Audit Act and OMB Circular A-133?

By If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2019)

Additional Data

Software ID:

Software Version:

EIN: 43-1913803

Name: REGIONAL BUSINESS COUNCIL

Form 990 (2019)

Form 990, Part III, Line 4a:

QUALITY OF LIFE TO GIVE BACK TO THE REGION THROUGH STRATEGIC COMMUNITY ENGAGEMENT TO IMPROVE THE HEALTH, PROSPERITY, AND GENERAL QUALITY OF LIFE IN THE REGION -BUILT RELATIONSHIPS BETWEEN THE BUSINESS COMMUNITY AND ELECTED OFFICIALS IN LEADERSHIP ROLES TO REDUCE VIOLENT CRIME IN THE REGION - INVESTED \$119,600 IN BETTER FAMILY LIFE, INC 'S COMMUNITY OUTREACH AND GUN VIOLENCE DE-ESCALATION PROGRAMMING IN NORTH ST LOUIS CITY TO PROVIDE ESSENTIAL SERVICES TO NEIGHBORHOOD RESIDENTS AND REDUCE THE RATE OF VIOLENT CRIME - INVESTED \$20,000 IN THE LEADERSHIP COUNCIL OF SOUTHWESTERN ILLINOIS TO ASSIST IN THE DEVELOPMENT OF PUBLIC POLICY INITIATIVES AROUND SHARED PUBLIC POLICY INTERESTS, WITH SPECIAL FOCUS ON SCOTT AIR FORCE BASE - PROVIDED \$20,000 TO SUPPORT THE GATEWAY ARCH PARK FOUNDATION'S JOURNEY FUND, EXPANDING OPPORTUNITIES FOR CHILDREN FROM REGIONAL PUBLIC SCHOOL DISTRICTS, IN PARTICULAR THOSE DEMONSTRATING THE GREATEST FINANCIAL NEED, TO TOUR THE NEW ARCH EXPERIENCE TO ADVANCE THEIR CULTURAL AND HISTORICAL EDUCATION - STRENGTHENED THE RELATIONSHIP BETWEEN THE BUSINESS COMMUNITY AND THE NATIONAL GEOSPATIAL-

SCOTT AIR FORCE BASE - PROVIDED \$20,000 TO SUPPORT THE GATEWAY ARCH PARK FOUNDATION'S JOURNEY FUND, EXPANDING OPPORTUNITIES FOR CHILDREN FROM REGIONAL PUBLIC SCHOOL DISTRICTS, IN PARTICULAR THOSE DEMONSTRATING THE GREATEST FINANCIAL NEED, TO TOUR THE NEW ARCH EXPERIENCE TO ADVANCE THEIR CULTURAL AND HISTORICAL EDUCATION - STRENGTHENED THE RELATIONSHIP BETWEEN THE BUSINESS COMMUNITY AND THE NATIONAL GEOSPATIAL-INTELLIGENCE AGENCY TO ENSURE THE SUCCESSFUL COMPLETION OF THEIR 21ST-CENTURY CAMPUS DESIGNATED AS NEXT NGA WEST - SUPPORTED COLLABORATIONS BETWEEN CITY AND COUNTY AGENCIES, SPECIFICALLY RELATED TO ECONOMIC DEVELOPMENT, TO PROVIDE A UNIFIED PLAN FOR THE REGION'S GROWTH - SUPPORTED THE GROWTH AND DEVELOPMENT OF LAMBERT-ST LOUIS INTERNATIONAL AIRPORT - PROVIDED \$10,000 TO THE ST LOUIS POLICE FOUNDATION TO ENSURE CITY AND COUNTY OFFICERS RECEIVED MUCH NEEDED TRAINING, EQUIPMENT, AND TECHNOLOGY - PROVIDED \$5,000 TO THE ARTS AND EDUCATION COUNCIL TO BUILD APPRECIATION, PARTICIPATION, AND SUPPORT FOR ARTS EDUCATION THROUGHOUT THE ST LOUIS COMMUNITY - PROVIDED \$37,409 FOR HUMANIM'S PROPOSAL TO ESTABLISH A SUSTAINABLE DECONSTRUCTION OPERATION OF ABANDONED HOMES IN NORTH ST LOUIS COMMUNITY - SPROYIDED \$37,409 FOR HUMANIM'S PROPOSAL TO \$5,000 FOR OPERATING SUPPORT - PROVIDED UNIVERSITY OF MISSOURI-ST LOUIS WITH \$5,000 FOR OPERATING SUPPORT

WORKFORCE/TALENT DEVELOPMENT TO ADDRESS THE GAPS IN THE POST-SECONDARY WORKFORCE BY SUPPORTING ORGANIZATIONS AND INITIATIVES THAT PROVIDE TECHNICAL AND PROFESSIONAL SKILLS TRAINING FOR HIGH-DEMAND CAREERS REQUIRING SPECIALIZED TRAINING SUCH AS IT, HEALTHCARE, MANUFACTURING AND THE TRADES - ALLOCATED \$106.449 TO FUND THE EXPANSION OF THE URBAN LEAGUE OF METROPOLITAN ST LOUIS' SAVE OUR SONS PROGRAM TO PROVIDE JOB

Form 990, Part III, Line 4b:

TRAINING AND PLACEMENT SERVICES FOR AFRICAN-AMERICAN MEN IN NORTH COUNTY AND CITY - INVESTED \$25,000 IN NPOWER ST LOUIS TO PROVIDE UNDERSERVED POPULATIONS WITH IT AND CYBERSECURITY SKILLS TRAINING AND JOB PLACEMENT SERVICES, CREATING PATHWAYS TO ECONOMIC PROSPERITY TO ENSURE THESE TALENT POOLS ARE NOT LEFT BEHIND IN THE GROWING TECHNOLOGY WORKFORCE - PROVIDED \$12.500 TO RANKEN TECHNICAL COLLEGE'S LEARN 2

EARN PROGRAM TO EXPOSE 6-12 GRADE STUDENTS TO TECHNICAL SKILLS THROUGH A PATHWAY OF ACTIVITIES WHILE ACCUMULATING SCHOLARSHIP CREDITS FOR EACH PATHWAY COMPLETED, DIRECTLY ADDRESSING THE WORKFORCE DEVELOPMENT NEEDS OF THE ST LOUIS REGION - PROVIDED \$150,000 TO EXPLORE ST LOUIS FOR THE DEVELOPMENT OF A TARGETED COMMUNICATIONS CAMPAIGN TO RE-BRAND AND PROMOTE SKILLED CAREERS IN HEALTHCARE, IT, MANUFACTURING AND THE TRADES TO ATTRACT, RETAIN AND DEVELOP A HIGHLY SKILLED, DIVERSE WORKFORCE IN THE ST LOUIS REGION BY PROVIDING VALUABLE OPPORTUNITIES FOR

NETWORKING, PROFESSIONAL DEVELOPMENT, AND COMMUNITY INVOLVEMENT - FOSTERED MENTORING OPPORTUNITIES WITH SENIOR LEADERS FROM RBC COMPANIES FOR 150 COLLEGE STUDENTS ACROSS THE STATE THROUGH THE MENTOR NETWORK, EXPANDING INTO HIGH NEED SECTORS SUCH AS INFORMATION TECHNOLOGY -EXPANDED THE YOUNG PROFESSIONALS NETWORK TO 4,200 ETHNICALLY DIVERSE PROFESSIONALS WHILE CELEBRATING THE 10-YEAR ANNIVERSARY OF THIS PROGRAM THAT FOSTERS BUSINESS AND SOCIAL CONNECTIONS ALONG WITH OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT AND COMMUNITY SERVICE - HOSTED A VARIETY OF NETWORKING EVENTS, CIVIC ENGAGEMENT, AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR YOUNG PROFESSIONALS IN ST. LOUIS - PROVIDED \$15,000 TO

UNDERWRITE GLOBALHACK'S SUMMER CAMP AND TRANSPORTATION COSTS TRANSPORTATION AND SCHOLARSHIPS ARE PROVIDED TO LOW-INCOME FAMILIES WITHOUT

THE MEANS TO ACCESS OUR SUMMER CAMP PROGRAMS - PROVIDED HAWTHORN FOUNDATION WITH FUNDING OF \$40,000 TO SUPPORT BUSINESS GROWTH - INVESTED

\$21,500 IN ROYAL VAGABONDS FOUNDATION FOR YOUTH PROGRAMMING - SUPPORTED VENTURE CAFE ST LOUIS WITH \$5,000 FOR SCHOLARSHIPS

PHILANTHROPY TO INCREASE THE LEVEL OF GIVING AND INVOLVEMENT OF RBC MEMBERS AND THE BUSINESS COMMUNITY IN THE UNITED WAY AND A MYRIAD OF OTHER NONPROFIT ORGANIZATIONS - RAISED OVER \$14 MILLION FOR THE UNITED WAY OF GREATER ST LOUIS - COLLABORATED WITH LOCAL FOUNDATIONS AND CHARITABLE ORGANIZATIONS TO INCREASE OVERALL PHILANTHROPY IN THE REGION AND AMONG RBC MEMBERS - ENCOURAGED AND FACILITATED MEMBER PARTICIPATION ON COMMUNITY BOARDS AND COMMISSIONS TO EXPAND RBC MEMBERS' INVOLVEMENT AND COMMITMENT TO THE COMMUNITY - CONTRIBUTED \$50,000 TO DEVELOP NEW LEADERSHIP-LEVEL GIVERS THROUGH THE RBC'S MATCHING GIFT FUND FOR THE UNITED WAY, BUILDING CAPACITY FOR THE FUTURE OF LOCAL

Form 990, Part III, Line 4c:

THROUGH THE "SMALL CHANGE, BIG IMPACT" INITIATIVE IN SUPPORT OF LOCAL NON-PROFIT AGENCIES - INVESTED \$49,000 IN STL YOUTH JOBS, A CROSS-SECTOR COLLABORATIVE TO CONNECT UNDERPRIVILEGED ST LOUIS YOUTH (16-24) WITH MEANINGFUL EMPLOYMENT EXPERIENCES VIA A PROVEN MODEL OF PAID WORK PLACEMENT, JOB READINESS AND FINANCIAL LITERACY TRAINING AND CAREER SUPPORT - INVESTED \$25,000 TO NORTH SIDE COMMUNITY SCHOOL, A PRE-K THROUGH 5TH GRADE PUBLIC CHARTER SCHOOL PROVIDING A QUALITY EDUCATION FOR NORTH ST LOUIS CITY STUDENTS - INVESTED \$15,000 TO LITTLE BIT FOUNDATION TO

CHARITABLE GIVING - IMPLEMENTED THE EIGHTH ROUND OF IT'S OUR REGION FUND GRANT PROGRAM, ALLOCATING \$120,125 FOR 27 CAPITAL IMPROVEMENT PROJECTS

5TH GRADE PUBLIC CHARTER SCHOOL PROVIDING A QUALITY EDUCATION FOR NORTH ST LOUIS CITY STUDENTS - INVESTED \$15,000 TO LITTLE BIT FOUNDATION TO SUPPORT WRAP-AROUND SERVICES AT NORTH SIDE COMMUNITY SCHOOL - SUPPORTED GIVABLE TO FOSTER INDIVIDUAL CONNECTIONS WITH LOCAL NONPROFITS, SPURRING INCREASED GIVING TO HIGH-IMPACT ORGANIZATIONS - INVESTED IN THE CULTURAL INFRASTRUCTURE OF ST LOUIS BY SUPPORTING LOCAL ARTS INITIATIVES AND INSTITUTIONS. INCLUDING THE ST LOUIS SYMPHONY ORCHESTRA AND THE ARTS AND EDUCATION COUNCIL

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally flours	ا ا	a uii	ecc		usice,	'	Organization	organizations	overnment and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JANE ARNOLD DIRECTOR	2 00	×						0	0	0	
JAMIE AUFFENBERG DIRECTOR	2 00	×						0	0	0	
WILLIAM AYERS DIRECTOR	2 00	х						0	0	0	
VINCE BENNETT DIRECTOR	2 00	x						0	0	0	
CAROLYN KINDLE BETZ	2 00										

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CAROLYN KINDLE BETZ DIRECTOR

JOSEPH BLOMKER

ROBERT BOBROFF

ERIC BRUNNGRABER

PETER M BLUMEYER II

.......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BEAU BRAUER

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

S BRYAN COOK

FRANK D'ANTONIO

TOMMY DAVIS JR

PETER DESILVA

MICHAEL DIERBERG

......

PARKER B CONDIE JR

	any nours			ecto	or/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CHRISTINE M CANDIO DIRECTOR	2 00	X						0	0	0	
JOHN CAPPS DIRECTOR	2 00	×						0	0	0	
IAN CASO DIRECTOR	2 00	×						0	0	0	
MICHAEL A CHIVELL	2 00	×						0	0	0	

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JOHN E FISCHER

JEFFREY L FOX

RANDELL GELZER JR

ROBERT S GOLDSTEIN

STEVE HAMILTON

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	any hours	and	a dır	recto	r/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
L B ECKELKAMP JR DIRECTOR JOHN F EILERMANN JR	2 00	×						0		0	
DIRECTOR		X						0	U	0	
DOUGLAS R FABICK DIRECTOR	2 00	х						0	0	0	
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JOHN F EILERMANN JR DIRECTOR	2 00	x			0	
DOUGLAS R FABICK	2 00	,			0	
DIRECTOR		^				
JOHN H FERRING IV	2 00	l			0	
DIRECTOR		_ ^				
ANDERSON FINCHER	2 00					

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours	and	a dır	recto	r/tr	ustee))	organization	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MICHAEL HART DIRECTOR	2 00	×						0	0	0
JOHN F HERBER JR DIRECTOR	2 00	×						0	0	0
WENDY HENRY DIRECTOR	2 00	×						0	0	0
GREGORY HESSER DIRECTOR	2 00	X						0	0	0

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DIRECTOR
GREGORY HESSER
DIRECTOR
BRIAN HOGAN
DIRECTOR

BRUCE B HOLLAND

THOMAS W HOUGH

GERARD J HOWE

JOSEPH IMPICCICHE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JOHN HOPKINS

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

RUSTY KEELEY

JOHN KEMPER

MICHAEL KENNEDY JR

ROBERT KIRKLAND

.......

DIRECTOR & TREASURER/SECRETARY

	any hours					ustee		organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CARMEN JACOB DIRECTOR	2 00	×						0	0	0	
SHARON JOHN DIRECTOR	2 00	х						0	0	0	
ERIC N JOHNSON DIRECTOR	2 00	х						0	0	0	
JEFFREY A JOHNSTON	2 00	×						0	0	0	

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ERIC N JOHNSON	2 00	×			0	0	
DIRECTOR		_ ^					
JEFFREY A JOHNSTON	2 00	×			0	0	
DIRECTOR		^			9	3	
LAURA KAISER	2 00	×			0	0	
DIRECTOR		_ ^					L
JAMES KAVANAUGH	2 00						Г

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	1 (11)	1			217 61	, ascec,	, ,	(11) 2 (1000	I month the	
	for related organizations below dotted line)		Institutional Trustee	Officer		Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ERIC KITTNER DIRECTOR	2 00	1						0	0	0
AL KOLLER III DIRECTOR	2 00	1						0	0	0
TODD J KORTE DIRECTOR	2 00	1						0	0	0
MAJOR GENERAL DEBORAH KOTULICH DIRECTOR	2 00	1						0	0	0

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TODD J KORTE
DIRECTOR
MAJOR GENERAL DEBORAH KOTULICH
DIRECTOR
JAMES B LALLY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KYLE LOPEZ

DIRECTOR

DONN LUX

DIRECTOR

SALLY LEIBLE

JULIA J LILLY

STEVEN LINDSEY

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation

and Independent Contractors

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P JOSEPH MCKEE III

ROBERT D MILLSTONE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

GARY MINDEL

DEAN MUELLER

PATRICK MURPHY

	any hours					ustee		organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ALAINA MACIA DIRECTOR	2 00	×						0	0	C	
RICHARD MARK DIRECTOR	2 00	×						0	0	0	
BRIAN MATTHEWS DIRECTOR	2 00	×						0	0	0	
SUSAN MCCOLLUM	2 00	×		×				0	0	0	

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DIRECTOR						
BRIAN MATTHEWS	2 00				0	
DIRECTOR		_ ^				
SUSAN MCCOLLUM	2 00	Ų	_		0	
DIRECTOR / VICE CHAIR		_ ^	^		0	
KEVIN MCDANIEL	2 00					

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	any nours	and	a dir	recto		ustee)	organization	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN R MUSGRAVE DIRECTOR/ GENERAL COUNSEL	2 00	×		×				0	0	0
ROBERT NEWMARK DIRECTOR	2 00	x						0	0	0
TRACI O'BRYAN DIRECTOR	2 00	х						0	0	0
FREDERICK J OERTLI DIRECTOR	2 00	×						0	0	0
ROBERT O'LOUGHLIN	2 00	v						0	0	0

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JERRY PYATT

PATRICK QUINN

THOMAS REEVES

CARLA OTTO

SUSAN POLLMANN

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
VICTOR L RICHEY JR DIRECTOR	2 00	×						0	0	0
JOHN J RIFFLE DIRECTOR	2 00	×						0	0	0
CASSANDRA SANFORD DIRECTOR	2 00	х						0	0	0
RUTH SAPHIAN DIRECTOR	2 00	×						0	0	0

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DIRECTOR
RUTH SAPHIAN
DIRECTOR
RICHARD A SAUGET
DIRECTOR

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MICHAEL SCULLY

PAUL SHAUGHNESSY

JAMES F SHEKELTON III

GREGORY R SMITH

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DAVE SPENCE

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	arry riours	ا ۱	a un	eccc		usice,	'	Organization	Organizacions	moniture ,
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MICHAEL STAENBERG DIRECTOR	2 00	×						0	0	0
TOM STILLMAN DIRECTOR	2 00	х						0	0	0
DAVID STOKES DIRECTOR	2 00	х						0	0	0
KEITH STROPE DIRECTOR	2 00	×						0	0	0
JOHN P STUPP JR	2 00	х		х				0	0	0

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KEITH STROPE
DIRECTOR
JOHN P STUPP JR
DIRECTOR / PAST - CHAIRMAN

KENNETH H SUELTHAUS

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DONALD M SUGGS

ANTHONY R TERSIGNI

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MARK THOM

DIRECTOR

JIM M THEISS

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KAREN VANGYIA

HARVEY WALLACE

DOUGLAS K WEIBLE

GREG TWARDOWSKI

DIRECTOR / CHAIRMAN

SANDRA VAN TREASE

	411, 110413	""	u un	CCCC	/1 / CI	usice,	′	organization	organizations	I monitorie .
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ANDREW THOME DIRECTOR	2 00	x						0	0	0
ANTHONY THOMPSON DIRECTOR / VICE CHAIR	2 00	x		х				0	0	0
JOHN M TRACY DIRECTOR	2 00	х						0	0	0
CTEVE TRUITACIVE	2 00									

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DIRECTOR / VICE CHAIR			*		Ĭ	
JOHN M TRACY	2 00	×			0	
DIRECTOR		^				
STEVE TRULASKE	2 00	_			0	
DIRECTOR		_ ^			0	
JOHN TVRDIK	2 00					

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JOHN M TRACY	2 00	l 🗸				0	0	
DIRECTOR		_ ^					Ü	ı
STEVE TRULASKE	2 00	l 🗸				0	0	
DIRECTOR		_ ^					Ü	
JOHN TVPDIK	2 00							

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless amount of other compensation compensation week (list from the person is both an officer from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099-

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organization and

72,432

453,089

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

and Independent Contractors

MICHAEL A ZAMBRANA

KATHLEEN T OSBORN

PRESIDENT AND CEO

DIRECTOR

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
RANDY WELLER	2 00	l								
DIRECTOR		×						0	U	0
JIMMY WILLIAMS	2 00	l							0	0
DIRECTOR		×						0	U	U
SCOTT WILSON DIRFCTOR	2 00	×						0	0	0

DITHIN WILLIAMS		l x				ا ا	
DIRECTOR							
SCOTT WILSON	2 00					0	
DIRECTOR		_ ^					
SCOTT WITTKOP	2 00						
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SCOTT WILSON	2 00	×			0	0	
DIRECTOR		,				Š	
SCOTT WITTKOP	2 00	l 🗸			0	0	
DIRECTOR		^				Ŭ	

SCOTT WILSON	2 00	×			0	0	
DIRECTOR		· ·			,		
SCOTT WITTKOP	2 00	>					
DIRECTOR		X			l "	U	

SCOTT WILSON	2 00				0	0	0
DIRECTOR		,,				Ŭ	,
SCOTT WITTKOP	2 00	×			0	0	0

DIRECTOR							
AMADOU YATTASSAYE	2 00				0	0	
DIRECTOR		^			ď	U	

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efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -								
SCI		ULE A	- Dublia 4	Charity Statu	e and Dul	alic Supp	ort	OMB No 1545-0047				
	m 99			ganization is a sect 4947(a)(1) nonexe ► Attach to Form	ion 501(c)(3) c mpt charitable	organization or trust.	I	2019				
•		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	nue Service he organiza JSINESS COUN					Employer identific					
KEGIC	INAL BO	Dativeas Cook	CIL				43-1913803					
	rt I		for Public Charity State				See instructions.					
_	rganız		a private foundation because	•			(A)(!)					
1		,	onvention of churches, or as				. , . ,					
2			scribed in section 170(b)(,							
3	Ш	·	or a cooperative hospital serv	_			•					
4		A medical r name, city,	esearch organization operate and state	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's				
5			ation operated for the benefi (iv). (Complete Part II)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170				
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).					
7	✓		ation that normally receives (' O(b)(1)(A)(vi). (Complete		s support from a	governmental u	ınıt or from the gener	al public described in				
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)						
9			ural research organization de rant college of agriculture S					ege or university or a				
10		from activit	ation that normally receives dies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	taın exceptions, a	and (2) no more	than 331/3% of its si	apport from gross				
11		An organiza	ation organized and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).					
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509 (a					
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by					
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar								
c		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ited with, its				
d		Type III n	on-functionally integrated integrated integrated integrated integrated in You must complete Par	d. A supporting organi n generally must satis	Ization operated fy a distribution i	in connection wi requirement and	th its supported orgai					
e		Check this	box if the organization received Type III non-functionally	ved a written determir	ation from the Il		pe I, Type II, Type II	I functionally				
f	Enter		of supported organizations	eg. area sapporting	- i gainzation							
g			ing information about the su	pported organization(s)							
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anızatıon listed ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
			<u> </u>									
Tota		l. P. '	tion Act Notice, see the Ir		Cat No 11285		 	 90 or 990-EZ) 2019				

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990 or 990-EZ) 2019

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

supported organization

instructions

P		upport Schedule for						
		Complete only if you cl						der Part II. If
		ne organization fails to	qualify under t	ne tests listed i	pelow, please co	omplete Part II.)	
56	ection A. Pub	ndar year			1			T
		r beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		contributions, and						
		ees received (Do not						
_		nusual grants ")						
2		from admissions, sold or services						
		facilities furnished in						
		at is related to the						
	organization's	tax-exempt purpose						
3		from activities that are						
		ed trade or business						
4	under section Tax revenues	F						
-		benefit and either paid						
		d on its behalf						
5		ervices or facilities						
		governmental unit to						
		on without charge						
6	Total. Add line	-						
/a		ded on lines 1, 2, and m disqualified persons						
b		ded on lines 2 and 3						
_		other than disqualified						
		exceed the greater of						
		of the amount on line						
_	13 for the yea Add lines 7a a							
8		rt. (Subtract line 7c						
0	from line 6)	it. (Subtract line / c						
Se	ection B. Tota	al Support				•		
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal
		r beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts fron	n line 6						
L0a		from interest,						
		yments received on						
		ns, rents, royalties and similar sources						
b		siness taxable income						
_		511 taxes) from						
		equired after June 30,						
	1975							
_	Add lines 10a							
11		rom unrelated business						
		included in line 10b, ot the business is						
	regularly carr							
12		Do not include gain or						
		sale of capital assets						
	(Explain in Pa							+
13	11, and 12)	rt. (Add lines 9, 10c,						
14	First five yea	a rs. If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,
•		and stop here		, ,	, ,	•	()()	▶ □
Se		nputation of Public S	Support Perce	ntage				
15		percentage for 2019 (lin			column (f))		15	
16	• •	: percentage from 2018 S		•	(//		16	
		nputation of Investr					1 -0	
17		come percentage for 201			line 13. column (f	f))	17	
		come percentage from 20	,		25, 201411111 (1	• / /		
18				·	on line 14	aa 1 E ja waana 41	18 22 1/20/ and l	na 17 ia
		ort tests—2019. If the						_
		/3%, check this box and s	-					▶□
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_
	not more than	n 33 1/3%, check this box	and stop here.	The organization (qualifies as a publ	licly supported org	anızatıon	▶□
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No
•	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	1		
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			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
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		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
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		
	ın section 509(a)(1) or (2)	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	3a	
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		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
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	3b	
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	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below		

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b	1	
С	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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a		
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	4b		
	supervised by or in connection with its supported organizations			
С	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	4c		
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)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?		1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
•	operated, supervised, or controlled the supported organization of the support organization of the support organization of the support of the			
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	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 the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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)			
	D	2		
	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 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		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	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 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 that these activities constituted			
	substantially all of its activities	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	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? <i>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

3b

Page **6**

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	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 production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from 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			Current Year
1	Adjusted net income for prior year (from Section A, line 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		

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from 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		Current Year
1	Adjusted net income for prior year (from Section A, line 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	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

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	
Distributable amount for 2019 from Section C, line 6	

8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI)			

details in Part VI) See instructions	ilcii tile organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			

(see instructions)	Excess Distributions	Pre-2019	Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
 Carryover from 2014 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		

j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract		

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		
7 Excess distributions carryover to 2020. Add lines 3j and 4c		
8 Breakdown of line 7		

Schedule A (Form 990 or 990-EZ) (2019)

a Excess from 2015. **b** Excess from 2016. **c** Excess from 2017.

d Excess from 2018. e Excess from 2019.

Additional Data

Software ID:

Software Version: EIN: 43-1913803

Name: REGIONAL BUSINESS COUNCIL

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

instructions)	
	Facts And Circumstances Test

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

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

527 **2**0

DLN: 93493129016920

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** REGIONAL BUSINESS COUNCIL 43-1913803 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -ndirectly delivered to a

				separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see th	ne instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2019

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

Yes | No

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

DLN: 93493129016920

Cat No 52283D Schedule D (Form 990) 2019

OMB No 1545-0047

SCHEDULE D (Form 990)

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

Supplemental Financial Statements

Department of the Treasury

► 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.

nterr	nal Revenue Service	to www.irs.gov/Form99	<u>0</u> for instructions	and the latest infor	mation.	Ins	spection
	nme of the organization GIONAL BUSINESS COUNCIL				Employer id	lentification	number
KE	GIONAL BUSINESS COUNCIL				43-1913803		
Pa		taining Donor Advised			r Accounts.		
	Complete if the organ	ization answered "Yes" (
_	T-4-1	<u> </u>	(a) Donor adv	ised funds	(b) Fun	ds and other	accounts
1	Total number at end of year	ha (dumma usan)					
2	Aggregate value of contributions						
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year						
5	Did the organization inform all organization's property, subject			sets held in donor ad	vised funds are		Yes 🗌 No
6	Did the organization inform all o	grantees donors and donor	r advisors in writing	hat grant funds can	he used only fo	_	res 🗆 No
•	charitable purposes and not for						
	private benefit?						Yes 🗌 No
Pa	Conservation Easen		F 000 P	T) / Lane 7			
1	Purpose(s) of conservation ease	ization answered "Yes"	·				
_		, ,	` —		h		
		blic use (e g , recreation or .	education) \square	Preservation of an		•	area
	☐ Protection of natural habit		Ш	Preservation of a c	ertified historic	: structure	
	☐ Preservation of open space	}					
2	Complete lines 2a through 2d if easement on the last day of the		alified conservation o	ontribution in the for		ation at the End o	of the Year
а	Total number of conservation ea	sements			2a		
b	Total acreage restricted by cons	ervation easements			2b		
c	Number of conservation easeme	nts on a certified historic st	ructure included in (a)	2c		
d	Number of conservation easeme structure listed in the National R		after 7/25/06, and	not on a historic	2d		
3	Number of conservation easemetax year ►	ents modified, transferred, r	released, extinguishe	d, or terminated by t	the organizatio	n during the	
4	Number of states where propert	y subject to conservation e	asement is located b	•			
5	Does the organization have a w and enforcement of the conserv		periodic monitoring, i	nspection, handling o	of violations,	☐ Yes	□ No
6	Staff and volunteer hours devot	ed to monitoring, inspecting	g, handling of violati	ons, and enforcing co	nservation eas	ements durir	ng the year
7	Amount of expenses incurred in	monitoring, inspecting, har	ndling of violations, a	nd enforcing conserv	ation easemer	nts during the	e year
8	Does each conservation easeme	nt reported on line 2(d) abo	ove satisfy the requi	rements of section 17	70(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?					☐ Yes	□ No
9	In Part XIII, describe how the o balance sheet, and include, if a the organization's accounting fo	pplicable, the text of the foo					
Pai		taining Collections of	Art, Historical T	reasures, or Oth	er Similar A	ssets.	
		ization answered "Yes" (
1a	If the organization elected, as p art, historical treasures, or othe provide, in Part XIII, the text of	r sımılar assets held for pub	blic exhibition, educa	tion, or research in fi			
b	If the organization elected, as p historical treasures, or other sin following amounts relating to th	nılar assets held for public è					
	(i) Revenue included on Form 990				▶ \$		
	ii)Assets included in Form 990, Pa				· —		
2	If the organization received or h	eld works of art, historical					
а	following amounts required to b Revenue included on Form 990,	·	(Mac 930) relating t	o diese ileilis	▶ \$		
	·	·			· -		
b	Assets included in Form 990, Pa	ILA			▶ \$		

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, Hi	stori	cal T	reasu	ires, oi	r Other	Similar A	ssets (d	ontınu	ed)	
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	records, c	check a	any of	the fo	llowing t	that are a	significant	use of its	collect	tion	
а	✓	Public exhibition				d	✓	Loan	or exch	ange prog	grams				
b		Scholarly research				e		Other	r						
С		Preservation for future	e generations												
4	Provi Part :	de a description of the	organization's col	lections and	l explain h	ow the	y furtl	her the	e organiz	zation's e:	xempt purpo	ose in			
5		ng the year, did the organs s to be sold to raise fur									nılar	☐ Ye	s [Z No	D
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Form	า 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on F	orm 9	90,	Part
1a		e organization an agent ded on Form 990, Part)		an or other	ıntermedia	ary for	contri	bution:	s or othe	er assets	not	☐ Y e	s [ן אינ	D
ь	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the follo	owina	table				Δ	mount			-
c		nning balance				- 3				1c					_
d	_	ions during the year								1d					-
e		butions during the year	r							1e					-
f		ng balance								1f					-
2a		he organization include	an amount on Fo	rm 990, Pai	rt X, line 2:	1, for	escrow	v or cu	stodial a	account li	abılıty?	☐ Ye	s [□ No	– D
b	If "Y∈	es," explain the arrange	ement in Part XIII	Check here	e if the exp	olanati	on has	s been	provide	d in Part i	XIII				
Pa	rt V	Endowment Fund	ds.												
		Complete of the org	ganization ansv								L 13 =1	1			
1.	Poguna	ung of year balance		(a) Currer	nt year	(b) P	rıor yea	ar ((c) Two y	ears back	(d) Three ye	ears back	(e) Fou	r year	s back
	_	ning of year balance .													
		butions										+			
		vestment earnings, gair	•												
		or scholarships						_				+			
е		expenditures for facilities ograms	es												
f	Admın	istrative expenses .													
g	End of	year balance													
2	Provi	de the estimated percei	ntage of the curre	ent year end	d balance (line 1g	g, colu	mn (a))) held a	ıs					
а	Board	d designated or quasi-e	ndowment 🟲												
b	Perm	anent endowment 🕨													
c	Temp	porarily restricted endov	wment 🟲												
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%										
3а		here endowment funds nization by	not in the posses	sion of the	organizatio	n that	are h	eld an	d admın	istered fo	r the		Y	'es	No
	(i) u	nrelated organizations										3a	1(i)		
		elated organizations .											(ii)		
		es" on 3a(II), are the rel	=		•			?.				. [3	3b		
4		ribe in Part XIII the inte			n's endowr	ment f	unds								
Pa	rt VI				" on Form		Dow	TV/ Lo	no 11-	Soc 5-	rm 000 D-	>r+ ∨ 1	0.10		
	Descr	Complete if the ordinate of complete if the ordinate of property	ganization ansv (a) Cost or oth (investme	ner basıs	(b) Cost o						rm 990, Pa depreciation		e 10. d) Book	value	:
_	1 1														
	Land														
	Buildin	-													
С	Leaseh	nold improvements													
			1				٦.	10 046			210 046				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Part VII	Investments—Other Securities.					
	Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	Cart IV, II (b) Book value	ne 11	o.See Form 990, (c) Metho Cost or end-o	od of va	aluation
(1) Financia	l derivatives	value				
	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.					
Part VIII	Complete if the organization answered 'Yes' on Form 990, F	Part IV, I	ne 11		_	
	(a) Description of investment			(b) Book value) Method of valuation t or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13)		•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, lıı	ne 11d	. See Form 990, Pa	art X, III	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)				. •	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P			or 11f.See Form		Part X, line 25.
1.	(a) Description of liability					(b) Book value
(1) Federal (3)	income taxes				+	
(4)					+	
(5)					+	
(6)					+	
(7)					+	
(8)					+	
(9)					+	
	n (b) must equal Form 990, Part X, col (B) line 25)			<u> </u>		356,93
	or uncertain tax positions In Part XIII, provide the text of the footnot	e to the o	rganıza			
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) Check l	here if the	text of	the footnote has b	een pro	ovided in Part XIII 🔲

Schedule D (Form 990) 2019

	Complete if the organi	zation answered 'Yes' on Form 990, Pari	IV, I	ine 12a.		
1	Total revenue, gains, and other s	upport per audited financial statements .			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b		٠		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Pari			Returr	1.
1	Total expenses and losses per au-		. IV, I	ille 12a.	1	
2	Amounts included on line 1 but no		•			
a		ties	2a	I		
b			2b		-	
c	Other losses		2c		-	
d	Other (Describe in Part XIII)		2d		\dashv	
e	` ,					
3	•				3	
3 4	Amounts included on Form 990, F				3	
	·	, , ,	4a	I		
a	•	d on Form 990, Part VIII, line 7b	4a 4b		-	
Ь	,				- <u>.</u>	
_ C					4c	
5	t XIII Supplemental Info	4c. (This must equal Form 990, Part I, line 18) •		5	
		art II, lines 3, 5, and 9, Part III, lines 1a and	4 D==	+ IV lines 1 nud 2 Do		4. David V. Juna 2. David
XI,	lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines Ia and s 2d and 4b Also complete this part to provide	any a	idditional information	rt v, iine	4, Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

Page 4

Page 5		chedule D (Form 990) 2019		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference	Return Reference	

Schedule D (Form 990) 2019

Additional Data

Software Version:

EIN: 43-1913803

NO APPLICABLE FOOTNOTE THE ORGANIZATION ELECTED TO EXPENSE THE ACQUISITION COSTS

Name: REGIONAL BUSINESS COUNCIL

PART III, LINE 1A

Supplemental Information	
Return Reference	Explanation

Software ID:

Return Reference

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4	RBC COMMISSIONED TWO PIECES OF ARTWORK THAT REFLECTED THE HISTORY OF THE ST LOUIS REGION THE ARTWORK WAS LOANED TO CIVIC ORGANIZATIONS FOR DISPLAY IN PUBLIC PLACES WHERE IT WILL PROMOTE THE REGION'S IMAGE THE ARTWORK CONSISTS OF TWO PAINTINGS CALLED "GYRO ARCH AND "C ONFLUENCE" DEPICTING THE PROMINENCE OF ST LOUIS AS THE "GATEWAY TO THE WEST" SYMBOLIZED B Y THE ARCH AND A MURAL DEPICTING MANY OF THE DIVERSE PEOPLES WHO SETTLED AND BUILT ST LOU IS

Cupplemental Information

DLN: 93493129016920 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number REGIONAL BUSINESS COUNCIL 43-1913803 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

Page 2

Schedule I (Form 990) 2019

(2) (3) (4)

(5)

(6) (7)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) 2019

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Explanation FOR EVERY GIFT THE REGIONAL BUSINESS COUNCIL ALLOCATES. WE ASSURE THAT THE ORGANIZATION RECEIVING THE FUNDS IS PROPERLY INCORPORATED.

Return Reference PART I, LINE 2 MANAGED BY A BOARD OF DIRECTORS, PROVIDES FINANCIAL INFORMATION, AND MAINTAINS WRITTEN RECORDS OF ITS ACTIVITIES THE RBC AND THE RECIPIENT JOINTLY SIGN AN AGREEMENT STATING THE PURPOSE OF THE GIFT, THE DETAILS OF HOW THE FUNDS PROVIDED ARE TO BE USED AND THE TIMING OF THE

Additional Data

A RED CIRCLE

OF COMMERCE 1766 BURNS AVE ST LOUIS, MO 63132

W130

6439 PLYMOUTH AVE SUITE

ASIAN AMERICAN CHAMBER

ST LOUIS, MO 63133

Software Version: **EIN:** 43-1913803 Name: REGIONAL BUSINESS COUNCIL Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of nonorganization ıf applıcable grant cash

501(C)(3)

501(C)(6)

82-0850327

45-2827370

Software ID:

5,500

20,000

(book, FMV, appraisal, non-cash assistance other) or government assistance

(f) Method of valuation

(g) Description of

(h) Purpose of grant

GARDENING/LANDSCAPING

OPERATING SUPPORT

or assistance

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 43-1484316 501(C)(3) 7,250 LEOUIPMENT ASTHMA & ALLERGY FOUNDATION OF AMEDICA

ISTABILIZATION

STL 1500 S BIG BEND BLVD SUITE 1S ST LOUIS, MO 63117					
BETTER FAMILY LIFE INC	43-1346617	501(C)(3)	119,600		NEIGHBORHOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5415 PAGE BLVD

ST LOUIS, MO 63112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 43-0669085 501(C)(3) 7.000 TECHNOLOGY BIG BROTHERS BIG SISTERS

OF EASTERN MO 6439 PLYMOUTH AVE SUITE W130 ST LOUIS, MO 63133

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST LOUIS, MO 63151

CHADS COALITION 20-2172260 501(C)(3) 10,000 CAPACITY BUILDING PO BOX 510528

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance COLLEGE BOUND 20-4768985 501(C)(3) 5,250 OPERATING SUPPORT

110 N JEFFERSON ST LOUIS, MO 63103					
CONNECTIONS TO SUCCESS 3000 LITTLE HILLS EXPRESSWAY STE	43-1859283	501(C)(3)	6,000		EQUIPMENT

102

ST CHARLES, MO 63301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

SECURITY

GARDENING/LANDSCAPING

6.000

7,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

501(C)(3)

COVENANT HOUSE 2727 N KINGSHIGHWAY ST LOUIS, MO 63113

DOORWAYS

4385 MARYLAND AVE ST LOUIS, MO 63108 43-1821599

43-1484279

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

GATEWAY ARCH PARK FOUNDATION 1 S MEMORIAL DR SUITE 700 ST LOUIS, MO 63102	27-2128072	501(C)(3)	21,500		YOUTH PROGRAMMING
GLOBALHACK	46-3747215	501(C)(3)	15,236		YOUTH PROGRAMMING

GLOBALHACK 911 WASHINGTON AVE SUITE

ST LOUIS, MO 63103

657

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 43-1231419 501(C)(6) 40.000 OPERATING SUPPORT HAWTHORN FOUNDATION PO BOX 93

OPERATING SUPPORT

20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(6)

JEFFERSON CITY, MO 65102
HISPANIC CHAMBER OF
COMMERCE
3611 SOUTH GRAND BLVD
SUITF 105

ST LOUIS, MO 63118

43-1323271

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

OPERATING SUPPORT

OPERATING SUPPORT.

TALENT RECRUITMENT

37.409

76.342

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

501(C)(3)

52-0962588

01-0916759

HUMANIM INC

6355 WOODSIDE COURT COLUMBIA, MD 21046 KIPP ST LOUIS

1310 PAPIN ST SUITE 203

ST LOUIS, MO 63103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 37-1133408 501(C)(3) 21.000 LEADERSHIP COUNCIL IOPERATING SUPPORT SOUTHWESTERN ILLINOIS

ST LOUIS, MO 63104

104 MAGNOLIA DR SUITE B GLEN CARBON, IL 62034 43-0652648 501(C)(3) 25.000 LIFEWISE STI CAPACITY BUILDING 1321 SOUTH 11TH STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-0126713 501(C)(3) 15.000 OPERATING SUPPORT LITTLE BIT FOUNDATION

516 HANLEY INDUSTRIAL COURT ST LOUIS, MO 63144

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1200

ST LOUIS, MO 63105

MOSAIC PROJECT 43-1491605 501(C)(3) 15.000 OPERATING SUPPORT 120 S CENTRAL AVE SUITE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-8091111 501(C)(3) 25.000 CAPACITY BUILDING NORTH SIDE COMMUNITY

SCHOOL 3033 N EUCLID AVE ST LOUIS, MO 63115				

NPOWER 13-4145441 501(C)(3) 25.000 OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

115 3026 LACLEDE AVE ST LOUIS, MO 63103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance IEDUCATIONAL SUPPORT

43-0471051 501(C)(3) 12.500 RANKEN TECHNICAL COLLEGE 4431 FINNEY AVE ST LOUIS, MO 63113 YOUTH PROGRAMMING

ROYAL VAGABONDS 20-3519072 501(C)(3) 21.500 FOUNDATION INC.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4315 WESTMINSTER PLACE ST LOUIS, MO 63108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance STIQUIS CIVIC DRIDE 90-07/0501 E01/C1/31 150 000 TOR TRAINING

FOUNDATION 701 CONVENTION PLAZA SUITE 300 ST LOUIS, MO 63101	80-0740301	301(0)(3)	130,000		JOB TRAINING
ST LOUIS METRO MARKET	35-2496871	501(C)(3)	5,740		EQUIPMENT

4322 WYOMING STREET ST LOUIS, MO 63116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CT LOUIC DOLICE 26 0226512 E01(C)(2) 10 500 OPERATING SUPPORT

PROGRAMMING

FOUNDATION 9761 CLAYTON ST LOUIS, MO 63124	20-0320313	301(C)(3)	10,500		OPERATING SUPPO
ST LOUIS REGIONAL CHAMBER	43-0975222	501(C)(6)	10,000		DIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

211 N BROADWAY SUITE 1300

ST LOUIS, MO 63102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

EDUCATION SUPPORT

STL YOUTH JOBS FOR 2019 2 OAK KNOLL PARK ST LOUIS, MO 63105	43-1758789	501(C)(3)	49,000		FISCAL AGENT WAS ST LOUIS COMMUNITY FOUNDATION, INC

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

THE OPPORTUNITY TRUST

4660 MARYLAND AVE 260 ST LOUIS, MO 63108 82-1838644

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance RT FOR

UNITED WAY OF GREATER ST LOUIS 910 N 11TH STREET ST LOUIS, MO 63101	43-0/1416/	501(C)(3)	51,000		AGENCIES AND FORWARD THROUGH FERGUSON
ST LOUIS, MO 63101					FERGUSON

ST LOUIS, MO 63113

SON UNI FASHING POTENTIAL 43-0654857 501(C)(3) 10.250 CAPACITY BUILDING 1000 N VANDEVENTER AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance URBAN LEAGUE OF METRO ST 43-0653605 501(C)(3) 106,449 TALENT DEVELOPMENT

LOUIS 3701 GRANDEL SQUARE ST LOUIS, MO 63108					
WASHINGTON UNIVERSITY	43-0653611	501(C)(3)	20,000		NON-PROFIT TRAINING

OLIN BUSINESS SCHOOL

PO BOX 60714 ST LOUIS, MO 63160

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WESTEV HOUSE ASSOCIATION 12-0652612 E01/C1/31 6 0001 HEATING & COOLING

4507 E LEE AVENUE ST LOUIS, MO 63115	43-0053013	501(C)(3)	8,000		HEATING & COOLING
WORLD TRADE CENTER OF ST LOUIS 120 SOUTH CENTRAL SUITE	43-1491605	501(C)(3)	15,000		HIGHER EDUCATION PARTNERSHIP

1200

ST LOUIS, MO 63105

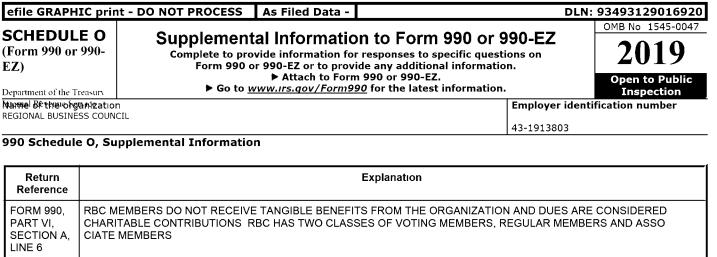
efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934931	2901	5920
Sch	edule J	Co	mpensat	ion Information	OMB No	1545-	0047
(For	n 990)	For certain Officer	t -				
		➤ Complete if the orga	Compensa nization answ	ated Employees vered "Yes" on Form 990, Part IV, lin	_{e 23.} 2 (019	•
_			▶ Attach	to Form 990.		to Pu	
•	tment of the Treasury al Revenue Service	▶ Go to <u>www.irs.gov</u>	' <u>/ </u>	instructions and the latest informati		pectio	
	me of the organizational BUSINESS Co			Em	ployer identification i	number	
KEC	ITONAL BUSINESS C	JONCIL		43-	1913803		
Pa	rt I Questi	ons Regarding Compensat	ion	·			
						Yes	No
1a				the following to or for a person listed or y relevant information regarding these it			
		or charter travel		Housing allowance or residence for pers			
	_	companions		Payments for business use of personal i			
		nification and gross-up payments	✓	Health or social club dues or initiation for Personal services (e.g., maid, chauffeur			
	LI Discretion	ary spending account	Ц	Personal services (e g , maid, chauffeur	, cher)		
b				follow a written policy regarding paymen ve? If "No," complete Part III to explain	nt or	Yes	
2				or allowing expenses incurred by all	2	Yes	
	directors, truste	es, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked on Line 1	a'		
3				ed to establish the compensation of the not check any boxes for methods			
	_	•	11,	CEO/Executive Director, but explain in Pa	art III		
	✓ Compensa	ation committee	✓	Written employment contract			
	_ '	ent compensation consultant	\cute{\cie\cute{\cute{\cute{\cute{\cute{\cute{\cute{\cute{\cute{\cute{\ci	Compensation survey or study			
	·	of other organizations	✓	Approval by the board or compensation	committee		
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the filing	organization or a		
	_						
a b		ance payment or change-of-contr r receive payment from, a supple		ufied retirement plan?	4a 4b	_	No No
c	•	r receive payment from, a supple r receive payment from, an equit	•	· ·	40	+	No
·	•			plicable amounts for each item in Part III			110
_), 501(c)(4), and 501(c)(29)	_	-			
5		ed on Form 990, Part VII, Section on the revenues of		the organization pay or accrue any			
а	The organization	۱۶			5a		No
b	Any related orga				5b		No
_	-	5a or 5b, describe in Part III					
6		ed on Form 990, Part VII, Section on tingent on the net earnings of	A, line 1a, did	the organization pay or accrue any			
a	The organization				6a	_	No
b	Any related orga				6b		No
7	•	6a or 6b, describe in Part III	الحامصا ٨	the organization provide any nonfined			
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,		the organization provide any nonfixed rt III	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," descr	ibe 8		No
9	If "Yes" on line 53 4958-6(c)?	3, did the organization also follow	the rebuttable	presumption procedure described in Reg			
For I	Danerwork Pedu	ction Act Notice, see the Inst	ructions for Fo	rm 990 Cat No. 5005	3T Schedule 1 (For	m 990	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred (B)(i)-(D)column (B) reported benefits (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 KATHLEEN T OSBORN 382,942 (i) 70.147 525,521 O 60.441 11,991 PRESIDENT AND CEO 0 (ii)

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019	Page 3				
Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation				
	RBC PAID DUES TO A LUNCHEON/DINNER CLUB THAT IS IN THE SAME BUILDING AS THE ORGANIZATION'S OFFICE DURING THE TAX YEAR, THE PRESIDENT USED THIS MEMBERSHIP EXCLUSIVELY FOR RBC BUSINESS (NO PERSONAL USE)				
	Schedule 1 (Form 990) 2019				



Return Explanation

FORM 990, PART VI, SECTION A, LINE 7A

RBC HAS TWO CLASSES OF VOTING MEMBERS, REGULAR MEMBERS AND ASSOCIATE MEMBERS BOTH TYPES OF THEIR MEMBERS HIP AND MAY VOTE ON ADMISSION OF NEW MEM MEMBERS AND ELECTION OF OFFICERS

Return Explanation
Reference

FORM 990,	RBC MEMBERS VOTE ON SELECTION OF THE MEMBERS OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COM
PART VI,	MITTEE IS CHARGED WITH ALL DUTIES AND RESPONSIBILITIES OF THE BOARD AND IS AUTHORIZED AND
SECTION A,	EMPOWERED TO ACT ON BEHALF OF THE BOARD BETWEEN ITS REGULAR OR SPECIAL MEETINGS, IN ACCORD
LINE 7B	ANCE WITH THE MISSOURI NONPROFIT CORPORATION ACT

Return Reference

Explanation

FORM 990, PART VI, SECTION B, LINE 11B O ANY MEMBER UPON REQUEST. THE FORM 990 IS PREPARED IN TAX-EXEMPT ORGANIZATIONS. A DRAFT OF THE RETURN IS REVIEWED BY

THE PRESIDENT & CEO BEFORE REVIEW AND SIGNATURE BY ANOTHER OFFICER.

D -4....

Reference	Explanation
FORM 990,	CONFLICT OF INTEREST POLICY - THE POLICY APPLIES TO MEMBERS, DIRECTORS, OFFICERS AND EMPLO
PART VI,	YEES THEY ARE RESPONSIBLE FOR SELF IDENTIFICATION AND DISCLOSURE OF ACTUAL OR POTENTIAL C
SECTION B,	ONFLICTS TO THE EXECUTIVE COMMITTEE THE PERSON WITH THE POTENTIAL CONFLICT DOES NOT PARTI
LINE 12C	CIPATE IN THE DECISION WHERE THERE IS A CONFLICT THE DISINTERESTED MEMBERS OF THE EXECUTI
	VE COMMITTEE ADVISE WHETHER A TRANSACTION SHOULD BE AUTHORIZED, APPROVED OR RATIFIED

Funlametics.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DETERMINATION OF COMPENSATION DESCRIPTION OF THE PROCESS - ALL PAY IS BASED ON MARKET AND MERIT ANNUAL EVALUATIONS ARE CONDUCTED FOR ALL EMPLOYEES THE EVALUATIONS CONSIDER PERFOR MANCE AND PROGRESS TOWARDS PREVIOUSLY ESTABLISHED GOALS THE PRESIDENT REPORTS ON THE OVER ALL ACHIEVEMENTS OF THE ORGANIZATION THE CHAIR THEN REVIEWS THIS REPORT AND DISCUSSES THE DETAILS WITH THE PRESIDENT THE REPORT IS THEN DISCUSSED AT THE EXECUTIVE COMMITTEE, THE INITIATIVE COMMITTEES AND THE FULL BOARD RBC MONITORS THE COMPENSATION PAID FOR SIMILAR P OSITIONS AS DEEMED APPROPRIATE BY THE CHAIR, A COMPENSATION REVIEW REGARDING THE PRESIDEN T IS CONDUCTED FROM TIME TO TIME THE PRESIDENT AND RBC HAVE ENTERED INTO AN EMPLOYMENT AG REEMENT ALL POLICIES DESCRIBED ABOVE APPLY TO THE PRESIDENT COMPARABLE SALARY INFORMATIO N IS CONSIDERED ANNUALLY FOR THE PRESIDENT THE LAST FULL COMPENSATION REVIEW FOR THE PRESIDENT WAS IN 2016 THE MOST RECENT EMPLOYMENT AGREEMENT WAS SIGNED IN 2011

Return Explanation
Reference

FORM 990,	POSTING OF DOCUMENTS - RBC MAKES AVAILABLE TO ALL MEMBERS ITS GOVERNING DOCUMENTS, CONFLIC
PART VI,	T OF INTEREST POLICY AND FINANCIAL STATEMENTS ALL NEW MEMBERS RECEIVE COPIES OF THESE DOC
SECTION C,	UMENTS AND ARE EDUCATED ON THEIR ROLES AND RESPONSIBILITIES AS BOARD MEMBERS FINANCIAL ST
LINE 19	ATEMENTS ARE DISTRIBUTED AT BOARD AND EXECUTIVE COMMITTEE MEETINGS FURTHER, ALL DOCUMENTS
	ARE AVAILABLE TO MEMBERS UPON A REASONABLE REQUEST ALL DOCUMENTS LISTED IN THE IRS INSTR
	UCTIONS FOR LINE 19 ARE NOT AVAILABLE TO THE PUBLIC