efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 and ending 12-31-2019 D Employer identification number C Name of organization REGIONAL CULTURAL AND PERFORMING ARTS B Check if applicable: Address change DEVELOPMENT COMMISSION 43-1363303 Name change Initial return Doing business as Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Amended return 6128 DELMAR BLVD Application pending (314) 863-5811 City or town, state or province, country, and ZIP or foreign postal code ST LOUIS, MO 63112 **G** Gross receipts \$ 7,002,374 Name and address of principal officer: H(a) Is this a group return for CELIA HOSLER subordinates? 6128 DELMAR BLVD H(b) Are all subordinates ST LOUIS, M O 63112 included? Tax-exempt status: 501(c)(3) If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: RACSTL.ORG K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1985 M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTE, ENCOURAGE, AND FOSTER THE ARTS & CULTURE WITHIN THE ST. LOUIS, MISSOURI AREA Check this box $\blacktriangleright \Gamma$ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) 13 2 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 15 Total number of volunteers (estimate if necessary) . 6 Total unrelated business revenue from Part VIII, column (C), line 12 . 0 7a Net unrelated business taxable income from Form 990-T, line 39 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 6,513,010 6,988,700 Program service revenue (Part VIII, line 2g) . . 13,445 13,406 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 306 268 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,561 6,535,322 7,002,374 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 4,341,071 4,514,678 Benefits paid to or for members (Part IX, column (A), line 4) .

Total liabilities (Part X, line 26) . . 2,897,198 22 Net assets or fund balances. Subtract line 21 from line 20 . 3,748,938 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . .

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Total fundraising expenses (Part IX, column (D), line 25) ▶0

Revenue less expenses. Subtract line 18 from line 12 .

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.

	9
Sign	7
Here	N 9

Assets or d Balances

2020-05-14 Signature of officer

CELIA HOSLER INTERIM EXECUTIVE DIRECTOR Type or print name and title

Total assets (Part X, line 16) .

Paid	Print/Type preparer's name	Preparer's signature	Date	Check if if self-employed	PTIN P01251998				
Preparer	Firm's name BROWN SMITH WALLACE	Firm's EIN ▶ 43-1001367							
Use Only	Firm's address 6 CITYPLACE DRIVE SUIT	Phone no. (314	1) 983-1200						
	ST LOUIS, MO 63141								
May the IRS disc	May the IRS discuss this return with the preparer shown above? (see instructions)								

1,188,876

1,410,904

7,114,458

-112,084

6,483,487

2,846,633

3,636,854

End of Year

1,076,029

1,229,163

6,646,263

-110,941

6,646,136

Beginning of Current

. 0	990 (2019)			Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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>	5		No
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2	8	Yes	
	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. U	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		Νo
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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)?	11f	Yes	
12a	បីដើ ^y ផាទ ទល្បារស្រ្ត នៅមេដ្ឋា Pse parta Yes," complete Schedule D, Parts XI and XII 🐿	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
	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? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	.,	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes Form 99	0 (2019

Part IV Checklist of Required Schedules (continued)

			res	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26		No
27	ਚਿੰਗੇ ⁹ ਜ਼ਿੰਦ ' ਨਾਊਸ਼ਸੀਬੁਸ਼ਿੰਡ ਨਿੰਸ਼ਿੰਸਿੰਦ ਕਿਜ਼ੀ t or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," completeSchedule L,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		No
31	មីរ៉េ្យី ត្រី organization field ate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	Yes	
34	พื่อรัฐเลียง เลือนใช้ เลือนใช้ โลกล่าง tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νο
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
36	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of flote to any fine in this Part V	•	 Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 106			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

1c

orm	990 (2019)			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial accounts). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		N o
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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?	14b 15		N o
16	If thesotyamentational acraticities Firstitut 200, Such jectule Nthe section 4968 excise tax on net investment income?	16		N o
	If "Yes," complete Form 4720, Schedule O.	F	orm 99	0 (2019)

Form 990 (2019) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 13 1a Enter the number of voting members of the governing body at the end of the tax 1a Yearlere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . 4 Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was

blathe organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Νo organization's mailing address? If "Yes," provide the names and addresses in Schedule O . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10a Did the organization have local chapters, branches, or affiliates? . 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10h 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 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? . . . Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes

Section C. Disclosure 17

14

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

Did the organization have a written whistleblower policy? . . .

Other officers or key employees of the organization

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

- Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- Own website Another's website Vupon request Other (explain in Schedule O)

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

a The organization's CEO, Executive Director, or top management official

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:
- ▶THE ORGANIZATION 6128 DELMAR BLVD ST LOUIS,MO63112(314) 863-5811

5

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Nο

Νo

Part VII

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

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

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

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

See instructions for the order in which to list t $\ \square$ Check this box if neither the organization n			ation	con	npei	nsate	d an	ny current officer,	director, or truste	e.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	unles	ore th	nan rsor cer a or/t	not one is and rust	both a		(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
(1) MONT LEVY	1.00	Х		Х				0	0	0
CHAIRMAN		^						, and the second		
(2) CHERYL DS WALKER VICE CHAIRMAN	1.00	х		х				0	0	0
(3) ANDREA PURNELL SECRETARY	1.00	Х		х				0	0	0
(4) JOHN H RUSSELL TREASURER	1.00	Х		Х				0	0	0
(5) MICHAEL SCULLY	1.00	X		Х				0	0	0
MEMBER AT LARGE										
(6) DR EVA FRAZER DIRECTOR	1.00	Х						0	0	0
(7) PATRICIA HAGEMAN DIRECTOR (TERM 05/2019)	1.00	Х						0	0	0
(8) ROSALIND JOHNSON	1.00	Х						0	0	0
DIRECTOR	1.00									
(9) VINFUNG KO DIRECTOR	1.00	Х						0	0	0
(10) CYNTHIA J KOHLBRY DIRECTOR	1.00	Х						0	0	0
(11) ANDREW SCAVOTTO DIRECTOR (TERM 06/2019)	1.00	х						0	0	0
(12) ADEWALE SOLUADE DIRECTOR	1.00	Х						0	0	0
(13) KELLIE TRIVERS DIRECTOR	1.00	Х						0	0	0
(14) MARY WALSH DIRECTOR	1.00	Х						0	0	0
(15) DAVID CARL WILSON DIRECTOR	1.00	Х						0	0	0
(16) FELICIA SHAW	40.00			Х				155,830	0	23,128
EXECUTIVE DIRECTOR (RESIGN 11/2019) (17) SHERRY SISSAC	40.00			X				143,455	0	16,985
DEPUTY DIRECTOR				^				143,455	0	10,305

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Pa	Section A. Officers, Director	s, Trustees, K	ey En	ploy	/ee	s, a	nd Hi	ighe	est Compensate	d Employees	(co	ntinued)	
	(A) Name and title	(B) Average hours per week (list any hours for	more pers	than on is	one bot	no e bo th a	t chec x, unlo n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from relate organization	on d ns	Estim amount of compen from	ated of other sation the
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099 MISC)	-	organiz and re organiz	lated
(18)	CELIA HOSLER	40.00			Х				8,862		0		0
INTER	RIM EXECUTIVE DIRECTOR												
1b 9	Sub-Total		٠			•	•			Į.	工		
	Fotal from continuation sheets to Part V Fotal (add lines 1b and 1c)	ll, Section A .		•			: -		308,147		0		40,113
2	Total number of individuals (including b \$100,000 of reportable compensation f				ed a	bov	e) who	o re	·				<u> </u>
											_	Yes	No
3	Did the organization list any former off on line 1a? <i>If "Yes," complete Schedule</i> .				-		yee,	or h	ighest compensate	ed employee	3		Νο
4	For any individual listed on line 1a, is torganization and related organizations								•	1			
	individual									. [4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?		•						-	individual for	5		N.c
Se	ection B. Independent Contract						,	-	<u> </u>	-			No
1	Complete this table for your five highe	st compensated										tav · · ·	
	compensation from the organization. Re	(A)	tion for	tne	cale	enda	r year	end	aing with or within	(B)	on's		C)

compensation from the organization. Report compensation for the calendar year ending v		tax year.
(A) Name and business address	(B) Description of services	(C) Compensation
SPRINGBOARD TO LEARNING	CONSULTING	191,604
1310 PAPIN STE 402 ST LOUIS, MO 63103		
ARTS MANAGER LLC	CONSULTING	150,000
1300 PENNSYLVANIA NW STE 410 WASHINGTON, DC 20004		
O'MALLEY HANSEN COMMUNICATIONS	ADVERTISING	140,696
6677 DELMAR BLVD ST LOUIS, MO 63130		

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 ▶ 3

Form 9	990 (2019) VIII Statement	t of Revenue	•					Page 9
Pail				ponse or note to a	any line in this Part	VIII		🖂
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	 b Membership du c Fundraising eve d Related organiz e Government grants 	es ents	1a 1b 1c 1d 1e	6,791,042				
0 %	f All other contribution and similar amount above yoncash contribution lines 1a - 1f:\$	s not included	1f 1g	197,658				
	h Total. Add lines	1a-1f			6,988,700			
	2a RENTAL INCOME			Business Code 531110	13,406	13,406		
venue	b			-				
ce Re	<u> </u>			-				
Program Service Revenue	d			-				
ogran	e							
α.	f All other program	n service reven	ue.					
	9 Total. Add lines			13,406	11		I	T.
	3 Investment incom other 4 ੧ ਜਿਲੀ ਜਾਣ ਜਾਣਮਾ ਜਿਲ੍ਹੇ ਦ				268	3		268
	5 Royalties		хепр					
	,	(i) Re	eal	(ii) Personal				
	6a Gross rents	6a						
	b Less: rental	GI .			-			
	expenses c Rental income or	6b 6c						
	d (Nets) ental incom	ne or (loss).						
		(i) Secu	rities	(ii) Other ►				
	7a Gross amount from sales of assets other than inventory	7a						
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss 8a Gross income from for	-						
Other Revenue	(not including \$ contributions reporte See Part IV, line 18	of d on line 1c).	8a 8b		-			
er Re	c Net income or (Ic			events				
Oth	9a Gross income fro activities. See Part IV, line: b Less: direct exp	19 enses	9a 9b	iblog				
	c Net income or (Io	oss) rrom gamii	ig activ	nues				

10a Gross sales of inventory, less returns and allowances	10-					
	10a		-			
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of	inve	ntory				
		•				
Miscellaneous Revenue		Business Code				
11a						
b						
d All other revenue						
e Total. Add lines 11a-11d	. '	🕨				
12 Total revenue. See instructions .			7 002 374	13 406	0	268

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Pa	Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must				ete column (A).
	Check if Schedule O contains a response or note to not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
/D,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,117,856	4,117,856		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	396,822	396,822		
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	348,260	154,348	193,912	
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	679,340	593,220	86,120	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,075	15,936	4,139	
		68,733	58,589	10,144	
	Other employee benefits	72,468	55,260	17,208	
	Payroll taxes	72,400	33,200	17,208	
	Fees for services (non-employees):				
	Management	27.600		27.600	
	Legal	27,609		27,609	
c	:Accounting	108,275		108,275	
	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 Schedule O)	629,350	575,625	53,725	
12	Advertising and promotion	173,111	173,098	13	
13	Office expenses	59,127	21,939	37,188	
14	Information technology	63,901	47,287	16,614	
15	Royalties				_
	Occupancy	81,003	74,516	6,487	
	Travel	30,769	14,292	16,477	
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	77,505	43,475	34,030	
20	Interest	14,674		14,674	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	118,738	101,138	17,600	
23	Insurance	14,767	12,402	2,365	
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	12,075	3,266	8,809	
	b				
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,114,458	6,459,069	655,389	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form	າ 990	(2019)				Page 11
Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or note to any lin	ne in this Part IX .			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1	6,594
	2	Savings and temporary cash investments		2,864,228	2	2,995,974
	3	Pledges and grants receivable, net		176,424	3	
	4	Accounts receivable, net		1,438,773	4	1,453,921
	5	Loans and other payables to any current or former officer, d	lirector, trustee,			
		key employee, creator or founder, substantial contributor, or	or 35%		5	
	6	controlled entity or family member of any of these persons Loans and other receivables from other disqualified person under section $4958(f)(1)$, and persons described in section	`		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ASS	9	Prepaid expenses and deferred charges		24,305	9	15,793
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,683,777			
	b	Less: accumulated depreciation 10b	1,684,309	2,118,206	10c	1,999,468
	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	11,737
	16	Total assets: Add lines 1 through 15 (must equal line 34)	[6,646,136	16	6,483,487
	17	Accounts payable and accrued expenses		203,117	17	218,448
	18	Grants payable		1,937,377	18	2,046,585
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		756,704	20	581,600
S	21	Escrow or custodial account liability. Complete Part IV of S	chedule D		21	
itie	22	Loans and other payables to any current or former officer, d	lirector, trustee,			
Liabilities		key employee, creator or founder, substantial contributor, controlled entity or family member of any of these persons	or 35%		22	
	23	Secured mortgages and notes payable to unrelated third pa	arties		23	
	24	Unsecured notes and loans payable to unrelated third parti	es		24	
	25	Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	related third		25	
	26	Total liabilities. Add lines 17 through 25		2,897,198	26	2,846,633
68		Organizations that follow FASB ASC 958, check here ▶ ▼	and complete			
Balance		lines 27, 28, 32, and 33.				
ala	27	Net assets without donor restrictions	L	3,526,415	27	3,636,854
18	28	Net assets with donor restrictions	1	222,523	28	0
Fund		Organizations that do not follow FASB ASC 958, check here	a b \Box and	,		
F		complete lines 29 through 33.	e P and			
S OF	29	Capital stock or trust principal, or current funds			29	
Assets	30	Paid-in or capital surplus, or land, building or equipment fur	nd		30	
Ass	31	Retained earnings, endowment, accumulated income, or oth	er funds		31	
Net	32	Total net assets or fund balances		3,748,938	32	3,636,854
Z	33	Total liabilities and het assets/fund balances		6,646,136	33	6,483,487
•			•	•		Form 990 (2019)

Form	n 990 (2019)				Page 12
Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,0	002,374
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,:	114,458
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	112,084
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,7	748,938
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column	10		3,6	636,854
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
1 2a	Accounting method used to prepare the Form 990:	ved on	2a		No
	a separate basis Consolidated basis Both consolidated and separate basis	, ca on			
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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:	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
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.		3b		

Form **990** (2019)

Form 990 (2019)					
Additional Data		Return to Form			
	Coffee ID				
	Software ID:				
	Software Version:				
Form 990, Special Condition Description:					
	Special Condition Description				

efi	le Pu	blic Visua	l Render	ObjectI	d: 001 - Submiss	ion: 2015-0	1-16	Т	IN: 20-5478191
990EZ)			_	plete if the	Charity Statu organization is a sect 4947(a)(1) nonexe Attach to Form s.gov/Form990 for i	ion 501(c)(3) o mpt charitable 990 or Form 99	rganization or trust. 0-EZ.	O rt a section	2019
		the Treasury nue Service ne organizati		, to <u></u>	<u>3.gov/1 01111330</u> 101 1		- the latest lill		Inspection
REGIO	DNAL CU	JLTURAL AND P	PERFORMING ARTS	;				Employer identific	ation number
		T COMMISSION		Shawita C	ture (All avecani-a	tions must so	manlata thia r	43-1363303	
	rt I organi:				catus (All organizar use it is: (For lines 1				ons.
1			•		· association of churcl	• .	•	•	
2	Г	A school d	escribed in sec	tion 170(b)	(1)(A)(ii). (Attach So	chedule E (Forn	n 990 or 990-	EZ).)	
3	Г	A hospital	or a cooperativ	e hospital s	service organization o	lescribed in sec	tion 170(b)(1)(A)(iii).	
4			research organ name, city, and		rated in conjunction w	rith a hospital d	escribed in se	ction 170(b)(1)(A)(ii	i). Enter the
5		-	ation operated (A)(iv). (Comp		efit of a college or uni)	versity owned o	r operated by	a governmental unit	described in section
6		A federal,	state, or local o	jovernment	or governmental unit	described in se	ction 170(b)(1)(A)(v).	
7		_			es a substantial part o i). (Complete Part II.		m a governme	ental unit or from the	general public
8					on 170(b)(1)(A)(vi).		t II.)		
9					described in 170(b) of agriculture. See in				
10		receipts fro from gross	om activities re investment in	lated to its come and u	es: (1) more than 331 exempt functions—su nrelated business tax e section 509(a)(2).	ibject to certain able income (le	exceptions, a	ind (2) no more than	331/3% of its support
11		An organiz	ation organized	d and opera	ted exclusively to test	for public safe	ty. See sectio r	n 509(a)(4).	
12		one or mor	e publicly supp	orted organ	ed exclusively for the nizations described in t describes the type o	section 509(a)	(1) or section	509(a)(2). See sectio	on 509(a)(3). Check
а		supported	organization(s)	the power	erated, supervised, or to regularly appoint o t IV, Sections A and E	r elect a majori			
b		manageme		rting organ				•	by having control or dorganization(s). You
c		Type III fu	inctionally inte	grated. A s	upporting organization actions). You must co n				grated with, its
d		not functio	nally integrate	d. The orga	. A supporting organiz nization generally mu te Part IV, Sections A	st satisfy a dist	ribution requir		• • •
e			_		eived a written deter lly integrated support			is a Type I, Type II,	Гуре III functionally
f	Ente				ns			<u> </u>	
g	(i) N			mation abo	ut the supported orga (iii) Type of		organization	(v) Amount of	(vi) Amount of
	organization			organization organization (described on lines		listed in you	-	monetary support (see instructions)	other support (see
					1- 10 above (see instructions))	Yes	No		
Tota									
		vork Reducti	ion Act Notice,	see the Inc	tructions for	Cat. No. 11285	F	Schedule A (Form	990 or 990-EZ) 2019

31,993,070

33,498,468

310,823

33,187,645

33,498,468

37,984

2,389

33,538,841

110,605

98.950 %

99.820 %

(f) Total

zations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) zation failed to qualify under

complete Part III.)

(Complete	only if you check	ced the box on	line 5, 7, o	r 8 of Part I	or if the organiz
Part III. If t	the organization	failed to qualif	y under the	tests listed	below, please co

5,974,527

6,110,466

6.110.466

25,386

Public support percentage for 2018 Schedule A, Part II, line 14

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

Part II	Support Schedule for Organiz
	(Complete only if you checked th

- Section A. Public Support

- - 22,124

(c) 2017

(d) 2018

15,996

6,497,014

6,513,010

6.513.010

6,478

2,389

(e) 2019

15

Schedule A (Form 990 or 990-EZ) 2019

Calendar vear (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 197,658 1.505.398

6,340,934

6,363,058

6.363.058

2,059

(b) 2016

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)

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2019. 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

h 10%-facts-and-circumstances test—2018. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

membership fees received. (Do not include any "unusual grant.") . .

2 Tax revenues levied for the organization's benefit and either

paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge...

supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column

Public support. Subtract line 5 from

securities loans, rents, royalties and income from similar sources

Section B. Total Support

Net income from unrelated business activities, whether or not the business is regularly carried Other income. Do not include gain

or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through

organization . . .

(or fiscal year beginning in) 🕨

Amounts from line 4. . Gross income from interest, dividends, payments received on

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

(f). .

line 4.

Calendar vear

135,939

(a) 2015

- 1.133.681

6,389,553

7,523,234

7,523,234

3,793

6,791,042

6,988,700

6.988.700

268

Sche	edule A (Form 990 or 990-EZ) 2019						Page 3
P	Support Schedule 1 (Complete only if you	checked the	box on line 1	0 of Part I or i	f the organizat		alify under Part
Se	II. If the organization ection A. Public Support	i falls to qual	iry under the t	tests listed bei	ow, piease com	piete Part II.)	
	endar year	(-) 201F	(h) 2016	(-) 2017	(4) 2010	(-) 2010	(6) Tabal
	fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	 The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support						
	endar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	fiscal year beginning in)	(4) = 1 = 1	(3) = 3 = 3	(3) = 1 = 1	(-,	(-,	(1)
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
	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.)	Landella e e e e e e e	tion for the	and abstract Co. 11	an Eiftha 1		(-)(2)
14	First five years. If the Form 990 is f						
	check this box and stop here						🕶
Se	ection C. Computation of Pub	lic Support	Percentage				

Section D. Computation of Investment Income Percentage

Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) 15 15 Public support percentage from 2018 Schedule A, Part III, line 15 16

16

Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) 17 17 Investment income percentage from 2018 Schedule A, Part III, line 17

18 19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than $\overline{33}$ 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled 4b or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that 4c all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 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?

Substitutions only. Was the substitution the result of an event beyond the organization's control? other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

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

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

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone 6 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified

5a

Schedule A (Form 990 or 990-EZ) 2019

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

9b 9с

> 10a 10b

whether the organization had excess business holdings).

organizations)? If "Yes," answer line 10b below.

CIII	Sheddle A (101111 550 01 550 EZ) 2015			га	ge J	
Pa	art IV Supporting Organizations (continued)					
			Ye	es	No	
11	1 Has the organization accepted a gift or contribution from any of the following persons?					
а	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) be	elow, the				
	governing body of a supported organization?					
b	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? If "Yes" to a, b, or c, provide detail in Part VI .					
	Section B. Type I Supporting Organizations		Lc			
	Section B. Type I Supporting Organizations		Ye		No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regula appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organizativities. If the organization had more than one supported organization, describe how the powers to appoint and/directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any to such powers during the tax year.	r? If "No," ation's or remove r, applied				
2		tion(s)	2			
	organization.	-	-			
S	Section C. Type II Supporting Organizations					
			Ye	es	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	s or				
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported					
S	Section Type III Supporting Organizations					
_			Ye	es	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 pryear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of					
	organization's governing documents in effect on the date of notification, to the extent not previously provide	:d? :	L			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
3						
S	Section E. Type III Functionally-Integrated Supporting Organizations		- I			
1		r (see instruc	tions)	:		
	a The organization satisfied the Activities Test. Complete line 2 below.	•	-			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.					
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental instructions)	ent entity (se	e			
2	Activities Test. Answer (a) and (b) below.					
			Ye	es	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify thos 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 directly furthered their exempt purposes.	e e				
	constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or m organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reason organization's position that its supported organization(s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in these activities but for the organization (s) would have engaged in the second organization (s) would have engaged in the second organization (s) which is activities to the organization (s) which is activities but for the organization (s) which is activities the organization (s) which is activities that the organization (ore of the s for the	а			
	2	b				
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 trus each of the supported organizations? <i>Provide details in Part VI</i> .	tees of 3	а			

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of

Page **6**

,,,	٠.	,,,	,	20

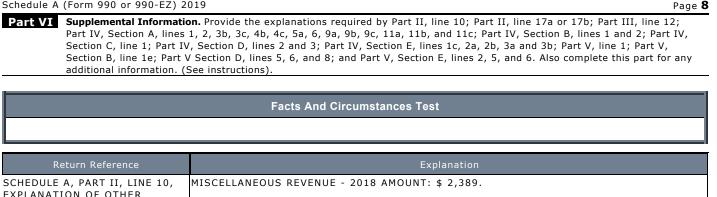
temporary reduction (see instructions)

instructions)

1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	_		•
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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	6		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrat	ed 509(a)(3) Suppor	ting (continue	ed)
Section D ^O r อล ะนัสสินัสซิกร			Current Year
Amounts paid to supported organizations to accompli	sh exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	s exempt purposes of suppo	rted organizations, in	
3 Administrative expenses paid to accomplish exempt p	ourposes of supported orga	nizations	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval requi	ired)		
6 Other distributions (describe in Part VI). See instruct	tions		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to details in Part VI). See instructions	which the organization is re	sponsive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019			
(reasonable cause required explain in Part VI).			
See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI			
See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
		Schedule A	(Form 990 or 990-EZ) (2019



Schedule A (Form 990 or 990-EZ) 2019

efile Public Visual Re	nder	ObjectId: 001 - Submis	ssion: 2015-01-16			TIN: 20-5478191		
Schedule B		Sch	nedule of Contributor	rs		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Department of the Treasury Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Go to www.irs.gov/Form990 for the latest information.					2019		
Name of the organizatio REGIONAL CULTURAL DEVELOPMENT COMM	AND PE	RFORMING ARTS			Employer ide 43-1363303	ntification number		
Organization type (che								
Filers of:	Se	ection:						
Form 990 or 990-EZ		501(c)() (enter number	er) organization					
		4947(a)(1) nonexempt o	charitable trust not treated as a	private foundation				
		527 political organization	n					
Form 990-PF		501(c)(3) exempt privat	te foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable privat	te foundation					
-	_		90-PF that received, during the year teacher that received, during the year teacher that II. See instructions		-			
under sections 5 received from an	09(a)(1) a y one co	and 170(b)(1)(A)(vi), that	filing Form 990 or 990-EZ that m checked Schedule A (Form 990 , total contributions of the greate e Parts I and II.	or 990-EZ), Part II,	line 13, 16a, d	or 16b, and that		
during the year, t	total conti	ibutions of more than \$1,	(8), or (10) filing Form 990 or 99,000 exclusively for religious, ch Complete Parts I, II, and III.		-			
during the year, of this box is check purpose. Don't co	contribution ed, enter omplete a	ons exclusively for religion here the total contribution any of the parts unless the	(8), or (10) filing Form 990 or 90 ous, charitable, etc., purposes, bons that were received during the e General Rule applies to this common or more during the year.	ut no such contribu e year for an exclu organization becaus	itions totaled n sively religious se it received <i>r</i>	nore than \$1,000. If s, charitable, etc.,		
990-EZ, or 990-PF), but i	t must a	nswer "No" on Part IV, lin	Rule and/or the Special Rules d te 2, of its Form 990; or check the meet the filing requirements of So	e box on line H of it	s Form 990-E			
For Paperwork Reduction for Form 990, 990-EZ, or 99		e, see the Instructions	Cat. No. 30613X	Schedule	e B (Form 990, 9	990-EZ, or 990-PF) (2019)		

Name of organization REGIONAL CULTURAL AND PERFORMING ARTS

Employer identification number 43-1363303

DEVELOPMENT COMMISSION

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Description of noncash property given

FMV (or estimate) (See instructions)

43-1363303

(c)

(c)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

Employer identification number

\$ (d) FMV (or estimate) Date received (See instructions)

Page 3

(d)

Date received

(d)

Date received

(d)

Date received

(d)

Date received

(a) (b) No. from Description of noncash property given Part I

Part I

(a)

No. from

Part I

(a)

No. from

Part I

(a)

No. from

Part I

(b)

Description of noncash property given

(b)

Description of noncash property given

(b)

Description of noncash property given

(c) FMV (or estimate) (See instructions)

(d) Date received

(c) (a) (b) No. from FMV (or estimate) Description of noncash property given Part I (See instructions) \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
REGIONA	rganization L CULTURAL AND PERFORMING ARTS			Employer identification number
Part III	Exclusively religious, charitable, etc., cor total more than \$1,000 for the year from a line entry. For organizations completing of \$1,000 or less for the year. (Enter this Use duplicate copies of Part III if additional spa	any one con Part III, ente information	tributor. Complete col r the total of exclusive once. See instruction	umns (a) through (e) and the following ly religious, charitable, etc., contributions
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZI		e) Transfer of gift Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZI		e) Transfer of gift Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZI		e) Transfer of gift Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	<u>-</u>	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4		e) Transfer of gift Relati	onship of transferor to transferee
			s	chedule B (Form 990, 990-EZ, or 990-PF) (2019

efile Public Visual Render **ObjectId: 001 - Submission: 2015-01-16 SCHEDULE D** (Form 990)

Department of the Treasury

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. Open to Public

TIN: 20-5478191 OMB No. 1545-0047

Attach to Form 990.

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION 43-1363303 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes 🗀 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

	Organizations Maintaining C	`allastia:	f A	U:	storical	Tron		Othor Sim	ilar Acce	to /	raye 2
	Organizations Maintaining C										intinued)
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and ot	ther reco	·	_			•	cant use of	its	
а	✓ Public exhibition			d	_		xchange prog	-			
b	Scholarly research			е	Oth	er					
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIII.	collections	and expl	ain how	they furt	ther th	e organizatio	on's exempt p	ourpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than				•				┌ Yes 「	No	
Pai	t IV Escrow and Custodial Arran								,		
	Complete if the organization and			Form 9	990, Part	t IV, I	ine 9, or re	ported an a	amount on	Form	1 990,
	Part X, line 21.				_						
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?								☐ Yes 「	- No	
	meladed on Form 330, Fare X								l les i	140	
b	If "Yes," explain the arrangement in Part XI	III and com	nplete th	e follow	ving table	:		A	mount		_
c	Beginning balance		-		_		1c				_
d	Additions during the year						1d				_
e	Distributions during the year						1e				_
f	Ending balance						1f				_
	•								□ Vos □	No	_
2a	Did the organization include an amount on	Form 990,	Part X, I	ine 21,	for escro	w or c	ustodiai acco	ount liability?	l les l	NO	
b	If "Yes," explain the arrangement in Part X	III. Check	here if th	ne expla	anation ha	as bee	n provided ir	n Part XIII .	□		
Pa	rt V Endowment Funds.										
	Complete if the organization ans			1				(D. T.			
1 2	Beginning of year balance	(a) Curre	ent year	(D)	Prior year	(c)	Two years back	(d) Three ye	ars back (e)	-our yea	ars back
	Contributions										
	Net investment earnings, gains, and losses										
Č	Net investment carmings, gains, and losses		ı								
d	Grants or scholarships										
	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent year e	end balaı	nce (lin	e 1g, colu	ımn (a)) held as:				
а	Board designated or quasi-endowment										
b	Permanent endowment										
C	Temporarily restricted endowment										
_	The percentages on lines 2a, 2b, and 2c sh	-					1 - 1 - 2 - 2 - 1 - 1				
3a	Are there endowment funds not in the posse organization by:	ession of th	ie organi	zation i	tnat are n	eid an	a administer	ed for the		Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of t		ation's e	ndowm	ent funds	•					
Pai	t VI Land, Buildings, and Equipm Complete if the organization and		'es" on	Form (OON Dart	+ T\/ i	ina 11a Sa	a Form 991) Dart Y I	ina 1	n
	Description of property (a) Cost or oth (investme	er basis			basis (othe		:) Accumulated			ook valu	
12	Land				135,2	213					135,213
	Buildings				2,856,6			1,165,912			1,690,697
	Leasehold improvements				218,6			75,576			143,101
	Equipment				185,8			155,394			30,457
	Other		 		287,4			287,427			0
Œ					, , ,						U

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

1,999,468

(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valuation: year market value
(1) Financial derivatives			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	-		
Part Investments—Program Related. Complete if the organization answered 'Yes' on Form 99	90, Part IV,	, line 11c. See Form 99	90, Part X, line 13.
(a) Description of investment	· · · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Method of valuation: Cost or end-of-year market
(2)			value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		b	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 99	0, Part IV,	line 11d. See Form 990,	
(a) Description			(b) Book value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
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 99 See Form 990, Part X, line 25.	0, Part IV,	line 11e or 11f.	
1. (a) Description of liabil	ity		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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 Schedule D (Form 990) 2019

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

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

	Complete if the organization answered 'Yes' on Form 990, I	Dart I	V line 12a		
1	Total revenue, gains, and other support per audited financial statements			1	7 102 153
	, , , , , , , , , , , , , , , , , , , ,	•			7,192,152
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _	I		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	189,778	3	
					1
е	Add lines 2a through 2d			2e	189,778
3	Subtract line 2e from line 1			3	7,002,374
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	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 1	l2.) .		5	7,002,374
Pai	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 990, I			es pe	r Return.
1	Total expenses and losses per audited financial statements			1	7,304,236
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-		_	. , ,
- а	Donated services and use of facilities	2a	I		
_					
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	189,778	3	
	Add Proce 20 th and 21			1 .	100 770
е	Add lines 2a through 2d			2e	189,778
3	Subtract line 2e from line 1			3	7,114,458
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

4b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Other (Describe in Part XIII.)

. Add lines 4a and 4b . . .

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.

Return Reference	Explanation
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 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. 189,778.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	ADJUSTMENT DUE TO INTERCOMPANY RENTAL REVENUE AND RENTAL EXPENSE. 189,778.

4c

0

7,114,458

30-0497851

501(C)(3)

(16) CHAMBER MUSIC

TIN: 20-5478191

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

2019

Inspection

✓ Yes

ARTS AND CULTURE

Treasury
Internal Revenue Service
Name of the organization

(Form 990)

Department of the

REGIONAL CULTURAL AND PERFORMING ARTS
DEVELOPMENT COMMISSION

Part I General Information on Grants and Assistance

Employer identification number

43-1363303

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?

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. (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (if applicable) (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) 22ND JUDICIAL 8,000 ARTS AND CULTURE 43-6003231 N/A CIRCUIT FAMILY COURT **PROGRAMS** 920 NVANDEVENTER AVE ST LOUIS, M O 63108 (2) A CALL TO ARTS AND CULTURE 46-3360461 501(C)(3) 9,000 CONSCIENCE INC **PROGRAMS** 400 N 4TH STREET 1411 ST LOUIS, M O 63110 ARTS AND CULTURE (3) AFRICAN HERITAGE 43-1700909 501(C)(3) 13,500 ASSOCIATION OF ST **PROGRAMS** LOUIS INC 3547 OLIVE STREET STE 301 ST LOUIS, M O 631031000 (4) ALL THE ART 47-3044270 7,250 ARTS AND CULTURE 501(C)(3) 6100 KINGSBURY AVE **PROGRAMS** ST LOUIS, M O 63112 (5) ANNONYARTS 43-1382125 501(C)(3) 10,500 ARTS AND CULTURE 3003 LOCUST STREET PROGRAMS ST LOUIS, M O 63103 (6) ART ST LOUIS 43-1154397 41,248 ARTS AND CULTURE 501(C)(3) 1223 PINE STREET PROGRAMS ST LOUIS, M O 63103 (7) ARTICA 31-1818859 10,500 ARTS AND CULTURE 501(C)(3) 4601 S BROADWAY PROGRAMS ST LOUIS, M O 63111 ARTS AND CULTURE (8) ARTISTS FIRST 45-2874353 15,750 501(C)(3) 7190 MANCHESTER ROAD PROGRAMS MAPLEWOOD, MO 63143 (9) ATREK EDUCATIONAL ARTS AND CULTURE 43-1532643 501(C)(3) 10,500 CORPORATION PROGRAMS 418 FIELDCREST DR STLOUIS,MO 63119 (10) BACH SOCIETY OF ST 43-6050074 43,233 ARTS AND CULTURE 501(C)(3) LOUIS PROGRAMS 3547 OLIVE STREET SUITE ST LOUIS, MO 63103 ARTS AND CULTURE (11) BETTER FAMILY LIFE 43-1346617 501(C)(3) 12,000 **PROGRAMS** 5415 PAGE BLVD ST LOUIS, M O 631123416 ARTS AND CULTURE (12) BIG RIVER 43-1094337 501(C)(3) 10,500 PROGRAMS ASSOCIATION 3139A SOUTH GRAND **BLVD SUITE 203** ST LOUIS, M O 631181020 (13) BREAD AND ROSES 61-1726950 501(C)(3) 13,500 ARTS AND CULTURE MISSOURI PROGRAMS 2725 CLIFTON AVENUE ST LOUIS, M O 63139 (14) CARONDELET ARTS AND CULTURE 43-1045345 501(C)(3) 10,500 COMMUNITY BETTERMENT PROGRAMS FEDERATION INC 6408 MICHIGAN AVENUE ST LOUIS, M O 63111 ARTS AND CULTURE (15) CENTRAL PRINT 46-5065117 501(C)(3) 14,250 2624 NORTH 14TH ST PROGRAMS ST LOUIS, M O 63106

13,500

SOCIETY OF ST LOUIS					PROGRAMS
222 S CENTRAL AVE SUITE 100 ST LOUIS,MO 63105					
(17) CHAMBER PROJECT ST LOUIS	26-3748900	501(C)(3)	13,500		ARTS AND CULTURE PROGRAMS
PO BOX 300008 ST LOUIS,M O 63130					
(18) CHARIS - THE ST LOUIS WOMEN'S CHORUS 204 E LOCKWOOD AVE WEBSTER GROVES, MO 63119	43-1641717	501(C)(3)	12,000		ARTS AND CULTURE PROGRAMS
(19) CINEMA ST LOUIS 3547 OLIVE STREET SUITE 260	43-1613716	501(C)(3)	66,003		ARTS AND CULTURE PROGRAMS
ST LOUIS,M O 631031000 (20) CIRCUS FLORA	74-2493831	501(C)(3)	40,000		ARTS AND CULTURE
3401 WASHINGTON BLVD ST LOUIS, M O 63103	74 2493031		40,000		PROGRAMS
(21) CIRCUS HARMONY 4120 PARKER RD FLORISSANT,MO 63033	43-1918399	501(C)(3)	57,138		ARTS AND CULTURE PROGRAMS
(22) CITY OF FLORISSANT 1 JAMES J EAGAN DR FLORISSANT,MO 63033	43-0666754	N/A	12,000		ARTS AND CULTURE PROGRAMS
(23) CITY OF ST LOUIS 10701 LAMBERT INTERNATIONAL BLVD PO BOX 10212 ST LOUIS,MO 63145	43-6003231	N/A	13,500		ARTS AND CULTURE PROGRAMS
(24) CITY OF WEBSTER	43-6003996	N/A	7,000		ARTS AND CULTURE
GROVES 122 WEST LOCKWOOD AVE WEBSTER GROVES,MO 63119					PROGRAMS
(25) CIVIC ARTS COMPANY 38 WESTMORELAND PLACE ST LOUIS,MO 63108	81-0975438	501(C)(3)	7,000		ARTS AND CULTURE PROGRAMS
(26) COCA-CENTER OF CREATIVE ARTS 524 TRINITY AVENUE ST LOUIS,MO 63130	43-1395056	501(C)(3)	235,769		ARTS AND CULTURE PROGRAMS
(27) CONTEMPORARY ART MUSEUM ST LOUIS 3750 WASHINGTON BLVD ST LOUIS,MO 63108	43-1202816	501(C)(3)	156,889		ARTS AND CULTURE PROGRAMS
(28) CONTINUITY 3643 TAMM AVE ST LOUIS,MO 63109	47-2444644	501(C)(3)	13,500		ARTS AND CULTURE PROGRAMS
(29) CRAFT ALLIANCE 6640 DELMAR BLVD ST LOUIS,MO 631304503	43-1022226	501(C)(3)	74,640		ARTS AND CULTURE PROGRAMS
(30) CULTURAL FESTIVALS 225 S MERAMEC AVE SUITE 105	43-1647435	501(C)(3)	13,500		ARTS AND CULTURE PROGRAMS
ST LOUIS, M O 63105 (31) DANCE ST LOUIS 3310 SAMUEL SHEPARD DRIVE	23-7001556	501(C)(3)	79,896		ARTS AND CULTURE PROGRAMS
ST LOUIS, M O 63103					
(32) DANCES OF INDIA 5 BLAYTONN LANE LADUE,MO 63124	43-1505587	501(C)(3)	12,000		ARTS AND CULTURE PROGRAMS
(33) DEAF EMPOWERMENT AWARENESS FOUNDATION INC	26-2617721	501(C)(3)	13,500		ARTS AND CULTURE PROGRAMS
25 EAST FRISCO ST LOUIS,MO 63119					
(34) DECEMBER PUBLISHING INC PO BOX 16130 ST LOUIS,MO 63105	90-0907488	501(C)(3)	10,500		ARTS AND CULTURE PROGRAMS
(35) DESIGN BUILD WORKSHOP 112 ST GEORGE PLACE	45-4670246	501(C)(3)	14,250		ARTS AND CULTURE PROGRAMS
ST LOUIS,M 0 63119	22 7170474	E01/C)/2)	71.005		ADTS AND CHITUDE
(36) DOUBLE HELIX CORPORATION 3524 WASHINGTON AVE ST LOUIS, MO 63103	23-7170474	501(C)(3)	71,085		ARTS AND CULTURE PROGRAMS
(37) FOCAL POINT CORPORATION	51-0172333	501(C)(3)	10,500		ARTS AND CULTURE PROGRAMS

2720 SUTTON BLVD MAPLEWOOD,MO 63143					
(38) FREEDOM ARTS AND EDUCATION CENTER 1114 BACKER ST ST LOUIS, MO 63130	46-1476978	501(C)(3)	6,250		ARTS AND CULTURE PROGRAMS
(39) GATEWAY FESTIVAL ORCHESTRA OF ST LOUIS 11852 GOLD LEAF DR ST LOUIS,MO 63146	43-0815081	501(C)(3)	8,000		ARTS AND CULTURE PROGRAMS
(40) GATEWAY MEN'S CHORUS 3547 OLIVE STREET SUITE 300	43-1499328	501(C)(3)	15,000		ARTS AND CULTURE PROGRAMS
ST LOUIS, M O 63103					
(41) GENE SLAY'S BOYS' CLUB OF ST LOUIS INC 2524 S 11TH ST ST LOUIS,MO 63104	43-0653261	501(C)(3)	10,500		ARTS AND CULTURE PROGRAMS
(42) GRACE HILL SETTLEMENT HOUSE 2125 BISSELL ST ST LOUIS,MO 63107	23-7216273	501(C)(3)	12,000		ARTS AND CULTURE PROGRAMS
(43) HEARDING CATS COLLECTIVE 142 WILLOW BROOK DR ST LOUIS,MO 63146	27-1480800	501(C)(3)	10,500		ARTS AND CULTURE PROGRAMS
(44) HEC-TV INC 3221 MCKELVEY RD SUITE 106 ST LOUIS, MO 63044	81-1991919	501(C)(3)	10,500		ARTS AND CULTURE PROGRAMS
(45) HERBERT HOOVER BOYS AND GIRLS CLUB OF ST LOUIS INC 2901 N GRAND AVE ST LOUIS,MO 63107	43-6061693	501(C)(3)	13,500		ARTS AND CULTURE PROGRAMS
(46) HISPANIC FESTIVAL INC PO BOX 764 FLORISSANT,MO 63032	37-1344792	501(C)(3)	12,000		ARTS AND CULTURE PROGRAMS
(47) IGNITE THEATRE COMPANY 3510 GILES AVE ST LOUIS,MO 63116	47-2623191	501(C)(3)	8,000		ARTS AND CULTURE PROGRAMS
(48) INTERNATIONAL INSTITUTE OF METROPOLITAN ST LOUIS 3401 ARSENAL ST ST LOUIS, M O 63118	43-0652640	501(C)(3)	15,000		ARTS AND CULTURE PROGRAMS
(49) INTERSECT ARTS CENTER 3636 TEXAS AVE ST LOUIS, MO 63118	81-3708769	501(C)(3)	14,250		ARTS AND CULTURE PROGRAMS
(50) JAZZ ST LOUIS 3536 WASHINGTON AVENUE ST LOUIS,MO 63103	43-1761629	501(C)(3)	168,171		ARTS AND CULTURE PROGRAMS
(51) JCC ST LOUIS 2 MILLSTONE CAMPUS DRIVE ST LOUIS, MO 63146	43-0681477	501(C)(3)	12,000		ARTS AND CULTURE PROGRAMS
(52) KARLOVSKY & COMPANY DANCE 7346 MELROSE AVE ST LOUIS, MO 63130	90-0895575	501(C)(3)	7,000		ARTS AND CULTURE PROGRAMS
(53) LANDMARKS ASSOCIATION OF ST LOUIS INC 911 WASHINGTON AVENUE SUITE 170 ST LOUIS, MO 63101	43-6036899	501(C)(3)	24,654		ARTS AND CULTURE PROGRAMS
(54) LAUMEIER SCULPTURE PARK 12580 ROTT RD ST LOUIS,MO 63127	43-1131429	501(C)(3)	130,077		ARTS AND CULTURE PROGRAMS
(55) LEMP NEIGHBORHOOD ARTS CENTER 3301 LEMP AVE ST LOUIS, MO 63118	43-1928128	501(C)(3)	13,500		ARTS AND CULTURE PROGRAMS
(56) MATHEWS-DICKEY BOYS' & GIRLS' CLUB 4245 N KINGSHIGHWAY ST LOUIS, MO 63115	43-6060717	501(C)(3)	12,000		ARTS AND CULTURE PROGRAMS
(57) MAX & LOUIE	27-5056041	501(C)(3)	10,500		ARTS AND CULTURE

PRODUCTIONS					PROGRAMS
15 TOPTON WAY 1C ST LOUIS,MO 63105					
(58) METRO THEATER COMPANY	23-7309552	501(C)(3)	73,777		ARTS AND CULTURE PROGRAMS
3311 WASHINGTON AVE ST LOUIS, MO 63103					TROGRAMS
(59) MID AMERICA DANCE COMPANY (MADCO)	43-1095885	501(C)(3)	22,388		ARTS AND CULTURE PROGRAMS
1 UNIVERSITY BLVD 243 AAB					
ST LOUIS, M O 63121	45 4504400	504(0)(0)	0.100		1270 1112 0111 71125
(60) MIDWEST ARTIST PROJECT SERVICES PO BOX 2226 ST LOUIS,MO 63158	46-1501100	501(C)(3)	9,100		ARTS AND CULTURE PROGRAMS
(61) MISSOURI CHAMBER	27-3473749	501(C)(3)	10,500		ARTS AND CULTURE
MUSIC INC 211 S ELM AVENUE ST LOUIS,MO 63119					PROGRAMS
(62) NATIONAL BLUES	27-4259743	501(C)(3)	10,500		ARTS AND CULTURE
MUSEUM 615 WASHINGTON AVE ST LOUIS,MO 63101					PROGRAMS
(63) NEW LINE THEATRE 3800-A KEOKUK STREET ST LOUIS,MO 63116	43-1593865	501(C)(3)	12,000		ARTS AND CULTURE PROGRAMS
(64) NEW MUSIC CIRCLE 760 HARVARD AVE ST LOUIS,MO 63130	43-6050206	501(C)(3)	12,000		ARTS AND CULTURE PROGRAMS
(65) OHMKARAM 7365 MACLEOD LANE	77-0681228	501(C)(3)	10,500		ARTS AND CULTURE PROGRAMS
DARDENNE PRAIRIE, MO 63368					PROGRAMS
(66) OPERA THEATRE OF ST LOUIS	43-0821958	501(C)(3)	198,491		ARTS AND CULTURE PROGRAMS
210 HAZEL AVENUE ST LOUIS,MO 63119					
(67) OPOJAZ INC 4125 JUNIATA STREET B ST LOUIS,MO 63116	13-3285442	501(C)(3)	9,000		ARTS AND CULTURE PROGRAMS
(68) PERENNIAL 3762 S BROADWAY ST LOUIS,MO 63118	80-0638085	501(C)(3)	19,064		ARTS AND CULTURE PROGRAMS
(69) PHILHARMONIC SOCIETY OF ST LOUIS	43-6002754	501(C)(3)	7,000		ARTS AND CULTURE PROGRAMS
PO BOX 220437 ST LOUIS,MO 63122					TROGRAMS
(70) PHOTOGRAPHIC ARTS AND SCIENCES	36-6142675	501(C)(3)	30,262		ARTS AND CULTURE PROGRAMS
FOUNDATION 3415 OLIVE STREET					T KO GRAPIS
ST LOUIS,MO 63103					
(71) PIANOS FOR PEOPLE 3138 CHEROKEE STREET ST LOUIS,MO 63118	47-4084512	501(C)(3)	26,841		ARTS AND CULTURE PROGRAMS
(72) PRISON PERFORMING ARTS	43-1394929	501(C)(3)	13,500		ARTS AND CULTURE PROGRAMS
3547 OLIVE STREET SUITE 250 ST LOUIS,MO 63103					
(73) RADIO ARTS	27-1297885	501(C)(3)	59,663		ARTS AND CULTURE
FOUNDATION 7711 CARONDELET SUITE					PROGRAMS
302 ST LOUIS,MO 63105					
(74) RISE COMMUNITY DEVELOPMENT	43-1611669	501(C)(3)	12,000		ARTS AND CULTURE PROGRAMS
1627 WASHINGTON AVE FL 1					
ST LOUIS,MO 63103 (75) SANGEETHA	43-1318835	501(C)(3)	10,500		ARTS AND CULTURE
1872 LAZY RIDGE CT CHESTERFIELD,MO 63017		()()	,		PROGRAMS
(76) SCOTTISH PARTNERSHIP FOR ARTS	20-5261554	501(C)(3)	8,000		ARTS AND CULTURE PROGRAMS
AND EDUCATION PO BOX 6761					
CHESTERFLELD, M O 63006					
(77) SHAKESPEARE FESTIVAL ST LOUIS	43-1815139	501(C)(3)	107,480		ARTS AND CULTURE PROGRAMS
5715 ELIZABETH AVE ST LOUIS,MO 63110					. ROURAND
31 LOUIS, MO 03110					

(78) SHAW NEIGHBORHOOD IMPROVEMENT ASSOCIATION 2211 S 39TH STREET ST LOUIS,MO 63110	23-7417627	501(C)(3)	13,500		ARTS AND CULTURE PROGRAMS
(79) SHELDON ARTS FOUNDATION 3648 WASHINGTON BLVD ST LOUIS,MO 63108	43-1489756	501(C)(3)	139,338		ARTS AND CULTURE PROGRAMS
(80) SOUTH BROADWAY ART PROJECT 3816 SOUTH BROADWAY ST LOUIS, MO 63118	64-0962169	501(C)(3)	12,750		ARTS AND CULTURE PROGRAMS
(81) SOUTH CITY OPEN STUDIO AND GALLERY FOR CHILDREN PO BOX 63128 ST LOUIS, MO 63163	43-1924074	501(C)(3)	15,000		ARTS AND CULTURE PROGRAMS
(82) SPRINGBOARD TO LEARNING 1310 PAPIN ST SUITE 402 ST LOUIS, MO 63103	43-1202003	501(C)(3)	61,554		ARTS AND CULTURE PROGRAMS
(83) ST LOU FRINGE 911 WASHINGTON AVENUE SUITE 664 ST LOUIS,MO 63101	37-1653552	501(C)(3)	13,500		ARTS AND CULTURE PROGRAMS
(84) ST LOUIS ACTORS' STUDIO 360 N BOYLE AVE ST LOUIS,MO 63108	20-8009035	501(C)(3)	10,500		ARTS AND CULTURE PROGRAMS
(85) ST LOUIS ARTISTS' GUILD 12 N JACKSON AVE ST LOUIS,MO 63105	43-0888412	501(C)(3)	28,851		ARTS AND CULTURE PROGRAMS
(86) ST LOUIS ARTWORKS 5959 DELMAR BOULEVARD ST LOUIS,MO 63112	43-1735450	501(C)(3)	54,431		ARTS AND CULTURE PROGRAMS
(87) ST LOUIS BALLET COMPANY 218 THF BLVD CHESTERFIELD, MO 63005	23-7424849	501(C)(3)	58,562		ARTS AND CULTURE PROGRAMS
(88) ST LOUIS BLACK REPERTORY COMPANY 6662 OLIVE BLVD ST LOUIS, MO 63130	43-1220180	501(C)(3)	47,643		ARTS AND CULTURE PROGRAMS
(89) ST LOUIS CATHEDRAL CONCERTS 4431 LINDELL BLVD ST LOUIS,MO 63108	43-1633963	501(C)(3)	36,083		ARTS AND CULTURE PROGRAMS
(90) ST LOUIS CHAMBER CHORUS PO BOX 11558 ST LOUIS,MO 63105	43-6066145	501(C)(3)	15,000		ARTS AND CULTURE PROGRAMS
(91) ST LOUIS COMMUNITY FOUNDATION 2 OAK KNOLL PARK ST LOUIS, MO 63105	43-1758789	501(C)(3)	20,000		ARTS AND CULTURE PROGRAMS
(92) ST LOUIS CULTURAL FLAMENCO SOCIETY 6021 SCANLAN PO BOX 21818 ST LOUIS,MO 63139	43-1413989	501(C)(3)	7,000		ARTS AND CULTURE PROGRAMS
(93) ST LOUIS DANCE THEATRE 3310 SAMUEL SHEPARD DRIVE ST LOUIS, MO 63103	27-2706005	501(C)(3)	31,057		ARTS AND CULTURE PROGRAMS
(94) ST LOUIS FASHION FUND 1533 WASHINGTON AVENUE ST LOUIS, MO 63103	37-1760557	501(C)(3)	12,000		ARTS AND CULTURE PROGRAMS
(95) ST LOUIS IRISH ARTS INC 7480 WHITEHAVEN DR ST LOUIS, MO 63123	23-7444899	501(C)(3)	7,000		ARTS AND CULTURE PROGRAMS
(96) ST LOUIS POETRY CENTER PO BOX 300167 ST LOUIS, M O 63130	43-6048105	501(C)(3)	9,000		ARTS AND CULTURE PROGRAMS
(97) ST LOUIS SHAKESPEARE 4579 LACLEDE 345 ST LOUIS,MO 63108	43-1448350	501(C)(3)	12,000		ARTS AND CULTURE PROGRAMS

(98) ST LOUIS STORY STITCHERS ARTISTS COLLECTIVE 616 DELMAR BLVD ST LOUIS,MO 63130	61-1750223	501(C)(3)	10,000	ARTS AND CULTURE PROGRAMS
(99) ST LOUIS SYMPHONY ORCHESTRA (SLSO) 718 N GRAND BOULEVARD ST LOUIS,MO 63103	43-0666769	501(C)(3)	248,114	ARTS AND CULTURE PROGRAMS
(100) ST STEPHEN'S EPISCOPAL CHURCH 33 NORTH CLAY AVENUE FERGUSON, MO 63135	43-0666773	501(C)(3)	13,500	ARTS AND CULTURE PROGRAMS
(101) STAGES ST LOUIS 1023 CHESTERFIELD PARKWAY EAST CHESTERFIELD, MO 63017	43-1434156	501(C)(3)	163,463	ARTS AND CULTURE PROGRAMS
(102) STRAY DOG THEATRE 2336 TENNESSEE AVENUE ST LOUIS,MO 631041734	26-0059867	501(C)(3)	55,081	ARTS AND CULTURE PROGRAMS
(103) TENNESSEE WILLIAMS FESTIVAL ST LOUIS 3224 LOCUST STREET 2J ST LOUIS, M O 63103	47-4314599	501(C)(3)	12,000	ARTS AND CULTURE PROGRAMS
(104) THAT UPPITY THEATRE COMPANY 4466 W PINE BLVD 13C ST LOUIS,MO 63108	43-1568222	501(C)(3)	10,500	ARTS AND CULTURE PROGRAMS
(105) THE CABARET PROJECT OF ST LOUIS 7832 STANFORD AVE ST LOUIS,MO 63130	27-2766810	501(C)(3)	10,500	ARTS AND CULTURE PROGRAMS
(106) THE FRANK LLOYD WRIGHT HOUSE IN EBSWORTH PARK 120 N BALLAS ROAD ST LOUIS,MO 63122	43-1727003	501(C)(3)	15,000	ARTS AND CULTURE PROGRAMS
(107) THE LUMINARY INC 2701 CHEROKEE ST ST LOUIS,MO 63118	27-2137348	501(C)(3)	24,324	ARTS AND CULTURE PROGRAMS
(108) THE MAGIC HOUSE 516 S KIRKWOOD ROAD ST LOUIS,MO 63122	51-0138441	501(C)(3)	13,500	ARTS AND CULTURE PROGRAMS
(109) THE MUNICIPAL THEATRE ASSOCIATION OF ST LOUIS 1 THEATRE DRIVE ST LOUIS,MO 63112	43-0662485	501(C)(3)	13,500	ARTS AND CULTURE PROGRAMS
(110) THE REPERTORY THEATRE OF ST LOUIS 130 EDGAR ROAD ST LOUIS,MO 63119	43-0970273	501(C)(3)	163,463	ARTS AND CULTURE PROGRAMS
(111) THE SOLID LINES PRODUCTIONS 2726 ARMAND PLACE ST LOUIS,MO 63104	46-4305323	501(C)(3)	9,000	ARTS AND CULTURE PROGRAMS
(112) THE ST LOUIS CHILDREN'S CHOIRS 2842 N BALLAS ROAD ST LOUIS,MO 631312311	43-1145808	501(C)(3)	85,434	ARTS AND CULTURE PROGRAMS
(113) THE ST LOUIS CLASSICAL GUITAR SOCIETY 3547 OLIVE ST SUITE 204 ST LOUIS,MO 63103	43-1131456	501(C)(3)	21,957	ARTS AND CULTURE PROGRAMS
(114) THEATRE COMMUNICATIONS GROUP 520 EIGHTH AVENUE NEW YORK, NY 10018	13-6160130	501(C)(3)	15,000	ARTS AND CULTURE PROGRAMS
(115) UNION AVENUE OPERA THEATRE 733 UNION BLVD ST LOUIS, M O 63108	68-0523690	501(C)(3)	47,682	ARTS AND CULTURE PROGRAMS
(116) UNIVERSITY CITY SYMPHONY ORCHESTRA ASSOCIATION 7210 OLIVE BLVD ST LOUIS,MO 63130	43-0922268	501(C)(3)	12,000	ARTS AND CULTURE PROGRAMS
(117) UPSTREAM THEATER PO BOX 300006	75-3151973	501(C)(3)	12,000	ARTS AND CULTURE PROGRAMS
ST LOUIS,MO 63130 (118) URBAN ARTIST	43-1936036	501(C)(3)	12,750	ARTS AND CULTURE

ALLIANCE FOR CHILD DEVELOPMENT INC 2600 N 14TH STREET ST LOUIS,MO 63106						PROGRAMS
(119) 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			ARTS AND CULTURE PROGRAMS
(120) WINTER OPERA ST LOUIS 2324 MARCONI AVENUE ST LOUIS,MO 63110	74-3234710	501(C)(3)	36,736			ARTS AND CULTURE PROGRAMS
(121) WORLD CHESS MUSEUM INC 4652 MARYLAND AVENUE ST LOUIS,MO 63108	27-1280023	501(C)(3)	10,500			ARTS AND CULTURE PROGRAMS
(122) YOUNG MENS CHRISTIAN ASSOCIATION 326 S 21ST ST 4TH FLOOR ST LOUIS, MO 63103	43-0653616	501(C)(3)	7,000			ARTS AND CULTURE PROGRAMS
(123) YOURWORDS STL 20 SOUTH SARAH ST ST LOUIS,MO 63108	81-0807896	501(C)(3)	10,500			ARTS AND CULTURE PROGRAMS
		· · >			_	119
3 Enter total number of other	r organizations lis	ted in the line 1 table.		 	<u></u>	4

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

Cat. No. 50055P

Schedule I (Form 990) 2019

Part III can be duplicated if additional space is needed.

Explanation

(a) Type of grant or assistance	(b) Number of recipients	(c) Amoun cash gra		d) Amount of cash assistance	(e) Method of valuati (book, FMV, appraisal, other		(f) Description of noncash assistance
(1) ARTIST SUPPORT	8 3	396,822					
1)							
(2)							
(3)							
4)							
5)							
6)							
(7)							
Part IV Supplemental Informa	tion. Provide the	information required	d in Part I li	ne 2. Part III	column (h): and an	v other	additional information

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

Schedule I (Form 990) 2019

Return Reference

PART I, LINE 2:

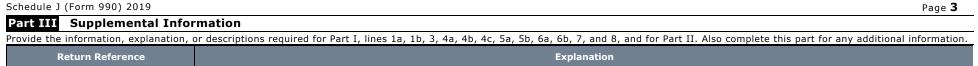
STRENGTHEN ARTS AND CULTURE WITHIN THE REGION. AS AN EXTENSION OF OUR MISSION TO PROMOTE, ENCOURAGE AND FOSTER THE ARTS. RAC ALSO PROVIDES TECHNICAL ASSISTANCE AND NETWORKING SUPPORT TO EMPOWER ARTISTS AND ORGANIZATIONS TO ENRICH THEIR PROGRAMS AND SERVE OUR COMMUNITY. ANY ORGANIZATION OR INDIVIDUAL ARTIST INTERESTED IN APPLYING FOR A 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 GRANTEES FOR FUNDING AND THE ALLOCATION OF FUNDS. 4. THE RAC BOARD OF COMMISSIONERS APPROVE THE GRANTEES AND FINAL ALLOCATION OF FUNDS.

efi	le Public Visu	ual Render ObjectId: 001 -	Subr	nission: 2015-01-16		TIN: 20-	5478	3191
	edule J			tion Information		OMB No.		
(For	m 990)			, Trustees, Key Employees, and Hig	hest			
		Co	mpen	sated Employees		20	110	9
		•		swered "Yes" on Form 990, Part IV, ch to Form 990.	line 23.	2 0	7 1 .	
-	tment of the Treasury			or instructions and the latest infor	mation.	Open t		
	al Revenue Service me of the organiz	zation			Employer identi	Insp		on
REG	GIONAL CULTURAL AN	ND PERFORMING ARTS			Linployer lucitor	incucion nui	bc.	
_	'ELOPMENT COMMISS				43-1363303			
Pa	rt I Questi	ons Regarding Compensation					V	
1a	Check the appro	opiate box(es) if the organization provi	ded ar	ay of the following to or for a person	n listed on Form		Yes	No
		Section A, line 1a. Complete Part III to		,				
	First-class	or charter travel		Housing allowance or residence for	or personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence							
		ification and gross-up payments		Health or social club dues or initia				
	Discretion	ary spending account		Personal services (e.g., maid, cha	uffeur, chef)			
b	If any of the ho	xes on Line 1a are checked, did the ord	naniza	tion follow a written policy regardin	a navment or			
	reimbursement	or provision of all of the expenses des	-			1b		
2		ation require substantiation prior to re	imbur	sing or allowing expenses incurred l	by all	2	1	I
	_	ees, officers, including the CEO/Execu			,			
3	Indicate which,	if any, of the following the filing organ	izatior	n used to establish the compensation	n of the			
	organization's	CEO/Executive Director. Check all that ed organization to establish compensa	apply	. Do not check any boxes for meth	ods			
	Compensation committee Written employment contract							
		nt compensation consultant		Compensation survey or study				
	Form 990	of other organizations		Approval by the board or compen	sation committee			
4		r, did any person listed on Form 990, P a related organization:	art VI	I, Section A, line 1a, with respect t	o the filing			
а	Receive a seve	rance payment or change-of-control p	aymer	nt?		4a		Νo
b	Participate in, o	or receive payment from, a supplement	al nor	equalified retirement plan?		4b		Νo
С		or receive payment from, an equity-base		-		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and prov	ide tr	ne applicable amounts for each item	in Part III.			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organization	ons m	ust complete lines 5-9.				
5	•	red on Form 990, Part VII, Section A, I contingent on the revenues of:	ine 1a	, did the organization pay or accru	e any			
а	The organization	on?				5a		No
b		anization?				5b		No
6	•	ed on Form 990, Part VII, Section A, I contingent on the net earnings of:	ine 1a	, did the organization pay or accru	e any			
а		on?				6a		No
b		janization?				6b		No
	•	e 6a or 6b, describe in Part III.						
7		ed on Form 990, Part VII, Section A, I described in lines 5 and 6? If "Yes," de				7		No
8		ints reported on Form 990, Part VII, pa						
	-	initial contract exception described in	-	* * * *	•			l
						8		No
9		8, did the organization also follow the $8-6(c)$?						
For F		ction Act Notice, see the Instructions for				edule J (Fo	rm 990	0) 2019

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 Schedul	e J, r	eport compensatio	n from the organi					
instructions, on row (ii). Do not list any individuals that are not listed Note. The sum of columns (B)(i)-(iii) for each listed individual must e	on F equal	orm 990, Part VII <u>the total amou</u> nt o	of Form 990, Part	VII, Section A, lin	e 1a, applicable co	olumn (D) and (E	amounts for	that individual.
(A) Name and Title		(B) Breakdo	own of W-2 and/or 1099-MISC compensation		(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1FELICIA SHAW EXECUTIVE DIRECTOR (RESIGN 11/2019)	(i)	155,830	0	0	11,764	11,364	178,958	0
	(ii)	0						 0
2SHERRY SISSAC DEPUTY DIRECTOR	(i)	143,455	0	0	7,328	9,657	160,440	0
DEFOIT DIRECTOR	(ii)							 0
							•	
-								
			Schedule J (Form 9	990) 2019				





Schedule J (Form 990) 2019



efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16

(Form 990)

Department of the Treasury

TIN: 20-5478191

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part ${\tt VI}$. ▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

A LOP EAST COMMUNITY T1-0888097 10-01-2012 1,640,000 T0 PROVIDE FUNDS TO REFUND A BOND X X X X X X X X X	Intern	nal Revenue Service	⊳ G	o to <u>www.irs.gov/</u>	<u>/Form990</u> for instruc	tions and th	e latest	information.					Inspecti	ion	
A 1.00 EAST COMMUNITY Tourn										Emplo	yer ider	ntificatio	on numb	er	
Capital reserve funds Capi			JRMING ARTS							43-1	36330	3			
(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date Issue price (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of issue price (h) On the proceeds A B C															
A LOOP EAST COMUNITY INFORMATION TO STRICT 71-0888097 10-01-2012 1,640,000 TO PROVIDE FUNDS TO REFUND A BOND X X X X X X X X X X X X X X X X X X X			(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Descrip	tion of purpos	e (g) De	efeased	(h)) O n	(i)	Pool
Note			ļ										-	financing	
A LOP EAST COMMUNITY T1-0888097 10-01-2012 1,640,000 T0 PROVIDE FUNDS TO REFUND A BOND X X X X X X X X X			ŀ							V	T		 	V	N-
Part II Proceeds A B C Amount of bonds retired	_	LOOP EAST COMMUNITY	71-0888007		10-01-2012	1.6.	40.000	TO PROVIDE	FUNDS TO	Yes		Yes	_	Yes	X
Amount of bonds retired. Amount of bonds legally defeased. Amount of bonds legally defeased. Total proceeds of Issue. Total proceeds of Issue			71-0000097		10-01-2012	1,0	+0,000				^		^		^
Amount of bonds retired. Amount of bonds legally defeased. Amount of bonds legally defeased. Total proceeds of Issue. Total proceeds of Issue															
Amount of bonds retired	Par	rt II Proceeds													
2 Amount of bonds legally defeased							Α		В	•	<u>: </u>			D	
3 Total proceeds of issue	1														
4 Gross proceeds in reserve funds	2														
5 Capitalized interest from proceeds	3						1,640	,000							
6 Proceeds in refunding escrows	4	Gross proceeds in reserve fun	ıds												
7 Issuance costs from proceeds	5	Capitalized interest from proc	eeds												
8 Credit enhancement from proceeds	6	Proceeds in refunding escrows	5												
9 Working capital expenditures from proceeds	7						54	788							
Capital expenditures from proceeds 1 Other spent proceeds 2 Other unspent proceeds 1 /585,212 3 Year of substantial completion Yes No Yes No Yes No Yes Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? X	8	Credit enhancement from prod	ceeds												
10 Capital expenditures from proceeds	9		•												
11 Other spent proceeds															
12 Other unspent proceeds															
Year of substantial completion															
Yes No Ye	12						1,585	,212							
Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds? X	13	Year of substantial completion	1			2 (012								
bonds (or, if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds? X						Yes	No	Yes	No	Yes	No		Yes		No
Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? 16 Has the final allocation of proceeds been made?	14				mpt										
Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? 16 Has the final allocation of proceeds been made?		• • •	118, a current refund	ing issue)?			^								
16 Has the final allocation of proceeds been made?	-		of an advance refun	ding issue of taxat	ole										
Has the final allocation of proceeds been made?		• •)18, an advance refu	nding issue)?		X									
Does the organization maintain adequate books and records to support the final allocation of proceeds?			anda haan mada?			· · · · · · · · · · · · · · · · · · ·									
of proceeds?															
	17					X									
Part III Private Business Use	Par														
A B C		<u>_</u>					A		В	(:			D	
Yes No Yes No Yes No Yes						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?	1				•										

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

D

Schedule K	(Form 990) 2019
Part Ⅲ	Private Business Use (Continued)

			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private b bond-financed property?	usiness use of								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or o counsel to review any management or service contracts relating to the finan									
С	Are there any research agreements that may result in private business use financed property?	of bond-								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outsid 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 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 nongovernmental 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 di	sposed of.						•		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s	ections								
9	Has the organization established written procedures to ensure that all nonquof the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	ualified bonds								
Pa	rt IV Arbitrage									
		А			В		С			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?		Χ							
2	If "No" to line 1, did the following apply?									

		4	В		С		D	
	Yes	, No	Yes	No	Yes	No	Yes	No
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х					100	
If "No" to line 1, did the following apply?								
Rebate not due yet?		Х						
Exception to rebate?		Х						
No rebate due?	Х							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
Is the bond issue a variable rate issue?		Х						
Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х						
Name of provider								
Term of hedge								
Was the hedge superintegrated?								
Was the hedge terminated?								
	If "No" to line 1, did the following apply? Rebate not due yet? Exception to rebate? No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? Name of provider Term of hedge	If "No" to line 1, did the following apply? Rebate not due yet? Exception to rebate? No rebate due?	Penalty in Lieu of Arbitrage Rebate?					

В

C

Part VI

ISSUES:

requirements of section 148? . . .

available under applicable regulations?

Return Reference

SCHEDULE K, PART I, BOND

D

No

Yes

Yes

Schedule K (Form 990) 2019

Page 3

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected

through the voluntary closing agreement program if self-remediation is not

BOND ISSUE FROM JUNE 6, 2002

Has the organization established written procedures to monitor the **Procedures To Undertake Corrective Action**

Yes

Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

No

Х

Χ

No

Χ

Yes

Explanation

(A) ISSUER NAME: LOOP EAST COMMUNITY IMPROVEMENT DISTRICT (F) DESCRIPTION OF PURPOSE: TO PROVIDE FUNDS TO REFUND A

Yes

В

No

В

No

С

No

No

Yes

Yes



efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-0047 **SCHEDULE O** Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) Attach to Form 990 or 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Department of the Treasury Name Betheeoferingzation **Employer identification number** REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION 43-1363303 **Explanation** Return Reference FORM 990. THE FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTING FIRM AND PROVIDED TO THE EXECUTIVE DIRECTOR AND PART VI. PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW PRIOR TO FILING WITH THE IRS IT IS ALSO MADE AVAILABLE TO THE SECTION B. ENTIRE GOVERNING BODY LINF 11B FORM 990. MANY BOARD MEMBERS ALSO SERVE ON BOARDS OF OTHER ARTS AND CULTURAL INSTITUTIONS. THEY ANNUALLY PART VI. DISCLOSE BY WRITTEN NOTIFICATION OF THEIR AFFILIATIONS ON OTHER BOARDS. DURING DISCUSSIONS AND VOTING. SECTION B. THAT PARTICULAR BOARD MEMBER IS EXCUSED. LINF 12C FORM 990. THE BOARD OF COMMISSIONERS REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION BASED ON ESTABLISHED. PART VI. ORGANIZATIONAL CRITERIA SECTION B. LINF 15 FORM 990. ALL GOVERNING AND FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. NOTIFICATION PART VI.

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

SECTION C. I INF 19 FORM 990.

PART XII.

LINE 2C:

YFAR.

SHOULD BE MADE TO THE OFFICE AND APPOINTMENT MADE TO VIEW DOCUMENTS. 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 Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2019 SCHEDULE R
(Form 990)

ObjectId: 001 - Submission: 2015-01-16

Related Organization

Name, address, and EIN (if applicable) of disregarded entity

Part I

Related Organizations and Unrelated Partnerships

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

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

Primary activity

Attach to Form 990.
 Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Legal domicile (state

2019

Direct controlling

Open to Public Inspection

TIN: 20-5478191OMB No. 1545-0047

Department of the Treasury	Go to <u>www.irs.gov/Form990</u> for instructions and th
Internal Revenue Service	
Name of the organization	
REGIONAL CULTURAL AND PERFORMI	NG ARTS
DEVELOPMENT COMMISSION	

Employer identification number
43-1363303

Total income

End-of-year assets

and Exit (ii applicable) of disregal ded chief,	Trimidity decivity	or foreign country)	rotal income	End of year assets	entity		
DP EAST COMMUNITY IMPROVEMENT DISTRICT ELMAR BLVD IS, MO 63112 8040	SEE PART VII OF SCHEDULE R	МО	189,778	1,825,903			
Part II Identification of Related Tax-Exempt Organizati or more related tax-exempt organizations during the tax	ix 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 statu (if section 501(c)(3	us (f) Direct controlling entity	Sec 512 (1 contr ent	g) ction 2(b) 13) rolled ity?
						Yes	No
	•		•				

(a) Name, address, and EIN of related organization		(b) Primary	(c) Legal	(d) Direct	(e) Predominan			(h) Disproprtionate					Pe
related organization		activity	domicile (state or foreign country)	controlling entity	income(relate unrelated, excluded from under section 512-514)	tax	e end-of-year assets	alloca	ations?	amount in box 20 of Schedule K- (Form 1065	par 1	naging tner?	
								Yes	No		Yes	No	
		l .										<u> </u>	
Identification of Related O 34 because it had one or more	rganizations Taxable a	as a Corpo	ration	or Trust.	Complete if	the organiz	ation ansv	vered	"Yes"	on Form	990,	Part :	IV,
Identification of Related O 34 because it had one or more (a) Name, address, and EIN of	rganizations Taxable as related organizations tre	eated as a c	ration corporat (c)	ion or trus	t during the	the organize tax year. (e) Type of entity	cation ansv (f) Share of total		"Yes" (g) e of end		990, (h) centage		
34 because it had one or more	related organizations tre	eated as a c	corporat (c) Legal lomicile e or foreigi	ion or trus	(d) ect controlling	tax year.	(f)	Share	(g)	l-of- Perc	(h)	9	Sect (13)
34 because it had one or more (a) Name, address, and EIN of	related organizations tre	eated as a c	corporat (c) Legal lomicile	ion or trus	(d) ect controlling	(e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end year	l-of- Perc	(h) centage	9	Sect (13)
34 because it had one or more (a) Name, address, and EIN of	related organizations tre	eated as a c	corporat (c) Legal lomicile e or foreigi	ion or trus	(d) ect controlling	(e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end year	l-of- Perc	(h) centage	9	Sect (13)
34 because it had one or more (a) Name, address, and EIN of	related organizations tre	eated as a c	corporat (c) Legal lomicile e or foreigi	ion or trus	(d) ect controlling	(e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end year	l-of- Perc	(h) centage	9	Sect (13)
34 because it had one or more (a) Name, address, and EIN of	related organizations tre	eated as a c	corporat (c) Legal lomicile e or foreigi	ion or trus	(d) ect controlling	(e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end year	l-of- Perc	(h) centage	9	IV,
34 because it had one or more (a) Name, address, and EIN of	related organizations tre	eated as a c	corporat (c) Legal lomicile e or foreigi	ion or trus	(d) ect controlling	(e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end year	l-of- Perc	(h) centage	9	Sect (13)
34 because it had one or more (a) Name, address, and EIN of	related organizations tre	eated as a c	corporat (c) Legal lomicile e or foreigi	ion or trus	(d) ect controlling	(e) Type of entity C corp, S corp,	(f) Share of total	Share	(g) e of end year	l-of- Perc	(h) centage	9	Sect (13)

	Po	age 3
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	s 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		
b Gift, grant, or capital contribution to related organization(s)		
c Gift, grant, or capital contribution from related organization(s)		
d Loans or loan guarantees to or for related organization(s)		
e Loans or loan guarantees by related organization(s)		
f Dividends from related organization(s)		
g Sale of assets to related organization(s) · · · · · · · · · · · · · · · · · · ·		
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)		
I Performance of services or membership or fundraising solicitations for related organization(s)		
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
O Sharing of paid employees with related organization(s) · · · · · · · · · · · · · · · · · · ·		
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated,	(e) Are all partners section 501(c)(3) organizations?		(f) Share of	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule	(j) General or managing partner?		(k) Percentage ownership
		country)	excluded from tax under sections 512- 514)					Yes	No	K-1 (Form 1065)	Yes	No	
										•			

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Additional Data

Schedule R (Form 990) 2019

Software Version:

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