

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
DECEMBER 31, 2018

Prepared for	REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION 6128 DELMAR BLVD. ST. LOUIS, MO 63112
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form **990**

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION Doing business as		D Employer identification number 43-1363303
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6128 DELMAR BLVD.		E Telephone number 314.863.5811
	City or town, state or province, country, and ZIP or foreign postal code ST. LOUIS, MO 63112		G Gross receipts \$ 6,535,322.
	F Name and address of principal officer: FELICIA W. SHAW SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ RACSTL.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1985
			M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE, ENCOURAGE, AND FOSTER THE ARTS & CULTURE WITHIN THE ST. LOUIS, MISSOURI AREA
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 12
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 21
	6 Total number of volunteers (estimate if necessary) 6 15
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 6,172.
b Net unrelated business taxable income from Form 990-T, line 38 7b -4,253.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 7,523,234. Current Year 6,513,010.
	9 Program service revenue (Part VIII, line 2g) 14,077. 13,445.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 261. 306.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,532. 8,561.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,541,104. 6,535,322.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,055,172. 4,341,071.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 978,919. 1,076,029.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,048,839. 1,229,163.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,082,930. 6,646,263.
19 Revenue less expenses. Subtract line 18 from line 12 1,458,174. -110,941.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 7,457,454. End of Year 6,646,136.
	21 Total liabilities (Part X, line 26) 3,097,575. 2,897,198.
	22 Net assets or fund balances. Subtract line 21 from line 20 4,359,879. 3,748,938.

Part II 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.

Sign Here	▶ Signature of officer		Date
	▶ FELICIA W. SHAW, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name JENNIFER M. VACHA	Preparer's signature FILED; SEE FORM 8879-EO	Date
	Firm's name ▶ BROWN SMITH WALLACE LLP	Firm's EIN ▶ 43-1001367	Check if self-employed <input type="checkbox"/> PTIN P01251998
	Firm's address ▶ 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141	Phone no. 314.983.1200	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	Employer identification number 43-1363303
Name and title of officer FELICIA W. SHAW EXECUTIVE DIRECTOR	

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>6,535,322.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 990 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BROWN SMITH WALLACE LLP to enter my PIN 63303
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Felicia W. Shaw* Date ▶ 9/16/2019

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43387801367
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *[Signature]* Date ▶ 8/30/19

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE COMMISSION WAS FOUNDED IN 1985 TO PROMOTE, ENCOURAGE, AND FOSTER
THE ARTS AND CULTURAL INSTITUTIONS WITHIN THE ST. LOUIS CITY AND
COUNTY AREA AND TO CONTRIBUTE TO THE ECONOMIC DEVELOPMENT OF THE AREA
THROUGH A STRONG PRESENCE OF THE ARTS. (SEE SCH O)

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,707,785. including grants of \$ 4,341,071.) (Revenue \$ 13,445.)
THE COMMISSION RECEIVES, AS CONTRIBUTIONS, 4/15 OF THE TOTAL REVENUE
DERIVED FROM THE ST. LOUIS CITY AND COUNTY HOTEL/MOTEL SALES TAX. THE
COMMISSION DISTRIBUTES THIS REVENUE BY FUNDING OR MAKING GRANTS TO
NOT-FOR-PROFIT ORGANIZATIONS AND INDIVIDUAL ARTISTS FOR ACTIVITIES IN
ST. LOUIS CITY AND COUNTY. THE COMMISSION MAKES IT POSSIBLE FOR OTHER
INSTITUTIONS TO CONTINUE TO PERFORM AND FOSTER ART ACTIVITIES. SEE
SCHEDULE I FOR GRANT PAYMENTS. THE COMMISSION MAKES GRANTS BASED ON
COMPLETED APPLICATIONS WHICH INCLUDE THE FOLLOWING AREAS:
1)ARTISTIC MERIT 4)AUDIENCE DEVELOPMENT
2)COMMUNITY/NATIONAL IMPACT 5)CULTURAL DIVERSITY
3)EFFECTIVE/ACCOUNTABLE MANAGEMENT
SEE SCHEDULE O FOR CONTINUED PROGRAM SERVICE ACCOMPLISHMENTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **5,707,785.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	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	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 THE ORGANIZATION - 314.863.5811
 6128 DELMAR BLVD., ST LOUIS, MO 63112

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MONT LEVY CHAIRMAN	1.00	X		X				0.	0.	0.
(2) MICHAEL SCULLY CHAIRMAN (TERM ENDED 08/2018)	1.00	X		X				0.	0.	0.
(3) CHERYL D.S. WALKER VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(4) DR. JOHN WRIGHT VICE CHAIRMAN (RESIGNED 03/2018)	1.00	X		X				0.	0.	0.
(5) ANDREA PURNELL SECRETARY	1.00	X		X				0.	0.	0.
(6) MARIA TAXMAN SECRETARY (RESIGNED 08/2018)	1.00	X		X				0.	0.	0.
(7) JOHN H. RUSSELL TREASURER	1.00	X		X				0.	0.	0.
(8) DR. EVA FRAZER DIRECTOR	1.00	X						0.	0.	0.
(9) PATRICIA HAGEMAN DIRECTOR	1.00	X						0.	0.	0.
(10) ROSALIND JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(11) CYNTHIA J. KOHLBRY DIRECTOR	1.00	X						0.	0.	0.
(12) ANDREW SCAVOTTO DIRECTOR	1.00	X						0.	0.	0.
(13) ADEWALE SOLUADE DIRECTOR	1.00	X						0.	0.	0.
(14) KELLIE TRIVERS DIRECTOR	1.00	X						0.	0.	0.
(15) MARY WALSH DIRECTOR	1.00	X						0.	0.	0.
(16) FELICIA SHAW EXECUTIVE DIRECTOR	40.00			X				157,268.	0.	18,754.
(17) SHERRY SISSAC DEPUTY DIRECTOR	40.00			X				123,422.	0.	15,419.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							280,690.	0.	34,173.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							280,690.	0.	34,173.	

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

	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>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address NONE	(B) Description of services	(C) Compensation

2 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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,497,014.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,996.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		6,513,010.				
	Program Service Revenue	2 a RENTAL INCOME	Business Code 531110	13,445.	13,445.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			13,445.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		306.			306.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	6,172.				
		(ii) Personal					
		b Less: rental expenses		0.			
		c Rental income or (loss)		6,172.			
	d Net rental income or (loss)		6,172.		6,172.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	2,389.			2,389.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		2,389.					
12 Total revenue. See instructions		6,535,322.	13,445.	6,172.	2,695.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,912,224.	3,912,224.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	428,847.	428,847.		
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	314,863.	125,945.	188,918.	
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	629,989.	314,484.	315,505.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,878.	3,365.	8,513.	
9 Other employee benefits	48,761.	20,020.	28,741.	
10 Payroll taxes	70,538.	32,695.	37,843.	
11 Fees for services (non-employees):				
a Management				
b Legal	10,502.		10,502.	
c Accounting	111,238.		111,238.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	436,534.	385,614.	50,920.	
12 Advertising and promotion	198,052.	195,904.	2,148.	
13 Office expenses	83,834.	39,265.	44,569.	
14 Information technology	52,570.	12,617.	39,953.	
15 Royalties				
16 Occupancy	76,209.	63,759.	12,450.	
17 Travel	26,404.	4,297.	22,107.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	39,539.	23,096.	16,443.	
20 Interest	18,236.	14,395.	3,841.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	144,086.	114,405.	29,681.	
23 Insurance	22,345.	16,853.	5,492.	
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 MEMBERSHIP / PUBLICATION	9,614.	0.	9,614.	
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,646,263.	5,707,785.	938,478.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,027,480.	2	2,864,228.
	3 Pledges and grants receivable, net	810,842.	3	176,424.
	4 Accounts receivable, net	1,372,041.	4	1,438,773.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,057.	9	24,305.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,683,777.		
	b Less: accumulated depreciation	10b 1,565,571.		
		2,194,834.	10c	2,118,206.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	24,200.	15	24,200.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,457,454.	16	6,646,136.	
Liabilities	17 Accounts payable and accrued expenses	174,814.	17	203,117.
	18 Grants payable	1,999,461.	18	1,937,377.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	923,300.	20	756,704.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,097,575.	26	2,897,198.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,386,446.	27	3,526,415.
	28 Temporarily restricted net assets	973,433.	28	222,523.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,359,879.	33	3,748,938.	
34 Total liabilities and net assets/fund balances	7,457,454.	34	6,646,136.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,535,322.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,646,263.
3	Revenue less expenses. Subtract line 2 from line 1	3	-110,941.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,359,879.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-500,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,748,938.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	Employer identification number 43-1363303
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f** Enter the number of supported organizations _____
 - g** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	244,440.	135,939.	22,124.	1,133,681.	15,996.	1,552,180.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	5,688,252.	5,974,527.	6,340,934.	6,389,553.	6,497,014.	30,890,280.
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	5,932,692.	6,110,466.	6,363,058.	7,523,234.	6,513,010.	32,442,460.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						32,442,460.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5,932,692.	6,110,466.	6,363,058.	7,523,234.	6,513,010.	32,442,460.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	19,524.	25,386.	2,059.	3,793.	6,478.	57,240.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					2,389.	2,389.
11 Total support. Add lines 7 through 10						32,502,089.
12 Gross receipts from related activities, etc. (see instructions)					12	169,515.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.82 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.74 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a 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? <i>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.</i>	Yes	No
b 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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-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	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2018 AMOUNT: \$ 2,389.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	Employer identification number 43-1363303
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	Employer identification number 43-1363303
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 6,497,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	Employer identification number 43-1363303
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	Employer identification number 43-1363303
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION Employer identification number 43-1363303

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		135,213.		135,213.
b Buildings		2,856,609.	1,094,500.	1,762,109.
c Leasehold improvements		218,677.	56,640.	162,037.
d Equipment		185,851.	150,958.	34,893.
e Other		287,427.	263,473.	23,954.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,118,206.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,720,154.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	184,832.	
e	Add lines 2a through 2d		2e	184,832.
3	Subtract line 2e from line 1		3	6,535,322.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,535,322.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,331,095.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	684,832.	
e	Add lines 2a through 2d		2e	684,832.
3	Subtract line 2e from line 1		3	6,646,263.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,646,263.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

DONATED COLLECTION ITEMS

AS PERMITTED BY GASB NO. 34, "BASIC FINANCIAL STATEMENTS - AND

MANAGEMENT'S DISCUSSION AND ANALYSIS - FOR STATE AND LOCAL GOVERNMENTS",

THE COMMISSION DOES NOT CAPITALIZE WORKS OF ART ACQUIRED THROUGH PURCHASES

OR DONATIONS. THAT STATEMENT PROVIDES THAT WORKS OF ART NEED NOT BE

RECOGNIZED IF THEY ARE ADDED TO COLLECTIONS THAT ARE HELD FOR PUBLIC

EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER

THAN FINANCIAL GAIN; ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND

PRESERVED; AND ARE SUBJECT TO A POLICY THAT REQUIRES THE PROCEEDS FROM

SALES OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER ITEMS FOR

Part XIII Supplemental Information (continued)

COLLECTIONS.

PART III, LINE 4:

THE REGIONAL ARTS COMMISSION'S ART COLLECTION IS USED TO PROVIDE VISIBILITY FOR LOCAL ARTISTS WHO ALLOW TEMPORARY EXHIBITION OF THEIR WORKS IN THE CULTURAL RESOURCE CENTER. THE WORKS ARE AVAILABLE FOR PURCHASE AND ARTISTS RECEIVE 100% OF THE PROCEEDS.

PART X, LINE 2:

THE COMMISSION QUALIFIES AS AS CHARITABLE ORGANIZATION AS DEFINED BY INTERNAL REVENUE CODE 501(C)(3), AND ACCORDINGLY IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A) AND SIMILAR PROVISIONS OF STATE LAW. THE COMMISSION FILES FEDERAL INFORMATION RETURNS. THE STATUTES OF LIMITATIONS FOR THESE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THREE YEARS FROM THE DATE THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT DUE TO INTERCOMPANY RENTAL REVENUE AND RENTAL EXPENSE.	184,832.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT DUE TO INTERCOMPANY RENTAL REVENUE AND RENTAL EXPENSE.	184,832.
PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS	500,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	684,832.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **REGIONAL CULTURAL AND PERFORMING ARTS
DEVELOPMENT COMMISSION** Employer identification number
43-1363303

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A CALL TO CONSCIENCE, INC. 400 N 4TH STREET, APT 1411 ST. LOUIS, MO 63102	46-3360461	501(C)(3)	8,000.	0.			ARTS BASED COMMUNITY DEVELOPMENT
AFRICAN HERITAGE ASSOCIATION OF ST. LOUIS, INC. - 3547 OLIVE STREET, STE. 301 - ST. LOUIS, MO 63103-1000	43-1700909	501(C)(3)	10,500.	0.			CULTURAL FESTIVALS, PARADES, SPECIAL EVENTS
AMERICAN CHAMBER CHORALE 760 OAKBROOK LANE ST. LOUIS, MO 63132	43-1920815	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
ART ST. LOUIS 1223 PINE STREET ST. LOUIS, MO 63103	43-1154397	501(C)(3)	24,035.	0.			ARTS AND CULTURE PROGRAMS
ARTS IN TRANSIT, INC. 211 N BROADWAY, SUITE 700 ST. LOUIS, MO 63102	27-1738434	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
ARTSCOPE P.O. BOX 63128 ST. LOUIS, MO 63163	43-1924074	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 111.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATREK EDUCATIONAL CORPORATION 418 FIELDCREST DRIVE ST. LOUIS, MO 63119	43-1532643	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
BACH SOCIETY OF SAINT LOUIS 3547 OLIVE STREET, SUITE 120 ST. LOUIS, MO 63103-1024	43-6050074	501(C)(3)	41,078.	0.			ARTS AND CULTURE PROGRAMS
BETTER FAMILY LIFE, INC. 5415 PAGE BLVD. ST. LOUIS, MO 63112-3416	43-1346617	501(C)(3)	10,500.	0.			CULTURAL FESTIVALS, PARADES, SPECIAL EVENTS
BOYS & GIRLS CLUBS OF GREATER ST. LOUIS - 2901 NORTH GRAND AVENUE - ST. LOUIS, MO 63107	43-6061693	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
BREAD AND ROSES MISSOURI 1015 LOCUST STREET, SUITE 735 ST. LOUIS, MO 63101	61-1726950	501(C)(3)	12,000.	0.			ARTS BASED COMMUNITY DEVELOPMENT
CARONDELET COMMUNITY BETTERMENT FEDERATION INC. - 6408 MICHIGAN AVENUE - ST. LOUIS, MO 63111	43-1045345	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
CENTRAL PRINT 2624 NORTH 14TH ST. ST. LOUIS, MO 63106	46-5065117	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
CHAMBER MUSIC SOCIETY OF ST. LOUIS 222 S. CENTRAL AVE., SUITE 100 ST. LOUIS, MO 63105	30-0497851	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
CHAMBER PROJECT ST. LOUIS P.O. BOX 300008 ST. LOUIS, MO 63130	26-3748900	501(C)(3)	13,500.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARIS - THE ST. LOUIS WOMEN'S CHORUS - P.O. BOX 21624 - ST. LOUIS, MO 63109	43-1641717	501(C)(3)	7,000.	0.			ARTS AND CULTURE PROGRAMS
CHESTERFIELD FAMILY YMCA - ARTS AND CRAFTS - 326 SOUTH 21ST STREET, SUITE 400 - ST. LOUIS, MO 63103	43-0653616	501(C)(3)	7,000.	0.			ARTS AND CULTURE PROGRAMS
CINEMA ST. LOUIS CENTENE CENTER FOR ARTS AND EDUCATION, 3547 OLIVE ST. - ST. LOUIS, MO 63103-	43-1613176	501(C)(3)	67,309.	0.			ARTS AND CULTURE PROGRAMS
CIRCUS FLORA 3547 OLIVE ST., SUITE 210 ST. LOUIS, MO 63103	74-2493831	501(C)(3)	64,694.	0.			ARTS AND CULTURE PROGRAMS
CIRCUS HARMONY 4120 PARKER RD. FLORISSANT, MO 63033	43-1918399	501(C)(3)	50,242.	0.			ARTS AND CULTURE PROGRAMS
CITY OF FLORISSANT 1 JAMES J. EAGAN DR. FLORISSANT, MO 63033	43-6001315	N/A	10,500.	0.			ARTS AND CULTURE PROGRAMS
CIVIC ARTS COMPANY 38 WESTMORELAND PLACE ST. LOUIS, MO 63108	81-0975438	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
COCA-CENTER OF CREATIVE ARTS 524 TRINITY AVE. ST. LOUIS, MO 63130-4314	43-1395056	501(C)(3)	206,638.	0.			ARTS AND CULTURE PROGRAMS
CONTEMPORARY ART MUSEUM ST. LOUIS 3750 WASHINGTON BOULEVARD ST. LOUIS, MO 63108	43-1202816	501(C)(3)	160,914.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTINUITY 3643 TAMM AVE. ST. LOUIS, MO 63109	47-2444644	501(C)(3)	13,500.	0.			ARTS BASED COMMUNITY DEVELOPMENT
CRAFT ALLIANCE CENTER OF ART + DESIGN - 6640 DELMAR BOULEVARD - ST. LOUIS, MO 63130	43-1022226	501(C)(3)	73,608.	0.			ARTS AND CULTURE PROGRAMS
CULTURAL FESTIVALS 225 S. MERAMEC AVE., SUITE 105 ST. LOUIS, MO 63105	43-1647435	501(C)(3)	10,500.	0.			CULTURAL FESTIVALS, PARADES, SPECIAL EVENTS
DANCE SAINT LOUIS 3310 SAMUEL SHEPERD DRIVE ST. LOUIS, MO 63103	23-7001556	501(C)(3)	78,662.	0.			ARTS AND CULTURE PROGRAMS
DANCES OF INDIA 5 BLAYTONN LANE ST. LOUIS, MO 63124	43-1505587	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
DEAF EMPOWERMENT AWARENESS FOUNDATION, INC. - 25 EAST FRISCO AVENUE - ST. LOUIS, MO 63119	26-2617721	501(C)(3)	10,500.	0.			CULTURAL FESTIVALS, PARADES, SPECIAL EVENTS
DECEMBER PUBLISHING INC. 7110 OAKLAND AVE., SUITE 203 ST. LOUIS, MO 63117	90-0907488	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
DESIGN BUILD WORKSHOP DBA BUILDING FUTURES - 112 ST. GEORGE PLACE, SUTIE 407 - ST. LOUIS, MO 63119	45-4670246	501(C)(3)	13,500.	0.			ARTS AND CULTURE PROGRAMS
FLORISSANT FINE ARTS COUNCIL 1 JAMES J. EAGAN DR. FLORISSANT, MO 63033	43-1152930	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY FESTIVAL ORCHESTRA OF ST. LOUIS - 11229 OLD HALLS FERRY ROAD - ST. LOUIS, MO 63136	43-0815081	501(C)(3)	8,000.	0.			ARTS AND CULTURE PROGRAMS
GATEWAY MEN'S CHORUS 3547 OLIVE STREET, SUITE 300 ST. LOUIS, MO 63103	43-1499328	501(C)(3)	16,071.	0.			ARTS AND CULTURE PROGRAMS
GENE SLAY'S GIRLS & BOYS CLUB OF ST. LOUIS - 2524 SOUTH 11TH STREET - ST. LOUIS, MO 63104	43-0653261	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
GITANA PRODUCTIONS 6131 WESTMINSTER PLACE ST. LOUIS, MO 63112	43-1843036	501(C)(3)	12,000.	0.			ARTS BASED COMMUNITY DEVELOPMENT
GRACE HILL SETTLEMENT HOUSE 2600 HADLEY STREET, SUITE 321 ST. LOUIS, MO 63106	23-7216273	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
HEC-TV 3221 MCKELVEY RD, SUITE 106 ST. LOUIS, MO 63044	81-1991919	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
INSIGHT THEATRE COMPANY 3224 LOCUST AVE., ROOM 2-I ST. LOUIS, MO 63103	27-0618601	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
INTERNATIONAL INSTITUTE OF ST. LOUIS - 3401 ARSENAL ST. - ST. LOUIS, MO 63118	43-0652640	501(C)(3)	12,000.	0.			CULTURAL FESTIVALS, PARADES, SPECIAL EVENTS
INTERNATIONAL PHOTOGRAPHY HALL OF FAME AND MUSEUM - 3415 OLIVE STREET - ST. LOUIS, MO 63103	36-6142675	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERSECT ARTS CENTER 2650 MIAMI ST. ST. LOUIS, MO 63118	83-3708769	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
JAZZ ST LOUIS 3536 WASHINGTON AVE., SUITE 260 ST. LOUIS, MO 63103	43-1761629	501(C)(3)	139,151.	0.			ARTS AND CULTURE PROGRAMS
JEWISH COMMUNITY CENTER 2 MILLSTONE CAMPUS DR ST. LOUIS, MO 63146	43-0681477	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
KARLOVSKY & COMPANY DANCE 7346 MELROSE AVENUE ST. LOUIS, MO 63130	90-0895575	501(C)(3)	8,000.	0.			ARTS AND CULTURE PROGRAMS
KDX COMMUNITY MEDIA 3524 WASHINGTON AVE ST. LOUIS, MO 63103	23-7170474	501(C)(3)	98,759.	0.			ARTS AND CULTURE PROGRAMS
KINETIC TAPESTRY 2500 METRO BLVD, SUITE A MARYLAND HEIGHTS, MO 63043	47-1386149	501(C)(3)	7,000.	0.			ARTS AND CULTURE PROGRAMS
KINGDOM HOUSE 1321 S. 11TH ST. LOUIS, MO 63104	43-0652648	501(C)(3)	8,000.	0.			ARTS AND CULTURE PROGRAMS
LANDMARKS ASSOCIATION OF ST. LOUIS, INC. - 911 WASHINGTON AVENUE, SUITE 170 - ST. LOUIS, MO 63101	43-6036899	501(C)(3)	25,977.	0.			ARTS AND CULTURE PROGRAMS
LAUMEIER SCULPTURE PARK 12580 ROTT ROAD ST. LOUIS, MO 63127	43-1131429	501(C)(3)	109,151.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEMP NEIGHBORHOOD ARTS CENTER 3301 LEMP AVE. ST. LOUIS, MO 63118	43-1928128	501(C)(3)	13,500.	0.			ARTS AND CULTURE PROGRAMS
MAX AND LOUIE PRODUCTIONS 15 TOPTON WAY, SUITE 1C ST. LOUIS, MO 63105	27-5056041	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
METRO THEATER COMPANY 3311 WASHINGTON AVENUE ST. LOUIS, MO 63103-1118	23-7309552	501(C)(3)	72,352.	0.			ARTS AND CULTURE PROGRAMS
MODERN AMERICAN DANCE COMPANY (MADCO) - 1 UNIVERSITY BLVD, 243 ARTS ADMINISTRATION BLDG. - ST. LOUIS, MO 63121	43-1095885	501(C)(3)	29,665.	0.			ARTS AND CULTURE PROGRAMS
NEW MUSIC CIRCLE 760 HARVARD AVE. ST. LOUIS, MO 63130	43-1593865	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
OPERA AMERICA 330 SEVENTH AVE, 15TH FLOOR NEW YORK, NY 10001	20-3520577	501(C)(3)	5,000.	0.			ARTS AND CULTURE PROGRAMS
OPERA THEATRE OF SAINT LOUIS 210 HAZEL AVENUE ST. LOUIS, MO 63119	43-0821958	501(C)(3)	206,638.	0.			ARTS AND CULTURE PROGRAMS
PERENNIAL 3762 S. BROADWAY ST. LOUIS, MO 63118	80-0638085	501(C)(3)	13,500.	0.			ARTS BASED COMMUNITY DEVELOPMENT
PETER AND PAUL COMMUNITY SERVICES, INC. - 2612 WYOMING STREET - ST. LOUIS, MO 63118	43-1349643	501(C)(3)	12,000.	0.			ARTS BASED COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIANOS FOR PEOPLE 3138 CHEROKEE STREET ST. LOUIS, MO 63118	47-4084512	501(C)(3)	13,500.	0.			ARTS BASED COMMUNITY DEVELOPMENT
PRISON PERFORMING ARTS 3547 OLIVE STREET, SUITE 250 ST. LOUIS, MO 63103	43-1394929	501(C)(3)	13,500.	0.			ARTS BASED COMMUNITY DEVELOPMENT
RADIO ARTS FOUNDATION 7711 CARONDELET AVE., SUITE 302 ST. LOUIS, MO 63105	27-1297885	501(C)(3)	59,181.	0.			ARTS AND CULTURE PROGRAMS
RISE COMMUNITY DEVELOPMENT 1627 WASHINGTON AVE., FL 1 ST. LOUIS, MO 63103	43-1611669	501(C)(3)	10,500.	0.			CULTURAL FESTIVALS, PARADES, SPECIAL EVENTS
SCOTTISH PARTNERSHIP FOR ARTS AND EDUCATION (SPAЕ - P.O. BOX 6761 - CHESTERFIELD, MO 63006	20-5261554	501(C)(3)	9,000.	0.			ARTS AND CULTURE PROGRAMS
SHAKESPEARE FESTIVAL ST. LOUIS 5715 ELIZABETH AVENUE ST. LOUIS, MO 63110	43-1815139	501(C)(3)	135,915.	0.			ARTS AND CULTURE PROGRAMS
SHAW NEIGHBORHOOD IMPROVEMENT ASSOCIATION - 4103 SHENANDOAH - ST. LOUIS, MO 63110	23-7417627	501(C)(3)	10,500.	0.			CULTURAL FESTIVALS, PARADES, SPECIAL EVENTS
SOUTH BROADWAY ART PROJECT 3818 SOUTH BROADWAY ST. LOUIS, MO 63118	64-0962169	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
SPRINGBOARD TO LEARNING 1310 PAPIN STREET, SUITE 402 ST. LOUIS, MO 63103	43-1202003	501(C)(3)	60,587.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LOU FRINGE 911 WASHINGTON AVENUE, SUITE 664 ST. LOUIS, MO 63101	37-1653552	501(C)(3)	10,500.	0.			CULTURAL FESTIVALS, PARADES, SPECIAL EVENTS
ST. LOUIS ACTORS STUDIO 360 N. BOYLE ST. LOUIS, MO 63108	20-8009035	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS AFRICAN CHORUS DBA AFRICAN MUSICAL ARTS - 3547 OLIVE STREET, SUITE 110 - ST. LOUIS, MO 63103	43-1706418	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS ARTISTS' GUILD 12 N. JACKSON AVE. ST. LOUIS, MO 63105	43-0888412	501(C)(3)	23,725.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS ARTWORKS 5959 DELMAR BOULEVARD ST. LOUIS, MO 63112	43-1735450	501(C)(3)	52,535.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS BALLET COMPANY 218 THF BOULEVARD ST. LOUIS, MO 63005	23-7424849	501(C)(3)	41,490.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS CATHEDRAL CONCERTS 4431 LINDELL BOULEVARD ST. LOUIS, MO 63108	43-1633963	501(C)(3)	33,353.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS CHAMBER CHORUS P. O. BOX 11558 ST. LOUIS, MO 63105	43-6066145	501(C)(3)	19,046.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS CITY FAMILY COURT - JUVENILE - 3847 ENRIGHT AVE. - ST. LOUIS, MO 63108	43-6003231	N/A	7,000.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LOUIS CIVIC ORCHESTRA PO BOX 410053 ST. LOUIS, MO 63141	43-6066444	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS CLASSICAL GUITAR SOCIETY PO BOX 11425 ST. LOUIS, MO 63105	43-1131456	501(C)(3)	22,025.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS COMMUNITY FOUNDATION #2 OAK KNOLL PARK ST. LOUIS, MO 63105	43-1758789	501(C)(3)	20,000.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS COUNTY DEPARTMENT OF HUMAN SERVICES COUNTY YOUTH PROGRAMS - 500 NORTHWEST PLAZA, SUITE 800 - ST. ANN, MO 63074	43-6003242	501(C)(3)	12,000.	0.			ARTS BASED COMMUNITY DEVELOPMENT
ST. LOUIS DANCE THEATRE DBA THE BIG MUDDY DANCE CO - 3310 SAMUEL SHEPARD DR. - ST. LOUIS, MO 63103	27-2706005	501(C)(3)	25,519.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS LAMBERT INTERNATIONAL AIRPORT - P.O. BOX 10212 - ST. LOUIS, MO 63145	43-6003231	N/A	13,500.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS SHAKESPEARE 4579 LACLEDE AVENUE, #345 ST. LOUIS, MO 63108	43-1448350	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS STORY STITCHERS ARTISTS COLLECTIVE - 616 N.SKINKER BLVD. - ST. LOUIS, MO 63130	61-1750223	501(C)(3)	7,000.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS SYMPHONY ORCHESTRA 718 NORTH GRAND BOULEVARD ST. LOUIS, MO 63103	43-0666769	501(C)(3)	413,276.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LOUIS WOMEN'S HOPE CHORALE 7233 KINGSBURY BLVD ST. LOUIS, MO 63130	43-1725380	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
STAGES ST. LOUIS 1023 CHESTERFIELD PARKWAY EAST CHESTERFIELD, MO 63017	42-1434156	501(C)(3)	131,690.	0.			ARTS AND CULTURE PROGRAMS
STRAY DOG THEATRE (SDT) 2336 TENNESSEE AVENUE ST. LOUIS, MO 63104-1734	26-0059867	501(C)(3)	53,155.	0.			ARTS AND CULTURE PROGRAMS
TENNESSEE WILLIAMS FESTIVAL ST. LOUIS - 3224 LOCUST STREET, SUITE 2J - ST. LOUIS, MO 63103	47-4314599	501(C)(3)	12,000.	0.			CULTURAL FESTIVALS, PARADES, SPECIAL EVENTS
THE FRANK LLOYD WRIGHT HOUSE IN EBSWORTH PARK - 120 N. BALLAS RD - ST. LOUIS, MO 63122	43-1727003	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
THE GRIOT MUSEUM OF BLACK HISTORY 2505 ST. LOUIS AVENUE ST. LOUIS, MO 63106	43-1603733	501(C)(3)	44,074.	0.			ARTS AND CULTURE PROGRAMS
THE LUMINARY 2701 CHEROKEE ST. LOUIS, MO 63118	27-2137348	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
THE MAGIC HOUSE, ST. LOUIS CHILDREN'S MUSEUM - 516 S. KIRKWOOD ROAD - ST. LOUIS, MO 63122	51-0138441	501(C)(3)	8,000.	0.			ARTS AND CULTURE PROGRAMS
THE MUNICIPAL THEATRE ASSOCIATION #1 THEATRE DRIVE ST. LOUIS, MO 63112	43-0662485	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REPERTORY THEATRE OF ST. LOUIS 130 EDGAR ROAD ST. LOUIS, MO 63119	43-0970273	501(C)(3)	170,172.	0.			ARTS AND CULTURE PROGRAMS
THE SHELDON ARTS FOUNDATION 3648 WASHINGTON BOULEVARD ST. LOUIS, MO 63018	43-1489756	501(C)(3)	142,433.	0.			ARTS AND CULTURE PROGRAMS
THE ST. LOUIS CHILDREN'S CHOIRS 2842 N. BALLAS ROAD ST. LOUIS, MO 63131-2311	43-1145808	501(C)(3)	83,956.	0.			ARTS AND CULTURE PROGRAMS
THE TESSERACT THEATRE COMPANY 13915 SUNLAND DRIVE FLORISSANT, MO 63034	27-3684119	501(C)(3)	8,000.	0.			ARTS AND CULTURE PROGRAMS
THE UNIVERSITY CITY PUBLIC LIBRARY 6701 DELMAR BLVD UNIVERSITY CITY, MO 63130	43-1138858	N/A	12,000.	0.			ARTS AND CULTURE PROGRAMS
THEATRE COMMUNICATIONS GROUP 520 EIGHTH AVE, 24TH FLOOR NEW YORK, NY 10018	13-6160130	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
TOWN AND COUNTRY SYMPHONY ORCHESTRA - PO BOX 6901 TOWN AND COUNTRY BRANCH - CHESTERFIELD, MO 63006	43-6049739	501(C)(3)	7,000.	0.			ARTS AND CULTURE PROGRAMS
UNION AVENUE OPERA THEATRE 733 NORTH UNION BLVD ST. LOUIS, MO 63108	68-0523690	501(C)(3)	39,761.	0.			ARTS AND CULTURE PROGRAMS
UNION COMMUNION MINISTRIES (UCM) 5300 DELMAR BLVD ST. LOUIS, MO 63112	43-1343610	501(C)(3)	7,000.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY CITY SYMPHONY ORCHESTRA CENTENNIAL COMMONS, 7210 OLIVE BLV UNIVERSITY CITY, MO 63130	43-0922268	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
UPSTREAM THEATER P.O. BOX 300006 ST. LOUIS, MO 63130	75-3151973	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
URBAN ARTIST ALLIANCE FOR CHILD DEVELOPMENT - 2600 N. 14TH STREET - ST. LOUIS, MO 63106	43-1936036	501(C)(3)	10,500.	0.			ARTS AND CULTURE PROGRAMS
VARIETY THE CHILDREN'S CHARITY OF ST. LOUIS - 11840 WESTLINE INDUSTRIAL DRIVE, SUITE 220 - ST. LOUIS, MO 63146	43-6078016	501(C)(3)	13,500.	0.			ARTS AND CULTURE PROGRAMS
WINTER OPERA SAINT LOUIS 2324 MARCONI AVENUE ST. LOUIS, MO 63110	74-3234710	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
YOURWORDS STL 20 SOUTH SARAH ST. LOUIS, MO 63108	81-0807896	501(C)(3)	7,000.	0.			ARTS BASED COMMUNITY DEVELOPMENT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ARTIST SUPPORT	99	428,847.	0.		

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

PART I, LINE 2:

THE REGIONAL ARTS COMMISSION (RAC) PROVIDES FINANCIAL SUPPORT FOR BOTH
 NON-PROFIT ORGANIZATIONS AND INDIVIDUAL ARTISTS IN ST. LOUIS CITY AND
 COUNTY. SINCE 1985, RAC HAS AWARDED MORE THAN 7,000 GRANTS TOTALING MORE
 THAN \$300 MILLION TO HELP STRENGTHEN ARTS AND CULTURE WITHIN THE REGION. AS
 AN EXTENSION OF OUR MISSION TO PROMOTE, ENCOURAGE AND FOSTER THE ARTS, RAC
 ALSO PROVIDES TECHNICAL ASSISTANCE AND NETWORKING SUPPORT TO EMPOWER
 ARTISTS AND ORGANIZATIONS TO ENRICH THEIR PROGRAMS AND SERVE OUR COMMUNITY.

Part IV Supplemental Information

ANY ORGANIZATION OR INDIVIDUAL ARTIST INTERESTED IN APPLYING FOR GRANT FROM

THE RAC MUST FIRST DETERMINE ELIGIBILITY. ORGANIZATIONS MUST FILL OUT A

PRE-APPLICATION, WHICH BECOMES AVAILABLE EVERY NOVEMBER. ALL ELIGIBLE

APPLICANTS WILL THEN BE INVITED TO FILL OUT A FULL APPLICATION.

APPLICATIONS FOR INDIVIDUAL ARTIST GRANT OPPORTUNITIES BECOME AVAILABLE

EVERY JANUARY, JULY, AND AUGUST.

ALL APPLICATIONS ARE SUBMITTED THROUGH RAC'S ONLINE GRANT APPLICATION

WEBSITE.

FUNDING IS DETERMINED AT THE END OF A MULTI-STEP PROCESS THAT INVOLVES

SEVERAL KEY PARTICIPANTS WORKING TOGETHER OVER SEVERAL MONTHS:

1. RAC STAFF REVIEWS APPLICATIONS FOR ELIGIBILITY.
2. CITIZEN REVIEW PANELISTS REVIEW AND RATE APPLICATIONS AND CONSIDER APPEALS.
3. RAC GRANTS COMMITTEE RECOMMEND THE GRANTEEES FOR FUNDING AND THE ALLOCATION OF FUNDS.
4. THE RAC BOARD OF COMMISSIONERS APPROVE THE GRANTEEES AND FINAL ALLOCATION OF FUNDS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION
 Employer identification number 43-1363303

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported 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 aren't 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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FELICIA SHAW EXECUTIVE DIRECTOR	(i)	157,268.	0.	0.	8,123.	10,631.	176,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	Employer identification number 43-1363303
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Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A LOOP EAST COMMUNITY IMPROVEMENT DISTRICT	71-0888097	NONE	10/01/12	1,640,000.	TO PROVIDE FUNDS TO REFUND A BOND		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue		1,640,000.								
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds		54,788.								
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds										
12 Other unspent proceeds		1,585,212.								
13 Year of substantial completion		2012								
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X									
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: LOOP EAST COMMUNITY IMPROVEMENT DISTRICT

(F) DESCRIPTION OF PURPOSE: TO PROVIDE FUNDS TO REFUND A BOND ISSUE

FROM JUNE 6, 2002

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	Employer identification number 43-1363303
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF THE REGIONAL ARTS COMMISSION IS TO CREATE AN ENVIRONMENT

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

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

CULTURAL INSTITUTIONS AND ACTIVITIES WITHIN ITS BOUNDARIES,

2. PROMOTING AND PRESERVING CULTURAL DIVERSITY,

3. HELPING ARTISTS AND ARTS AND CULTURAL ORGANIZATIONS IMPROVE QUALITY,

4. CREATING EQUAL ACCESS TO CULTURAL OPPORTUNITIES,

5. INSURING CONSIDERATION OF AESTHETIC ISSUES IN LOCAL DECISION MAKING,

6. CONTINUING TO ENGAGE IN CULTURAL PLANNING.

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

IN ADDITION, THE GRANTEES MAKE PRESENTATIONS TO THE COMMISSION AND

PROMOTE THEIR ACTIVITIES. THE COMMISSION REVIEWS ALL ASPECTS OF THE

ORGANIZATION BEFORE APPROVING GRANTS.

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

THE FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTING FIRM AND PROVIDED TO THE

EXECUTIVE DIRECTOR AND PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW. PRIOR

TO FILING WITH THE IRS IT IS ALSO MADE AVAILABLE TO THE ENTIRE GOVERNING

BODY.

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

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

INSTITUTIONS. THEY ANNUALLY DISCLOSE BY WRITTEN NOTIFICATION OF THEIR

AFFILIATIONS ON OTHER BOARDS. DURING DISCUSSIONS AND VOTING, THAT

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	Employer identification number 43-1363303
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PARTICULAR BOARD MEMBER IS EXCUSED.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF COMMISSIONERS REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION
BASED ON ESTABLISHED ORGANIZATIONAL CRITERIA.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING AND FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON
WRITTEN REQUEST. NOTIFICATION SHOULD BE MADE TO THE OFFICE AND APPOINTMENT
MADE TO VIEW DOCUMENTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROVISION FOR UNCOLLECTABLE CONTRIBUTIONS -500,000.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR
YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization **REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION** Employer identification number **43-1363303**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LOOP EAST COMMUNITY IMPROVEMENT DISTRICT - 81-4458040, 6128 DELMAR BLVD., ST. LOUIS, MO 63112	SEE PART VII OF SCHEDULE R	MISSOURI	184,832.	1,897,319.	

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2018

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, COLUMN (B)

PRIMARY ACTIVITY: ACQUIRE AND IMPROVE PROPERTY LOCATED IN CITY OF ST.

LOUIS NEARLY ADJACENT TO DOWNTOWN BUSINESS DISTRICT OF UNIVERSITY CITY,

MISSOURI.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
DECEMBER 31, 2018

Prepared for	REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION 6128 DELMAR BLVD. ST. LOUIS, MO 63112
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2019
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	D Employer identification number (Employees' trust, see instructions.) 43-1363303
		Number, street, and room or suite no. If a P.O. box, see instructions. 6128 DELMAR BLVD.	E Unrelated business activity code (See instructions.) 900099
		City or town, state or province, country, and ZIP or foreign postal code ST. LOUIS, MO 63112	

C Book value of all assets at end of year: 6,646,136.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ THE ORGANIZATION Telephone number ▶ 314.863.5811

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7	2,529.	2,529.
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	2,529.	2,529.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	2,742.
16	Repairs and maintenance	16	1,469.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	212.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	579.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
22b		22b	579.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	8.
25	Employee benefit programs	25	138.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 2	28	1,634.
29	Total deductions. Add lines 14 through 28	29	6,782.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-4,253.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-4,253.

Part III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-4,253.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-4,253.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-4,253.

Part IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ EXECUTIVE DIRECTOR _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JENNIFER M. VACHA				P01251998
	Firm's name BROWN SMITH WALLACE LLP	Firm's EIN 43-1001367			
	6 CITYPLACE DRIVE, SUITE 900				
	Firm's address ST. LOUIS, MO 63141			Phone no. 314.983.1200	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**
 (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		6,172.		
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 881,651.	2,151,572.	40.98%	2,529.	
(2)		%		
(3)		%		
(4)		%		
SEE STATEMENT 4		SEE STATEMENT 5	Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals			2,529.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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NON-RESIDENTIAL RENTAL INCOME FROM UNRELATED ENTITIES

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
UTILITIES & TELEPHONE	678.
INSURANCE	327.
OFFICE EXPENSE	186.
PROFESSIONAL FEES	443.
<hr/>	
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,634.

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	3
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/09	8,988.	0.	8,988.	8,988.
12/31/10	15,045.	0.	15,045.	15,045.
12/31/11	45,059.	0.	45,059.	45,059.
12/31/12	37,301.	0.	37,301.	37,301.
12/31/13	33,313.	0.	33,313.	33,313.
12/31/14	41,195.	0.	41,195.	41,195.
12/31/15	35,112.	0.	35,112.	35,112.
12/31/16	55,546.	0.	55,546.	55,546.
12/31/17	11,468.	0.	11,468.	11,468.
<hr/>				
NOL CARRYOVER AVAILABLE THIS YEAR			283,027.	283,027.
