# **PUBLIC DISCLOSURE COPY**

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**ARMANINO**<sup>LLP</sup>

Form <b>990</b>
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Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

AF	or th	e 2023 calendar year, or tax year beginning and	l ending		
	heck if	C Name of organization		D Employer identifie	cation number
a	pplicab	REGIONAL CULTURAL AND PERFORMING ARTS			
X	Addre				
	Name Chang	43-1363303			
	Initial return	E Telephone number			
	Final	314-863-5811			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	11,477,109.
	Amen return	ST. LOUIS, MO 63110		H(a) Is this a group re	turn
	Applic tion pendi	F Name and address of principal officer: VANESSA COOKSET		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> </u> ]	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	n number
		organization: X Corporation Trust Association Other	L Year	of formation: 1985	I State of legal domicile: <sup>MO</sup>
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: PROMOT	E, ENCOU	RAGE, AND FOSTER	
anc.		THE ARTS & CULTURE WITHIN THE ST. LOUIS, MISSOURI AREA			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net ass	
Ň	3				15
യ ത	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		16	
iviti		Total number of volunteers (estimate if necessary)			17
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		7,197,487.	11,159,198.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		937.	309,857.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,699.	8,054.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,200,123.	11,477,109.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,556,603.	8,713,535.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		827,279.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		027,279.	1,408,069.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)			2 220 555
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,246,354.	2,338,555.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,630,236. 3,569,887.	12,460,159. -983,050.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
ts or		Tatel seasts (Davit V. Jing 16)		7,736,397.	13,715,122.
Assets	20	Total assets (Part X, line 16)		375,389.	7,337,164.
let A	1	Total liabilities (Part X, line 26)		7,361,008.	, ,
	22 111	Net assets or fund balances. Subtract line 21 from line 20		1,201,008.	6,377,958.
ГС	atn	O'GIIdidi C DIOOK			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. T

Sign	Signature of offi	cer		Date					
Here	VANESSA COO	KSEY, PRESIDENT & CEO							
	Type or print na	me and title							
	Print/Type prepa	arer's name	Preparer's sign	's signature Date			Check	PTIN	
Paid	JENNIFER M.	VACHA	JENNIFER M. VACHA		06/27/24		if self-employed	P01251998	
Preparer	Firm's name	ARMANINO LLP				Firm's	EIN 94-	6214841	
Use Only	Firm's address	6 CITYPLACE DRIVE, SUITE	900						
		ST. LOUIS, MO 63141				Phone	no.314-98	33-1200	
May the IF	RS discuss this	return with the preparer shown abo	ve? See instruc	ctions				X Yes	No
LHA For	Paperwork Re	duction Act Notice, see the separ	ate instruction	<b>IS.</b> 332001 12-21-23				Form <b>990</b>	0 (2023)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

De	990 (2023) DEVELOPMENT COMMISSION	43-1363303	Page
ra	t III Statement of Program Service Accomplishments		X
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	AS THE LEADING PUBLIC CATALYST FOR ARTS AND CULTURE IN ST. LOUIS, THE REGIONAL ARTS COMMISSION LEVERAGES THE POWER OF CREATIVITY TO		
	STRENGTHEN AND ENRICH OUR COMMUNITY.		
	SIRENGINEN AND ENKICH OUR COMMONIII.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🔟 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes 🗴 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expen	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expense	s, and
	revenue, if any, for each program service reported.	-	
4a	(Code:) (Expenses \$11,295,702. including grants of \$8,713,535. ) (Revenue \$	S	
	THE COMMISSION RECEIVES, AS CONTRIBUTIONS, 4/15 OF THE TOTAL REVENUE		
	DERIVED FROM THE ST. LOUIS CITY AND COUNTY HOTEL/MOTEL SALES TAX. THE		
	COMMISSION DISTRIBUTES THIS REVENUE BY FUNDING OR MAKING GRANTS TO		
	NOT-FOR-PROFIT ORGANIZATIONS AND INDIVIDUAL ARTISTS FOR ACTIVITIES IN		
	ST. LOUIS CITY AND COUNTY. THE COMMISSION MAKES IT POSSIBLE FOR OTHER		
	INSTITUTIONS TO CONTINUE TO PERFORM AND FOSTER ART ACTIVITIES. SEE		
	SCHEDULE I FOR GRANT PAYMENTS. THE COMMISSION MAKES GRANTS BASED ON		
	COMPLETED APPLICATIONS WHICH INCLUDE THE FOLLOWING AREAS:		
	1) ARTISTIC MERIT       4) AUDIENCE DEVELOPMENT		
	2) COMMUNITY/NATIONAL IMPACT 5) CULTURAL TOURISM		
	3) EFFECTIVE/ACCOUNTABLE MANAGEMENT		
	SEE SCHEDULE O FOR CONTINUED PROGRAM SERVICE ACCOMPLISHMENTS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	5	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	3 	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	3 	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	5 	
4c	Other program services (Describe on Schedule O.)	5 	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	j.	
4d	Other program services (Describe on Schedule O.)		rm <b>990</b> (202:

Form	990 (2023) DEVELOPMENT COMMISSION 43-13633	03	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	<u> </u>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	x	
h	Schedule D, Parts XI and XII	<u>12a</u>		<u> </u>
b		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
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Form	990 (2023) DEVELOPMENT COMMISSION 43-13633	) 3	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
00	Schedule L, Part I	25b		
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? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
21	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? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O           Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
	Check if Schedule O contains a reconcise or note to any line in this Dart V			
	Check it Schedule O contains a response of hote to any line in this Part V	<u></u>	Vac	
1~	Enter the number reported in box 3 of Form 1096. Enter $-0$ , if not applicable $1a$ 378		Yes	No
na b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a378Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
u c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
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Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			1		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	16		х					
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
3a										
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccoui	nt)?	4a		X				
b	b If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	ts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired							
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	:t?	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e							
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:		1							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1							
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	ne?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.				0000					
332005	i 12-21-23			Form	990	(2023)				

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	Check if Schedule O contains a response or note to any line in this Part VI			Σ				
Sec	tion A. Governing Body and Management							
			Yes	N				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a15							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		2				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		2				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		2				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		2				
6	Did the organization have members or stockholders?	6		2				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		2				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			$\top$				
-	persons other than the governing body?	7b		1 3				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0						
a	The governing body?	8a	х	E				
		8b	х	+				
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			┢				
3		9		,				
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		<u> </u>				
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes					
100	Did the examination have lead chapters, branches, or efficience?	10a	165					
	Did the organization have local chapters, branches, or affiliates?			+				
D		10b						
444	and branches to ensure their operations are consistent with the organization's exempt purposes?		x	┢				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	21					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	х					
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	X	┢				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	л	┢				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	х					
	on Schedule O how this was done	12c	X	┢				
13	Did the organization have a written whistleblower policy?	13	-	┢				
14	Did the organization have a written document retention and destruction policy?	14	X	-				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a		2				
b	Other officers or key employees of the organization	15b		2				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		2				
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							
<del></del>	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filedNONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							

7

REGIONAL CULTURAL AND PERFORMING ARTS

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

DEVELOPMENT COMMISSION

Form 990 (2023)

KEB	- 618	8-281-7313	L				
109	WEST	GUNDLACH	ST.,	COLUMBIA,	IL	62236	

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No Х

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Form **990** (2023)

Yes No

43-1363303

Form 990 (2023) DEVELOPMENT COMMISSION	43-1363303	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees	, Highest Compensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Emp	ployees	
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calence</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or or Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> </ul>	, ,	,
<ul> <li>List all of the organization's current key employees, if any. See the instructions for definit</li> <li>List the organization's five aurent highest componented employees (other than an officer</li> </ul>	5 1 5	

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

REGIONAL CULTURAL AND PERFORMING ARTS

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus <sup>:</sup>	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona	_	nploy	st cor	ar	1000 (120)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			
(1) VANESSA COOKSEY	40.00									
PRESIDENT & CEO				х				189,409.	0.	24,777.
(2) ANTHONY CHANCE	40.00									
VP OF FINANCE AND OPERATIONS				х				108,865.	0.	23,018.
(3) ANGELA PETERS	40.00									
VP OF GROWTH AND DEVELOPMENT				х				117,883.	0.	8,154.
(4) ANDREA PURNELL	8.00									
CHAIR		Х		х				٥.	0.	0.
(5) ROSALIND JOHNSON	1.00									
VICE CHAIR		Х		х				0.	0.	0.
(6) JERRY GENNARIA	1.00									
SECRETARY		X		х				0.	0.	0.
(7) JOHN H. RUSSELL	1.00									
TREASURER		Х		х				0.	0.	0.
(8) ROBERT ARBUTHNOT	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RHONDA CARTER ADAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) HEATHER CORCORAN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) SAM FIORELLO	1.00									
DIRECTOR		х						0.	0.	0.
(12) BEVERLY ISOM	1.00									_
DIRECTOR		х						0.	0.	0.
(13) VIN KO	1.00									
DIRECTOR (THRU 1/23)		х						0.	0.	0.
(14) MONT LEVY	1.00									
DIRECTOR		х						0.	0.	0.
(15) RUDOLPH NICKENS	1.00									
DIRECTOR		х						0.	0.	0.
(16) CONSTANTINO OCHOA	1.00								_	
MEMBER-AT-LARGE	1 00	х						0.	0.	0.
(17) SUKANYA SUBRAMANIAN	1.00									
DIRECTOR (THRU 6/23)		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

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REGIONAL	CULTURAL	AND	PERFORMING	ARTS

Form 990 (2023) DEVELOPMENT	COMMISSION								43-13	6330	3	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
<b>(A)</b> Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck ss pe	rson i	than c s both r/trust	an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n I	an	(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e ion ed
(18) CHERYL D.S. WALKER	1.00												•
MEMBER-AT-LARGE	1 00	X						0.		0.			0.
(19) ANGELA WILLIAMS DIRECTOR	1.00	x						0.		0.			0.
(20) DAVID CARL WILSON	1.00												••
DIRECTOR		x						0.		٥.			0.
		-											
		-											
		-											
		-											
1b Subtotal								416,157.		0.		55,	949.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			٥.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n componentian from the examination</li> </ul>								416,157. eceived more than \$100,	000 of reportable	0.		55,	949.
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," corr										<u></u>	5		х
Section B. Independent Contractors									100.000 (		. ,		
1 Complete this table for your five highest co the organization. Report compensation for	-	-								ensat	ion fro	m	
(A)			- Turi	<u>ig w</u>		<u> </u>		(B)			(C	;)	
Name and business	address							Description of s	ervices	C	omper	nsatio	n
WOLFBROWN 918 W BOSTON BLVD, DETROIT, MI 48202								RESEARCH AND EVALU	ATION			118,	192.
										_			

2 Total number of independent contractors (including but not limited to those listed above) who received more than 1 \$100,000 of compensation from the organization

Form **990** (2023)

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			2023) DEVELOPMENT	COMMIS	SION			43-136330	3 Page <b>9</b>
Pa	rt V	111	Statement of Revenue						
			Check if Schedule O contains a	response	e or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
	4	_	Es devete des une sinne	4-					
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns	1a					
Sra ou			Membership dues	1b					
∆°,		С	Fundraising events	1c					
ar ji		d	Related organizations	1d					
s, G		е	Government grants (contributions)	1e	11,074,490.				
Sil			All other contributions, gifts, grants, and						
uti			similar amounts not included above	1f	84,708.				
i S Đ									
out		g	Noncash contributions included in lines 1a-1f	1g \$		11 150 100			
<u>o</u> e		h	Total. Add lines 1a-1f			11,159,198.			
					Business Code				
ø	2	а							
Ž.		b							
Sei		с							
E N		d							
Program Service Revenue		~							
ro		۲ ۲							
-			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, inter	rest, and				
			other similar amounts)			309,857.			309,857.
	4		Income from investment of tax-exem	pt bond	proceeds				
	5		Royalties						
				) Real	(ii) Personal				
	6	a	Gross rents 6a						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of (i) So	ecurities	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
e			and sales expenses 7b						
evenue		с	Gain or (loss) 7c						
ě			Net gain or (loss)						
r B									
Other	8	а	Gross income from fundraising events (n						
0			including \$						
			contributions reported on line 1c). Se						
			Part IV, line 18	8	a				
		b	Less: direct expenses	8	b				
		с	Net income or (loss) from fundraising	events					
			Gross income from gaming activities						
			Part IV, line 19		a				
		b	Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns						
			and allowances		)a				
		b	Less: cost of goods sold	10	)b				
		с	Net income or (loss) from sales of inv	entory					<u> </u>
					Business Code				
snc	11	а	MISCELLANEOUS INCOME		900099	8,054.			8,054.
nec		b				· ·			· · · ·
scellaneo Revenue									
Miscellaneous Revenue		c							
Mis			All other revenue			0.051			
			Total. Add lines 11a-11d			8,054.			
	12		Total revenue. See instructions			11,477,109.	0.	0.	317,911.
33200	9 12-	21-:	23						Form <b>990</b> (2023)

	Check if Schedule O contains a respons		(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,509,923.	5,509,923.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,203,612.	3,203,612.		
3	Grants and other assistance to foreign	, , , , , , , , , , , , , , , , , , , ,			
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
ł	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	472,106.	198,242.	273,864.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
,		740,265.	514,448.	225,817.	
7	Other salaries and wages	/=0,203.	511,110.	223,017.	
3	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,398.	17,324.	8,074.	
)	Other employee benefits	87,346.	61,465.	25,881.	
)	Payroll taxes	82,954.	49,357.	33,597.	
I	Fees for services (nonemployees):				
а	Management				
b	Legal	47,380.		47,380.	
С	Accounting	105,724.		105,724.	
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	772,582.	673,250.	99,332.	
2	Advertising and promotion	612,699.	567,947.	44,752.	
3	Office expenses	50,750.	37,088.	13,662.	
ł	Information technology	204,939.	120,083.	84,856.	
5	Royalties				
3	Occupancy	193,549.	133,480.	60,069.	
	Travel	31,616.	19,787.	11,829.	
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	138,595.	59,401.	79,194.	
)	Interest	4,316.	4,316.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	150,724.	105,596.	45,128.	
3	Insurance	21,549.	16,378.	5,171.	
ŀ	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
ŭ	MEMBERSHIP/PUBLICATION	4,132.	4,005.	127.	
b	-				
c d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	12,460,159.	11,295,702.	1,164,457.	
6	<b>Joint costs</b> . Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form **990** (2023)

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 Form 990 (2023)
 DEVELOPMENT
 COMMISSION

 Part IX
 Statement of Functional Expenses

DEVELOPMENT COMMISSION

Form 990 (2023)

		Check if Schedule O contains a response or not	e to any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			393,936.	1	204,571
	2	Savings and temporary cash investments			3,775,059.	2	9,635,159
:	3	Pledges and grants receivable, net				3	
		Accounts receivable, net			1,624,578.	4	1,680,860
		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial cont	tributor, or 35%			
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disquali	fied persor				
		under section 4958(f)(1)), and persons described				6	
. ا	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
AS		B	27,494.	9	40,024		
		Land, buildings, and equipment: cost or other		·····			
	•••	basis. Complete Part VI of Schedule D	10a	4,031,493.			
	b	Less: accumulated depreciation		1,916,422.	1,915,330.	10c	2,115,071
1				, ,	, ,	11	, ,
	2	Investments - other securities. See Part IV, line 1			12		
	3	Investments - program-related. See Part IV, line		13			
	4	Intangible assets			14		
	5	Other assets. See Part IV, line 11			0.	15	39,437
	6	Total assets. Add lines 1 through 15 (must equ			7,736,397.	16	13,715,122
	7	Accounts payable and accrued expenses			127,625.	17	163,041
	8	Grants payable and aborded expenses				18	
	9	Deferred revenue		19	6,907,757		
2						20	
2		Escrow or custodial account liability. Complete I			21		
		Loans and other payables to any current or form				21	
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				22	
	2				45,242.	22	157,663
2		Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated			202,522.	23	68,630
2		Other liabilities (including federal income tax, pa				24	
2	.5	parties, and other liabilities not included on lines					
			,		0.	25	40,073
2	6	of Schedule D Total liabilities. Add lines 17 through 25		·····	375,389.	25	7,337,164
	0	Organizations that follow FASB ASC 958, che	ok horo	X		20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ŝ			ck nere				
ŭ   o	7	and complete lines 27, 28, 32, and 33.			7,361,008.	27	6,377,958
					7,301,000.		0,577,550
20 0	8	Net assets with donor restrictions				28	
5		Organizations that do not follow FASB ASC 9	bo, check				
5 .	~	and complete lines 29 through 33.					
SI6 2		Capital stock or trust principal, or current funds				29	
SS 3		Paid-in or capital surplus, or land, building, or ed		Ale and found a		30	
Net Assets of Fund Balances E. E. E. A.		Retained earnings, endowment, accumulated in			7 361 000	31	C 277 050
		Total net assets or fund balances			7,361,008.	32	6,377,958
3	3	Total liabilities and net assets/fund balances			7,736,397.	33	13 , 715 , 122 Form <b>990</b> (202

Form **990** (2023)

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	REGIONAL CULTURAL AND PERFORMING ARTS				
Form	990 (2023) DEVELOPMENT COMMISSION	43-1363303		Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,	477,	109.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,	460,	159.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	983,	050.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,	361,	008.
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 on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	6,	377,	958.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	L	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2023)

(Form 9	of the Treasury	Co	Public Cha omplete if the organ 49 Ai Go to www.irs.gov/		OMB No. 1545-0047 2023 Open to Public Inspection				
Name of	the organizati	on REGION	AL CULTURAL AND	PERFORMING ARTS				Employer	identification number
	-		PMENT COMMISSIC						43-1363303
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The orgar	nization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)			
1	A church, co	nvention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).		
2	A school des	cribed in <b>secti</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	ı 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical res	earch organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).		
7 X	An organizati	on that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental u	unit or from th	ne general p	public described in
	section 170(	b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city,	, and state of	the college	or
	university:								
10	An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	nd (2) no	more than	33 1/3% of it	s support fi	rom gross investment
				(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.
			mplete Part III.)						
11	-	-	-	vely to test for public saf	•				
12	-	-	-	vely for the benefit of, to	-			•	
			-	d in section 509(a)(1) o					Check the box on
_	_	-	• •	f supporting organization				-	
a			• •	upervised, or controlled I		Ũ			
		0	., .	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
<b>b</b>			complete Part IV, Se		ion with it		d organizatio	n(a) by bay	ina
b			-	or controlled in connect anization vested in the sa			-		-
		•	t complete Part IV,		ine perso	ns that coi		ge the supp	Jonted
c 🗌	¬ °	( )	• •	g organization operated i	n connoct	ion with	and functional	lly intograto	d with
	_ ,	-	•	). You must complete F		,		iy integrate	a with,
d	- ··	0		oorting organization operation			-	ted organiz	ration(s)
u		-		ation generally must sati				-	
		,	0 0	nplete Part IV, Sections	,				
е		-		written determination from				II. Type III	
		-		nally integrated supportir			JI - , JI -	, ,,	
f Ent	er the number			, , , , , , , , , , , , , , , , , , , ,					
<b>g</b> Pro	vide the follow	ing information	about the supporte						
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o		(vi) Amount of other
	organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									l

REGIONAL	CULTURAL	AND	PERFORMING	ARTS

	GIONAL CULTURA		ING ARTS		42 12622	0.2 -
Schedule A (Form 990) 2023 DE Part II Support Schedule for (	VELOPMENT COMM		ections 170/h	)(1)(A)(iv) and	43-13633	i ugo
(Complete only if you checked	-		•			
fails to qualify under the tests			-	Talled to quality u	nder Fart III. II the	organization
ection A. Public Support	listed below, pleas	e complete i art m	•)			
alendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and	(a) 2019	(0) 2020	(0) 2021	(u) 2022	(e) 2023	(1) Total
membership fees received. (Do not						
include any "unusual grants.")	197,658.	209,104.	33,438.	121,548.	3,819,034.	4,380,78
2 Tax revenues levied for the organ-	197,030.	205,104.	33,430.	121,540.	3,013,034.	4,500,70
ization's benefit and either paid to						
or expended on its behalf	6,791,042.	2,838,168.	4,458,423.	7,075,939.	7,340,164.	28,503,73
3 The value of services or facilities	0,751,012.	2,000,100.	1,150,125,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,000,70
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3	6,988,700.	3,047,272.	4,491,861.	7,197,487.	11,159,198.	32,884,53
5 The portion of total contributions		, ,		, ,	, ,	
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						32,884,51
Section B. Total Support			•			
alendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	6,988,700.	3,047,272.	4,491,861.	7,197,487.	11,159,198.	32,884,51
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources	268.	146.	33.	937.	309,857.	311,24
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
$a_{2}$		436	48 021	1 699	8 054	58 21

	or loss from the sale of capital						
	assets (Explain in Part VI.)		436.	48,021.	1,699.	8,054.	58,210.
11	Total support. Add lines 7 through 10						33,253,969.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	13,406.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11, c	olumn (f))		14	98.89 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	99.79 %
	33 1/3% support test - 2023. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on li				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported or	ganization	Ũ	
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circi				•		
18	Private foundation. If the organization		•				

Schedule A (Form 990) 2023

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REGIONAL	CULTURAL	AND	PERFORMING	ARTS
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#### Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

DEVELOPMENT COMMISSION

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

Sec	ction A. Public Support	<u></u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	23 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities 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 disgualified persons						
	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						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		-				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			for which any fifth it	<u> </u>		
14	First 5 years. If the Form 990 is for the	-			•		
Sec	check this box and stop here	c Support Per	centage				<u></u>
	Public support percentage for 2023 (			column (f))		15	%
	Public support percentage from 2022			.,,		16	%
	ction D. Computation of Invest					1 1	
	Investment income percentage for <b>20</b> Investment income percentage from					17 18	%
	33 1/3% support tests - 2023. If the						
130	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2022.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23						dule A (Form 990) 2023
			16				

<sup>2023.04000</sup> REGIONAL CULTURAL AND PER CUS00001

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

### Schedule A (Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	REGIONAL CULTURAL AND PERFORMING ARTS			
Sche	dule A (Form 990) 2023 DEVELOPMENT COMMISSION	43-1363303	Pa	age <b>5</b>
	rt IV Supporting Organizations (continued)			<u>u</u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
U		11c		
Sec	detail in Part VI. tion B. Type I Supporting Organizations			
<u> </u>	aon B. Type Toupporting Organizatione		V.	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
0				
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 <b>Part VI</b> how	•		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0.00	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	, (see instruction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	<b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
u	of the supported exercise a substantial degree of direction over the policies, programs, and activities of each	26		

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of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b | Schedule A (Form 990) 2023

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REGIONAL CULTURAL AND PERFORMING ARTS	REGIONAL	CULTURAL	AND	PERFORMING	ARTS
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DEVELOPMENT COMMISSION Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 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 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990) 2023

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	dule A (Form 990) 2023 DEVELOPMENT COMMISS				43-1363303	Page 7
Pa	rt V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ued)		
Sect	ion D - Distributions				Current Y	'ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	L	
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2	ļ	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	L	
4	Amounts paid to acquire exempt-use assets			4	L	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	L	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9	l	
10	Line 8 amount divided by line 9 amount		1	10	ļ	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
<u> </u>	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
<u>i</u>	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount				L	
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

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chedule A Part VI	(Farma 000) 0000	REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	43-1363303	<b>D</b> -
	(Form 990) 2023			Page
	Part IV Section A lines	<b>prmation.</b> Provide the explanations required by Part II, line 10; Part II, line 17 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line	a or 1/b; Part III, line 12; es 1 and 2: Part IV, Section (	2
	line 1; Part IV, Section D	D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa	art V, Section B, line 1e; Part	: V,
		d 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add	ditional information.	
	(See instructions.)			
CHEDULE	A. PART II. LINE 10	0, EXPLANATION FOR OTHER INCOME:		
ISCELLAN	IEOUS REVENUE			
020 AMOU	JNT:\$ 436.			
021 AMOU	JNT: \$ 1,385.			
022 AMOU	ואידו. לי 1 600			
022 AMOU	JNT: \$ 1,699.			
023 AMOU	JNT:\$ 8,054.			
NSURANCE	PROCEEDS			
021 AMOU	JNT: \$ 46,636.			

** PUBLIC DISCLOSU	JRE COPY	* *
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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

### Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

OMB No.	1545-0047

Employer identification number

43-1363303

REGIONAL	CULTURAL	AND	PERFORMING	ARTS	
DEVELOPM	ENT COMMIS	SSIO	N		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

	3 (Form 990) (2023)		Page <b>2</b>
Name of or			Employer identification number
	CULTURAL AND PERFORMING ARTS		43-1363303
Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
		- \$\$7,340,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
2		- \$\$3,624,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		- _ \$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		_ \$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		- _ \$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
		- _ \$	Person       Payroll         Payroll       Payroll         Noncash       Payroll         (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

			Employer identification numb
	CULTURAL AND PERFORMING ARTS ENT COMMISSION		43-1363303
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	

Schedule B (Form 990) (2023)

#### 17000627 701245 CUS000039372

Schedule	B (Form 990) (2023)			Page <b>4</b>		
Name of c	organization			Employer identification number		
REGIONAI	L CULTURAL AND PERFORMING ARTS					
	MENT COMMISSION			43-1363303		
Part III	from any one contributor. Complete columns (a)	through (e) and the following line entr	v. For organizations			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info.	once.) \$		
(a) No.	Use duplicate copies of Part III if additional s	space is needed.				
from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I						
		(e) Transfer of gift	:			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Relationship of transferor to transferee		
(a) No. from						
From Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
	(e) Transfer of gift					
	Transferee's name address a	Relationship of tra	ansferor to transferee			
	Transferee's name, address, and ZIP + 4					
			1			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I	(2). 2. poor of give	(0) 000 01 3.11	(4,200			
		(e) Transfer of gift	<b>I</b>			
	······································					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
		[				
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of gift				
			Deletionship of the			
	Transferee's name, address, a	liu <b>∠IF + 4</b>	neiationship of tra	ansferor to transferee		
323454 12-26	6-23			Schedule B (Form 990) (2023)		
		25				

2023.04000 REGIONAL CULTURAL AND PER CUS00001

	HEDULE D		al Financial Statements Inization answered "Yes" on Form 990,		OMB No. 154	5-0047
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		<b>ZUZ</b>	.3
	ment of the Treasury Revenue Service		Attach to Form 990. 10 for instructions and the latest information.		Open to I Inspectio	
Nam	e of the organizati		DRMING ARTS	Employe	r identification	number
Dor		DEVELOPMENT COMMISSION	d Funds or Other Similar Funds or Ad		43-1363303	
Par		n answered "Yes" on Form 990, Part IV, lir		counts.	Complete if the	)
		, , ,	1	(b) Funds ar	d other accoun	ts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised fund		<b>—</b>	<b>—</b>
6			exclusive legal control?		Yes	No No
6	8	0	advisors in writing that grant funds can be used c or donor advisor, or for any other purpose confer	,		
	impermissible priv			•	Yes	No
Par		ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	, line 7.		
1		servation easements held by the organizati				
	Preservation	n of land for public use (for example, recrea	ation or education)	orically impo	rtant land area	
	Protection o	f natural habitat	Preservation of a cert	ified historic	structure	
		n of open space				
2	•	<b>c c</b> .	fied conservation contribution in the form of a co		asement on the at the End of the	
-	day of the tax year			2a		Tax Teal
a b				2a 2b		
c	•	vation easements on a certified historic str	ucture included on line 2a	2c		
		vation easements included on line 2c acqu	•••••••••••••••••••••••			
		•	• • •	2d		
3			leased, extinguished, or terminated by the organ	ization durin	g the tax	
	year					
4		where property subject to conservation eas				
5	•	tion have a written policy regarding the per				<b></b>
6	,	orcement of the conservation easements in	t holds? handling of violations, and enforcing conservation		. <b>Yes</b>	No No
U		a nours devoted to monitoring, inspecting,		n casement	s during the yea	41
7	Amount of expens	 es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	sements dur	ing the year	
8	Does each conser	vation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i	)		
	and section 170(h)				Yes	No No
9		- ·	on easements in its revenue and expense statem			
			note to the organization's financial statements th	at describes	the	
Par		ounting for conservation easements. ations Maintaining Collections of	f Art, Historical Treasures, or Other S	imilar As	sets.	
		f the organization answered "Yes" on Form				
1a			58, not to report in its revenue statement and bal	ance sheet v	vorks	
	of art, historical tre	easures, or other similar assets held for pul	blic exhibition, education, or research in furthera	nce of public	:	
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that describes these items.			
b	-		58, to report in its revenue statement and balance			
			c exhibition, education, or research in furtherance	e of public se	ervice,	
	•	ng amounts relating to these items.		¢		
2	.,		asures, or other similar assets for financial gain,	𝗳 provide		
_		unts required to be reported under FASB A				
а	-			\$		
b						
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.	Sche	dule D (Form 9	990) 2023
332051	09-28-23		26			

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	REGIONAL C	JLTURAL AND PERI	ORMIN	G ARTS						
		T COMMISSION		<u> </u>				-1363303		Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar As	sets <sub>(cont</sub>	tinued	)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	t make się	gnificant use o	f its		
	collection items (check all that apply).									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	how th	ey further th	e organizatio	on's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	ures, or othe	er similar :	assets			
	to be sold to raise funds rather than to be ma		,		,			Yes	Г	No
Par	t IV Escrow and Custodial Arran								<u></u>	
	reported an amount on Form 990, Pa			- 5			,,	,,		
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for	contribution	s or other as	sets not i	ncluded			
	on Form 990, Part X?		•					Yes	Г	No
h	If "Yes," explain the arrangement in Part XIII								L	
			lowing t					Amou	nt	
•	Paginning balance						10	,		
C L	Beginning balance									
	Additions during the year									
е	Distributions during the year									
t	Ending balance									<b>_</b>
	Did the organization include an amount on F		,				<u>y</u> ?	L Yes		
	If "Yes," explain the arrangement in Part XIII.								. L	
Par	T V Endowment Funds Complete if									
		(a) Current year	(b) ⊦	Prior year	(c) Two yea	rs back	( <b>d)</b> Three years	back (e) Fo	ur year	s back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 10	n column (a)	) held as:	I				
a	Board designated or quasi-endowment		%	y, oolanni (a)	, 11010 00.					
b	Permanent endowment	%	_/0							
0		<u> </u>								
C		• -								
0-	The percentages on lines 2a, 2b, and 2c sho			مر امام من	al a aluationia taka					
Ja	Are there endowment funds not in the posse	ession of the organiza	ition tha	t are neid ar	id administer	ed for the	2		Yes	No
	organization by:									
									)	
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	't VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a. S	ee Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated	(d) Bo	ok val	ue
		basis (investr	nent)	basis	(other)	dep	reciation			
<b>1</b> a	Land	135	5,213.						135	,213.
	Buildings		5,995.				1,451,726.	1	,414	,269.
	Leasehold improvements		3,009.				176,668.		186	,341.
	Equipment				188,727.		, 171,720.	+		,007.
	Other				478,549.		116,308.	+		,241.
5		· · · · · ·					,			

2,115,071. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023

332052 09-28-23

REGIONAL	CULTURAL	AND	PERFORMING	ARTS
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DEVELOPMENT COMMISSION

Schedul	e D (Form 990) 2023 DEVELOPMENT COM	MISSION		43-1363303	Page 3
Part \	II Investments - Other Securities				
	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Des	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market	t value
(1) Fina	ncial derivatives				
• •	ely held equity interests				
(3) Othe					
( <b>C</b> ) (A)					
(B)					
(C)					
<u>(D)</u>					
<u>(E)</u>					
(F)					
(G)					
<u>(H)</u>					
Total. (C	ol. (b) must equal Form 990, Part X, line 12, col. (B))				
Part V	/III Investments - Program Related.				
	Complete if the organization answered "Yes	" on Form 990, Part IV, line			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market	t value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part I	ol. (b) must equal Form 990, Part X, line 13, col. (B)) X Other Assets				
raiti		, on Form 000 Dort IV line	11d Cas Farm 000 Dart V line 15		
	Complete if the organization answered "Yes		The See Form 990, Part A, line 15.	(h) Deels	
	(8	a) Description		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Column (b) must equal Form 990, Part X, line 15, c	(R)			
Part )		(D))			
	Complete if the organization answered "Yes	" on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. lin	e 25.	
1	(a) Description of liability			(b) Book	value
<u>1.</u>					Value
					40 072
	LEASE LIABILITY				40,073.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					_
	Column (b) must equal Form 990, Part X, line 25, c	col (B))			40,073.
2. Liah	ility for uncertain tax positions. In Part XIII, provid	the text of the footnote t	o the organization's financial stateme	nts that reports the	
	anization's liability for uncertain tax positions und				an 🗔
5.90					····· ···

Schedule D (Form 990) 2023

332053 09-28-23

Schedule D (Form 390) 2023       DEVELOPMENT COMBLISSION       43-136330       Page 4         Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return       1       11,472,793.         Complete if the organization answered Ytes' on Form 390, Part IV, line 12a.       1       11,472,793.         A mounts included on ine 1 but not on Form 990, Part IV, line 12:       2       2         A mounts included on ine 1 but not on Form 990. Part IV, line 12:       2       2         B Donated services and use of facilities       2       2       0.         G Other (Describe in Part XIII.)       2       2       0.         A Mounts included on Form 990, Part VIII, line 12; but not on line 1:       3       11,472,793.         Investment expenses not included on Form 990, Part VIII, line 7D       4       4       4         A di lines 4 and 4b       4       5       11,477,109.         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       1       12,455,843.         1       Total expenses not lines 9 and 4c. (This must equal Form 990, Part IV, line 12a.       1       12,455,843.         1       Total expenses not included on Form 990, Part IV, line 12a.       1       12,455,843.         2       0.       3       12,455,843.       1 <th></th> <th>REGIONAL CULTURAL AND PERFORMING</th> <th>G ARTS</th> <th></th> <th></th> <th></th>		REGIONAL CULTURAL AND PERFORMING	G ARTS			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total revenue, gains, and other support per audited financial statements       1       11,472,793.         A mounts included on line 1 but not on Form 990, Part IVII, line 12:       2a       2b       2c         0       Other (Describe in Part XIII.)       2d       2d       2d         4       Add lines 2a through 2d       2e       0.       3       11,472,793.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3       11,472,793.       4         a       Audi lines 2a through 2d       2e       0.       3       3       11,472,793.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3       11,472,793.       4       4a       4b       4,316.       4c       4,316.       4c       4,316.       5       11,477,109.       Fortal revenue. Add lines 3 and 4e. (This must equal Form 990, Part V, line 12a.       5       11,477,109.       Fortal revenue. Add lines 3 and 4e. (This must equal Form 990, Part V, line 12a.       1       122,455,843.       1       22,455,843.         1       Total expenses and losses per audited financial statements       1       22,455,843.       1       22,455,843.       2a       2a       2a       0.	Sche	dule D (Form 990) 2023 DEVELOPMENT COMMISSION			43-136	53303 Page <b>4</b>
1       Total revenue, gains, and other support per audited financial statements       1       11,472,793.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       2a         2       Add lines 2d gains (Boses) on investments       2a       2a       2a         2       0       Charlescribe in Part XIII.)       2d       2d       2d         4       Add lines 2a through 2d       2d       3       11,472,793.         3       Subtract line 2e from line 1       2d       2d       3       11,472,793.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3       11,472,793.       3       11,472,793.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3       11,472,793.       3       11,477,109.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       Complete if the organization answered "Yes" on Form 990, Part I, line 12.       1       12,455,843.         1       Total expenses and losses per audited financial statements       2a       2a       0.         2       Amounts included on line 1       1       12,455,843.       1       12,455,843.         4       Add lines 2a and losses per audited financial statements <td>Par</td> <td>t XI Reconciliation of Revenue per Audited Financial S</td> <td>statements With Rev</td> <td>/enue per Re</td> <td>turn</td> <td></td>	Par	t XI Reconciliation of Revenue per Audited Financial S	statements With Rev	/enue per Re	turn	
2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a         a Net unrealized gains (losses) on investments       2a         b Donated services and use of facilities       2a         c Add lines 2 a through 2d       2a         3       11, 472, 793.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         1       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4a       4b         c Add lines 3 and 4e. (This must equal Form 990, Part I, line 12)       5       11, 477, 709.         Part XII       Reconciliation of Expenses per Audited Hinancial Statements With Expenses per Return       5       112, 455, 843.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.       1       12, 455, 843.         1       Total expenses and loses per audited financial statements       1       12, 455, 843.         2       Amounts included on Form 990, Part IV, line 25:       1       12, 455, 843.         2       2a       2a       2a       2a         2       2a       2a       2a       2a         4       Amounts included on Form 990, Part IV, line 25:       1       12, 455, 843.         4 <td< td=""><td></td><td>Complete if the organization answered "Yes" on Form 990, Part IV</td><td>, line 12a.</td><td></td><td></td><td></td></td<>		Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
a Net unrealized gains (losses) on investments       2a         b Donated services and use of facilities       2b         c C       2c         d Other (Describe in Part XIII.)       2c         e Add lines 2a through 2d       2c         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7D       4a         4b       4,316.         5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.       1         1 Total expenses and losses per audited financial statements       1         2 Amounts included on line 1 but not on Form 990, Part IV, line 25:       1         0 Other (Describe in Part XIII.)       2a         2 Add lines 2a through 2d       2e         3 Subtract line 2a through 2d       2e         3 Subtract line 2a through 2d       2e         3 Subtract line 2a through 2d       2e         4 Add lines 4a and 4b       4,316.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 1a and 4; Part IV, lin	1	Total revenue, gains, and other support per audited financial statements			1	11,472,793.
b Donated services and use of facilities       2b         c Recoverise of prior year grants       2c         d Other (Describe in Part XIII.)       2d         a Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7D       4a         b Other (Describe in Part XIII.)       4c         c Add lines 4a and 4b       4c         5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.       1         1 Total expenses and losses per audited financial statements       1         2 a       2b         2 b       2c         0 Other (Describe in Part XIII.)       2d         4 Adounts included on Form 990, Part IX, line 25:       2a         9 Drior year adjustments       2a         2 d       2a         0 Other (Describe in Part XIII.)       2d         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:         a Investment expenses not include on Form 990, Part III	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         3       Subtract line 2e from line 1       3       11, 472, 793.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       1         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       4, 316.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       11, 477, 109.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       5       11, 477, 109.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.       1       12, 455, 843.         1       Total expenses and losses per audited financial statements       1       12, 455, 843.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         2       Add lines 2a through 2d       2a       2a       2a         3       Subtract line 2e from line 1       3       12, 455, 843.         4       Atod lines 2a through 2d       2a       2a       2a         4       Add lines 2a through 2d       3       12, 455, 843.       3         5 <td>а</td> <td>Net unrealized gains (losses) on investments</td> <td>2a</td> <td></td> <td></td> <td></td>	а	Net unrealized gains (losses) on investments	2a			
c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         3       Subtract line 2e from line 1       3       11, 472, 793.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       1         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       4, 316.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       11, 477, 109.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       5       11, 477, 109.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.       1       12, 455, 843.         1       Total expenses and losses per audited financial statements       1       12, 455, 843.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         2       Add lines 2a through 2d       2a       2a       2a         3       Subtract line 2e from line 1       3       12, 455, 843.         4       Atod lines 2a through 2d       2a       2a       2a         4       Add lines 2a through 2d       3       12, 455, 843.       3         5 <td>b</td> <td>Donated services and use of facilities</td> <td>2b</td> <td></td> <td></td> <td></td>	b	Donated services and use of facilities	2b			
d Other (Describe in Part XIII.)  e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 7b Amounts included on Form 990, Part VIII, line 7b At All lines 3a and 4b C Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part I, line 12. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 25: Complete of facilities Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete of facilities Complete of the IIII. Complete	с					
3       Subtract line 2e from line 1       3       11,472,793.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       4,316.         5       Cotal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)       5       11,477,109.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       5       112,455,843.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       12,455,843.         1       Total expenses and losses per audited financial statements       2a       2a         2       Donated services and use of facilities       2a       2a       2a         3       Subtract line 2a through 2d       2a       2a       2a       0.         3       Subtract line 2a through 2d       2a       2a       0.       3       12,455,843.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       12,455,843.       4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       12,455,843.       4         4       Adol lines 2a through 2d       2a	d					
A mounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a d 4b d, 316. 4c 4, 316. 4c 4, 316. 4c 4, 316. 4c 4, 316. 5 total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 11, 477, 109. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 total expenses and losses per audited financial statements 2 a diverse and use of facilities 3 subtract line 2 a from line 1 4 a diverse and diverse and a diverse and a divers	е	Add lines 2a through 2d			2e	0.
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a head investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       4, 316.         6       Other (Describe in Part XIII.)       4c       4, 316.       5       11, 477, 109.         Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IX, line 12a.         1       Total expenses and losses per audited financial statements       1       12, 455, 843.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         2       Donated services and use of facilities       2a       2a       2a         3       Donated services and use of facilities       2a       2a       2a       2a         4       Amounts included on Form 990, Part IX, line 25:       2a	3	Subtract line 2e from line 1			3	11,472,793.
b       Other (Describe in Part XIII.)       4b       4,316.         c       Add lines 4a and 4b       4c       4,316.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)       5       11,477,109.         Fart XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       1       12,455,843.         1       Total expenses and losses per audited financial statements       2a       1       12,455,843.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a       2a         2       Donated services and use of facilities       2a       2a       2a       2a         3       Donated services and use of facilities       2a       2a       0.       3       12,455,843.         4       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       0.       3       12,455,843.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       12,455,843.       3       12,455,843.         4       Amounts included on Form 990, Part VIII, line 7b       4a       4b       4,316.       4c       4,316.         5       Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part VI line 18.)       5	4					
c       Add lines 4a and 4b       4c       4,316.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)       5       11,477,109.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return       5       11,477,109.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       12,455,843.         1       Total expenses and losses per audited financial statements       1       12,455,843.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         2       Donated services and use of facilities       2a       2a       2a         3       Donated services and use of facilities       2a       2a       2a         4       Other losses       2a       2a       2a       0.         3       Subtract line 2e from line 1       2a       2a       0.         3       Subtract line 2e from line 1       3       12,455,843.       3         4       Amounts included on Form 990, Part IVII, line 7b       4a       4b       4,316.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)       5       12,460,159.         Part XIII       Supplemental Informatio	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12)       1       1       11,477,109.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a.       1       1       12,455,843.         A mounts included on line 1 but not on Form 990, Part IX, line 25:       1       1       12,455,843.         b       Prior year adjustments       2a       2b       2c         c       Other losses       2c       2c       2d         d       Other Closcribe in Part XIII.)       2d       2e       0.         a       Audited on Form 990, Part IX, line 25, but not on line 1:       3       12,455,843.         a       Anounts included on Form 990, Part IX, line 25, but not on line 1:       3       12,455,843.         d       Other (Describe in Part XIII.)       2d       2e       0.         3       Subtract line 2a from line 1       4a       4b       4,316.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4b       4,316.       5       12,460,159.         6       Other (Describe in Part XIII.)       4a       4b       4,316.       5       12,460,159.	b	Other (Describe in Part XIII.)	4b	4,316.		
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1       12,455,843.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         b       Prior year adjustments       2a       2a         c       Other losses       2c       2a         d       Other (Describe in Part XIII.)       2a       2a         e       Add lines 2a through 2d       2a       2a         3       Subtract line 2e from line 1       3       12,455,843.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       12,455,843.         a       Investment expenses not included on Form 990, Part IVII, line 7b       4a       4b       4,316.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)       4c       4,316.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)       4c       4,316.         6       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)       4c       4,316.         7       Total	с	Add lines 4a and 4b			4c	4,316.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Network loss         a       Justice         1       Justice         2       Other         a       Subtract line 2a through 2d         a       Justice         b       Other (Describe in Part XIII.) </td <td></td> <td></td> <td></td> <td></td> <td>•</td> <td>11,477,109.</td>					•	11,477,109.
1       Total expenses and losses per audited financial statements       1       12,455,843.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2b         a       Donated services and use of facilities       2a       2b         b       Prior year adjustments       2c       2c         c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2e       0.         3       Subtract line 2e from line 1       2d       3       12,455,843.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       12,455,843.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       12,455,843.         4       Amounts included on Form 990, Part IVIII, line 7b       4a       4b       4,316.         b       Other (Describe in Part XIII.)       4b       4,316.       4c       4,316.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)       5       12,460,159.         Part XIII       Supplemental Information       5       12,460,159.       12,460,159.         Part XII       Supplemental Information       5       12,460,159.       12,460,159	Pa	t XII Reconciliation of Expenses per Audited Financial	Statements With Ex	penses per R	leturn	
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XII.)         e       Add lines 2a through 2d         3       12,455,843.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         Part 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. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:		Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			
a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5         Part XIII       Supplemental Information         Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:	1	Total expenses and losses per audited financial statements			1	12,455,843.
b       Prior year adjustments       2b         c       Other losses       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       4,316.         c       Add lines 4a and 4b       4c       4,316.         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part II, line 18.</i> )       5       12,460,159.         Part XIII       Supplemental Information       5       12,460,159.         Part XIII       Supplemental Information       5       12,460,159.         Part XIII       Supplemental Information       1       1         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 X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:       Part XI, LINE 4B - OTHER ADJUSTMENTS:	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2d         e       Add lines 2a through 2d       2e       0.         3       Subtract line 2e from line 1       3       12,455,843.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4c       4,316.         c       Add lines 4a and 4b       4c       4,316.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       12,460,159.         Part XIII       Supplemental Information       5       12,460,159.         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:       Part XI, LINE 4B - OTHER ADJUSTMENTS:	а	Donated services and use of facilities	2a			
d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4a         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5         Part XIII       Supplemental Information         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:	b	Prior year adjustments	2b			
e Add lines 2a through 2d       2e       0.         3 Subtract line 2e from line 1       3       12,455,843.         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       12,455,843.         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       4,316.         b Other (Describe in Part XIII.)       4b       4,316.       4c       4,316.         c Add lines 4a and 4b       4c       4,316.       5       12,460,159.         Part XIII Supplemental Information       5       12,460,159.       12,460,159.         Part XIII Supplemental Information       5       12,460,159.       12,460,159.         Part XII, LINE 4B - OTHER ADJUSTMENTS:       PART XI, LINE 4B - OTHER ADJUSTMENTS:       Part XI, LINE 4B - OTHER ADJUSTMENTS:	С	Other losses	2c			
3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )         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. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:	d	Other (Describe in Part XIII.)	2d			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:         a Investment expenses not included on Form 990, Part VIII, line 7b         b Other (Describe in Part XIII.)         c Add lines 4a and 4b         5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )         6 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )         7 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. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:	е	Add lines 2a through 2d			2e	-
a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       4,316.         c       Add lines 4a and 4b       4c       4,316.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)       5       12,460,159.         Part XIII       Supplemental Information       5       12,460,159.         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. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:	3	Subtract line 2e from line 1			3	12,455,843.
b       Other (Describe in Part XIII.)       4b       4,316.         c       Add lines 4a and 4b       4c       4,316.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       12,460,159.         Part XIII       Supplemental Information       5       12,460,159.         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
c Add lines 4a and 4b       4c       4,316.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       12,460,159.         Part XIII       Supplemental Information       5       12,460,159.         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       12,460,159.         Part XIII       Supplemental Information       5       12,460,159.         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:	b	Other (Describe in Part XIII.)	4b	4,316.		
Part XIII       Supplemental Information         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         PART XI, LINE 4B - OTHER ADJUSTMENTS:	с	Add lines 4a and 4b			4c	4,316.
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.	5		e 18.)		5	12,460,159.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Pa	t XIII Supplemental Information				
PART XI, LINE 4B - OTHER ADJUSTMENTS:	Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and	2b; Part V, line 4	; Part X, li	ne 2; Part XI,
	lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information	on.		
	рарт	XI LINE 4B - OTHER ADJUSTMENTS.				
INTEREST EXPENSE INCLUDED IN REVENUE 4,316.						
·	INTE	REST EXPENSE INCLUDED IN REVENUE	4,316.			

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE INCLUDED IN REVENUE

332054 09-28-23

4,316.

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Uni on Form 990, Par	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization REGIONAL CULTU			<u> </u>				Employer identification number
DEVELOPMENT CC							43-1363303
Part I       General Information on Grants and I         1       Does the organization maintain records to criteria used to award the grants or assis         2       Describe in Part IV the organization's properties of the grants and Other Assistance to I recipient that received more than \$	o substantiate the tance? 	oring the use of grant cations and Domestic	funds in the United c Governments. C	States. complete if the orga			X Yes No
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4THEVILLE 4067 LINCOLN AVENUE SAINT LOUIS, MO 63113	85-3430968	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAMS
A CALL TO CONSCIENCE P.O. BOX 78156 SAINT LOUIS, MO 63178	46-3360461	501(C)(3)	65,000.	0.			ARTS AND CULTURE PROGRAMS
AFFINIA HEALTHCARE 1717 BIDDLE STREET SAINT LOUIS, MO 63106	43-0817642	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
AFRICAN HERITAGE ASSOCIATION OF ST. LOUIS, INC 8816 MANCHESTER ROAD, #411 - SAINT LOUIS, MO 63144	43-1700909	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
ALBION THEATRE INC 3706 UTAH PLACE SAINT LOUIS, MO 63116	87-2745302	501(C)(3)	7,755.	0.			ARTS AND CULTURE PROGRAMS
AMERICAN CHAMBER CHORALE P. O. BOX 4375 SAINT LOUIS, MO 63123	43-1920815	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>			e line 1 table				<u>175.</u> 8.

Schedule I (Form 990)	DEVELOPMENT	COMMISSION

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	irt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANURAG SCHOOL OF MUSIC							
8467 COLONIAL LANE							
SAINT CHARLES, MO 63303	81-2098842	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
ART OF TRAVEL - LAMBERT ART AND CULTURE PROGRAM - 10701 LAMBERT INTERNATIONAL BLVD SAINT LOUIS,							
мо 63145	43-6003231		15,000.	0.			ARTS AND CULTURE PROGRAM
ART SAINT LOUIS							
1223 PINE STREET							
SAINT LOUIS, MO 63103	43-1154397	501(C)(3)	31,686.	0.			ARTS AND CULTURE PROGRAM
ARTICA							
4601 S BROADWAY							
SAINT LOUIS, MO 63111	31-1818859	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
ARTISTS FIRST STL							
7190 MANCHESTER ROAD							
MAPLEWOOD, MO 63143	45-2874353	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
ARTS AND FAITH ST. LOUIS							
1315 BROWNELL AVE	02 1200001	E01(0)(2)	15 000	0			
SAINT LOUIS, MO 63122	93-1399991	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
ATREK EDUCATIONAL CORPORATION							
3636 TEXAS AVENUE							
SAINT LOUIS, MO 63118	43-1532643	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
BACH SOCIETY OF SAINT LOUIS							
3224 LOCUST STREET, 2G		501(C)(2)	25 107	^			
SAINT LOUIS, MO 63103	43-6050074	501(C)(3)	35,127.	0.			ARTS AND CULTURE PROGRAM
BE ART GALLERY AND STUDIO							
1146 MACKINAC							
CREVE COEUR, MO 63146	83-3680553	501(C)(3)	6,000.	٥.			ARTS AND CULTURE PROGRAM

Schedule I (Form 990)	DEVELOPMENT	COMMISSION

43-1363303 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTER FAMILY LIFE INC							
5415 PAGE BOULEVARD							
SAINT LOUIS, MO 63112	43-1346617	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
BIG RIVER ASSOCIATION							
3325 INDIANA AVENUE							
SAINT LOUIS, MO 63118	43-1094337	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAMS
BLACK TULIP CHORALE							
3510 GILES AVE							
SAINT LOUIS, MO 63116	83-0617333	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAMS
BOLD MOVES WORLDWIDE, LLC							
1 CARDINAL WAY, SUITE 2812							
SAINT LOUIS, MO 63102	85-3328446		24,000.	0.			ARTS AND CULTURE PROGRAMS
	03 3320440		24,000.				
BREAD & ROSES MISSOURI							
5585 PERSHING AVE. #170A							
SAINT LOUIS, MO 63112	61-1726950	501(C)(3)	44,848.	0.			ARTS AND CULTURE PROGRAMS
BUILDING FUTURES							
2720 N 13TH STREET							
SAINT LOUIS, MO 63106	45-4670246	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
CARONDELET COMMUNITY BETTERMENT FEDERATION INC - 6408 MICHIGAN							
AVENUE - SAINT LOUIS, MO 63111	43-1045345	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAMS
	45 1045545	501(0)(5)	10,000.				
CENTER OF CREATIVE ARTS							
6880 WASHINGTON AVENUE							
SAINT LOUIS, MO 63130	43-1395056	501(C)(3)	140,111.	0.			ARTS AND CULTURE PROGRAMS
· · · ·							
CENTRAL PRINT							
2624 NORTH 14TH STREET							
SAINT LOUIS, MO 63106	46-5065117	501(C)(3)	45,213.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990) DEVELOPMENT COMMISSION
Part II Continuation of Grants and Other Assistance t

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBER MUSIC SOCIETY OF ST LOUIS INC - 222 S. CENTRAL AVE. SUITE 501 - SAINT LOUIS, MO 63105	30-0497851	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
CHAMBER PROJECT ST. LOUIS PO BOX 300008 UNIVERSITY CITY, MO 63130	26-3748900	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
CHARIS - THE ST. LOUIS WOMEN'S CHORUS - 204 E LOCKWOOD AVE - SAINT LOUIS, MO 63119	43-1641717	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
CHEROKEE EVENTS 3407 S. JEFFERSON, SUITE 515 SAINT LOUIS, MO 63118	84-3065010	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
CINEMA ST. LOUIS HI-POINTE THEATRE, 1005 MCCAUSLAND SAINT LOUIS, MO 63117	43-1613176	501(C)(3)	53,628.	0.			ARTS AND CULTURE PROGRAM
CIRCUS FLORA INC P.O. BOX 440160 SAINT LOUIS, MO 63144	74-2493831	501(C)(3)	45,213.	0.			ARTS AND CULTURE PROGRAM
CIRCUS HARMONY 4120 PARKER ROAD FLORISSANT, MO 63033	43-1918399	501(C)(3)	46,425.	0.			ARTS AND CULTURE PROGRAM
CLAYTON COMMUNITY FOUNDATION 10 N. BEMISTON AVE. CLAYTON, MO 63105	43-1642179	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAM
COMMUNITY ARTS STL 5617 PERSHING AVE SAINT LOUIS, MO 63112	82-3337172	501(C)(3)	9,451.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990) DEVELOPMENT COMMISSION . .

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY GOSPEL CHOIR OF ST LOUIS							
(CGC-STL) - 9030 CLAYTON RD - SAINT LOUIS, MO 63117	47-4042891	501(C)(3)	8,000.	0.			ARTS AND CULTURE PROGRAM
COMMUNITY WOMEN AGAINST HARDSHIP 3963 W BELLE PL.							
SAINT LOUIS, MO 63108	43-1510413	501(C)(3)	7,500.	0.			ARTS AND CULTURE PROGRAM
CONSUMING KINETICS DANCE COMPANY 465 NORTH TAYLOR AVENUE							
SAINT LOUIS, MO 63108	46-5006787	501(C)(3)	45,213.	0.			ARTS AND CULTURE PROGRAM
CONTEMPORARY ART MUSEUM ST. LOUIS 3750 WASHINGTON BLVD.							
SAINT LOUIS, MO 63108	43-1202816	501(C)(3)	125,645.	0.			ARTS AND CULTURE PROGRAM
CONTINUITY 4220 DUNCAN AVENUE							
SAINT LOUIS, MO 63110	47-2444644	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
CRAFT ALLIANCE CENTER OF ART + DESIGN - 5080 DELMAR BOULEVARD -							
SAINT LOUIS, MO 63108	43-1022226	501(C)(3)	58,817.	0.			ARTS AND CULTURE PROGRAM
CREATIVE REACTION LAB 3224 LOCUST STREET, SUITE 301							
SAINT LOUIS, MO 63103	47-2876860	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
CULTURAL FESTIVALS 225 S. MERAMEC AVE., STE. 105							
SAINT LOUIS, MO 63105	43-1647435	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
CULTURAL LEADERSHIP - LEAD 3115 S GRAND BLVD, STE 650							
SAINT LOUIS, MO 63118	20-1269305	501(C)(3)	30,000.	0.			ARTS AND CULTURE PROGRAM

Schedule I (Form 990) DEVELOPMENT COMMISSION

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANCE ST. LOUIS							
3310 SAMUEL SHEPARD DRIVE							
SAINT LOUIS, MO 63103	23-7001556	501(C)(3)	64,916.	0.			ARTS AND CULTURE PROGRAMS
,			, ,				
DANCES OF INDIA							
5 BLAYTONN LANE							
SAINT LOUIS, MO 63124	43-1505587	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
DAYSPRING SCHOOL OF THE ARTS							
2500 METRO BLVD							
MARYLAND HEIGHTS, MO 63043	43-1797642	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
,							
DEAF EMPOWERMENT AWARENESS							
FOUNDATION INC - 25 E. FRISCO							
AVENUE - SAINT LOUIS, MO 63119	26-2617721	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
DECEMBER PUBLISHING INC 7110 OAKLAND AVENUE, SUITE 203							
SAINT LOUIS, MO 63117	90-0907488	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
	50 0507400	501(0)(3)	15,000.				
DELMAR MAIN STREET INITIATIVE							
6008 KINGSBURY AVE							
SAINT LOUIS, MO 63112	87-2802434	501(C)(3)	8,000.	0.			ARTS AND CULTURE PROGRAMS
DOUBLE HELIX CORPORATION - KDHX							
COMMUNITY MEDIA - 3524 WASHINGTON AVE - SAINT LOUIS, MO 63103	23-7170474	501(C)(3)	57,757.	٥.			ARTS AND CULTURE PROGRAMS
<u>AVE - SAINI LOUIS, MO 05105</u>	23-7170474	501(0)(5)	51,151.	0.			ARTS AND COLLORE PROGRAMS
ECOTONES CONCERTS							
501 OAK STREET							
SAINT LOUIS, MO 63119	30-4848739		15,000.	0.			ARTS AND CULTURE PROGRAMS
ENCORE! THEATER GROUP LLC							
3414 CALIFORNIA AVE	11-3451703	501(C)(3)	15 000	0.			
SAINT LOUIS, MO 63118	11-3451703	201(C)(2)	15,000.	υ.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990) DEVELOPMENT COMMISSION
Part II Continuation of Grants and Other Assistance t

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EQUALLY REPRESENTED ARTS							
7423 CHAMBERLAIN AVE							
UNIVERSITY CITY, MO 63130	81-3018535	501(C)(3)	24,839.	0.			ARTS AND CULTURE PROGRAM
EUGENE FIELD HOUSE FOUNDATION							
634 SOUTH BROADWAY							
SAINT LOUIS, MO 63102	43-1229351	501(C)(3)	7,750.	0.			ARTS AND CULTURE PROGRAMS
EXPRESS EDUCATION INSTITUTE 111 CHURCH STREET							
FERGUSON, MO 63135	43-1628678	501(C)(3)	20,008.	0.			ARTS AND CULTURE PROGRAM
EXMUEDS SUDDODM CENMED SM LOUIS							
FATHERS SUPPORT CENTER, ST. LOUIS 1601 OLIVE STREET							
SAINT LOUIS, MO 63103	43-1804267	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
			, ,				
FILM CAMP USA (C/O CHURCH IN							
ACTION) - 6010 KERTH ROAD - SAINT							
LOUIS, MO 63128	11-3761489	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
FIRST CIVILIZATIONS INC							
P.O. BOX 8135							
SAINT LOUIS, MO 63156	43-1656232	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
FOCAL POINT CORPORATION							
2720 SUTTON BLVD MAPLEWOOD, MO 63143	51-0172333	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
MAFILEWOOD; MO 05145	51-01/2555	501(0/(3/	15,000.	0.			ARIS AND COLICKE PROGRAM
FRIZZY BY NATURE LLC							
4435 PADDOCK POINT DR.							
BLACK JACK, MO 63033	82-4256681	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
GATEWAY CENTER FOR THE PERFORMING							
ARTS ASSOCIATION - 8045 BIG BEND							
BLVD, SUITE 200 - SAINT LOUIS, MO							
63119	46-4928122	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM

Schedule I (Form 990) DEVELOPMENT COMMISSION
Part II Continuation of Grants and Other Assistance t

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
GATEWAY FESTIVAL ORCHESTRA OF ST							
LOUIS - PO BOX 50211 - SAINT							
LOUIS, MO 63105	43-0815081	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
GATEWAY KOREA FOUNDATION							
9374 OLIVE BLVD., SUITE 106							
SAINT LOUIS, MO 63132	32-0420948	501(C)(3)	15,000.	٥.			ARTS AND CULTURE PROGRAMS
GATEWAY MEN'S CHORUS							
20 S. SARAH STREET							
SAINT LOUIS, MO 63108	43-1499328	501(C)(3)	12,188.	٥.			ARTS AND CULTURE PROGRAM
HARRIS-STOWE FOUNDATION INC.							
3026 LACLEDE AVE							
SAINT LOUIS, MO 63103	43-1631601	501(C)(3)	16,000.	0.			ARTS AND CULTURE PROGRAM
HEAL CENTER FOR THE ARTS							
3617 GRANDEL SQUARE							
SAINT LOUIS, MO 63108	81-1033460	501(C)(3)	65,000.	0.			ARTS AND CULTURE PROGRAM
HISPANIC FESTIVAL INC							
PO BOX 764							
FLORISSANT, MO 63032	37-1344792	501(C)(3)	16,200.	0.			ARTS AND CULTURE PROGRAM
HOPE CREATES							
3301 WASHINGTON AVE., SUITE 2C							
SAINT LOUIS, MO 63103	82-1130017	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
HUMANS OF ST. LOUIS							
5012 MARDEL AVE							
SAINT LOUIS, MO 63109	37-1835436	501(C)(3)	50,000.	0.			ARTS AND CULTURE PROGRAM
IGNITE THEATRE COMPANY							
3510 GILES AVENUE							
SAINT LOUIS, MO 63316	47-2623191	501(C)(3)	30,213.	0.			ARTS AND CULTURE PROGRAM

Schedule I (Form 990) DEVELOPMENT COMMISSION

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INTERNATIONAL INSTITUTE OF							
METROPOLITAN ST LOUIS - 3401							
ARSENAL STREET - SAINT LOUIS, MO							
63118	43-0652640	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
INTERSECT ARTS CENTER 3636 TEXAS AVENUE							
SAINT LOUIS, MO 63118	81-3708769	501(C)(3)	23,123.	0.			ARTS AND CULTURE PROGRAM
IPHF - INTERNATIONAL PHOTOGRAPHY HALL OF FAME AND MUSEUM - 1315 N. HIGHWAY DR. STE. 18 - FENTON, MO							
63099	36-6142675	501(C)(3)	24,588.	0.			ARTS AND CULTURE PROGRAMS
JAZZ ST. LOUIS 3536 WASHINGTON AVENUE SAINT LOUIS, MO 63103	43-1761629	501(C)(3)	136,639.	0.			ARTS AND CULTURE PROGRAMS
				- •			
KARLOVSKY & COMPANY DANCE 7346 MELROSE AVENUE							
SAINT LOUIS, MO 63130	90-0895575	501(C)(3)	13,000.	0.			ARTS AND CULTURE PROGRAM
KINETIC TAPESTRY PHYSICAL THEATRE INC - 2500 METRO BLVD STE A -							
MARYLAND HEIGHTS, MO 63043	47-1386149	501(C)(3)	14,700.	0.			ARTS AND CULTURE PROGRAM
KRANZBERG ARTS FOUNDATION 50 PICARDY LANE							
SAINT LOUIS, MO 63124	20-0482903	501(C)(3)	50,000.	0.			ARTS AND CULTURE PROGRAM
LANDMARKS ASSOCIATION OF ST. LOUIS, INC 3115 S. GRAND BOULEVARD, SUITE 700 - SAINT							
LOUIS, MO 63118	43-6036899	501(C)(3)	20,031.	0.			ARTS AND CULTURE PROGRAM
LAUMEIER SCULPTURE PARK 12580 ROTT ROAD							
SAINT LOUIS, MO 63127	43-1131429	501(C)(3)	76,696.	0.			ARTS AND CULTURE PROGRAM

Schedule I (Form 990)	DEVELOPMENT	COMMISSION

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEMP NEIGHBORHOOD ARTS CENTER							
3301 LEMP AVE.							
SAINT LOUIS, MO 63118	43-1928128	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
LIFE CREATIVE GROUP							
610 WESLEY AVE							
FERGUSON, MO 63135	84-4892332	501(C)(3)	100,000.	0.			ARTS AND CULTURE PROGRAMS
LINGUAD							
LITSHOP 4255 MCREE							
SAINT LOUIS, MO 63110	83-3522861	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAMS
MAGIC HOUSE							
516 S KIRKWOOD RD							
KIRKWOOD, MO 63122	51-0138441	501(C)(3)	12,000.	0.			ARTS AND CULTURE PROGRAMS
METRO THEATER COMPANY							
3311 WASHINGTON AVENUE	22 7200552	F01(a)(2)	64.044	0			ADMA AND AN MUDE DROADANA
SAINT LOUIS, MO 63103	23-7309552	501(C)(3)	64,944.	0.			ARTS AND CULTURE PROGRAMS
MIDWEST ARTIST PROJECT SERVICES							
PO BOX 2226							
SAINT LOUIS, MO 63158	46-1501100	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAMS
MIDWEST ARTIST PROJECT SERVICES -							
ACTION ART COLLABORATIVE - PO BOX		504 ( 7) ( 2)	15.000				
2226 - SAINT LOUIS, MO 63158	46-1501100	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
MISSOURI ALLIANCE FOR ARTS							
EDUCATION (MAAE) - 2208 CLOUDS							
PEAK COURT - SAINT LOUIS, MO 63043	43-1804292	501(C)(3)	7,550.	0.			ARTS AND CULTURE PROGRAMS
MISSOURI CHAMBER MUSIC INC							
211 S. ELM AVENUE SAINT LOUIS, MO 63119	27-3473749	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
	21-3413149	501(0)(5)	1 15,000.	υ.			LUID COLLOKE PROGRAMS

Schedule I (Form 990) DEVELOPMENT COMMISSION

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MODERN AMERICAN DANCE COMPANY							
9310 OLIVE BLVD							
OLIVETTE, MO 63132	43-1095885	501(C)(3)	11,194.	0.			ARTS AND CULTURE PROGRAM
MVSTERMIND, LLC							
2222 SOUTH JEFFERSON AVE, 102							
SAINT LOUIS, MO 63104	82-2410404		26,000.	0.			ARTS AND CULTURE PROGRAM
NATIONAL BLUES MUSEUM							
615 WASHINGTON AVE.							
SAINT LOUIS, MO 63101	27-4259743	501(C)(3)	45,213.	0.			ARTS AND CULTURE PROGRAM
NEON MUSEUM OF ST. LOUIS							
3537 CHOUTEAU AVENUE							
SAINT LOUIS, MO 63143	92-0823149	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
NEST INC							
228 PARK AVE S, SUITE 70891							
NEW YORK, NY 10003	20-5450672	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
NEW JEWISH THEATRE							
2 MILLSTONE CAMPUS DRIVE							
SAINT LOUIS, MO 63146	43-0681477	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
NEW LINE THEATRE							
3800A KEOKUK STREET							
	43-1593865	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
SAINT LOUIS, MO 63116	45-1595865	501(0)(3)	15,000.	0.			ARIS AND COLIORE PROGRAM
NEW MUSIC CIRCLE							
760 HARVARD AVE							
SAINT LOUIS, MO 63130	43-6050206	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
NORTH ST LOUIS ARTS COUNCIL							
6314 WOODLAND AVENUE							
SAINT LOUIS, MO 63120	43-1348051	501(C)(3)	36,641.	0.			ARTS AND CULTURE PROGRAM

Schedule I (Form 990)	DEVELOPMENT COMMISS	SION

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
OHMKARAM							
7365 MACLEOD LANE							
DARDENNE PRAIRIE, MO 63368	77-0681228	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
OPERA THEATRE OF SAINT LOUIS							
210 HAZEL AVENUE							
SAINT LOUIS, MO 63119	43-0821958	501(C)(3)	119,095.	0.			ARTS AND CULTURE PROGRAM
OPOJAZ INC							
3829 HARTFORD ST							
SAINT LOUIS, MO 63116	13-3285442	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
P. WOODMORE MUSIC LLC							
825 WENDEVY CT							
BALLWIN, MO 63011	81-4458826		10,000.	0.			ARTS AND CULTURE PROGRAM
PARK CENTRAL DEVELOPMENT							
CORPORATION - 4512 MANCHESTER AVE,							
STE 100 - SAINT LOUIS, MO 63110	37-1427044	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
PERENNIAL							
3762 S BROADWAY							
SAINT LOUIS, MO 63118	80-0638085	501(C)(3)	15,490.	0.			ARTS AND CULTURE PROGRAM
PETER & PAUL COMMUNITY SERVICES							
2612 WYOMING STREET							
SAINT LOUIS, MO 63118	43-1349643	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
PIANOS FOR PEOPLE							
3138 CHEROKEE ST							
SAINT LOUIS, MO 63118	47-4084512	501(C)(3)	21,809.	0.			ARTS AND CULTURE PROGRAM
PRISON PERFORMING ARTS							
3333 WASHINGTON AVENUE, SUITE 203-1				_			
SAINT LOUIS, MO 63103	43-1394929	501(C)(3)	15,000.	Ο.			ARTS AND CULTURE PROGRAM

chedule I (Form 990)	DEVELOPMENT	COMMISSION	

Schedule I (Form 990)         DEVELOPMENT         CO           Part II         Continuation of Grants and Other A		mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) Pa		43-1363303 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
PROJECT PRESENT							
7430 HOOVER AVENUE							
SAINT LOUIS, MO 63117	82-4836877	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAM
PUPPET GUILD OF GREATER ST LOUIS							
1446 FEISE ROAD							
DARDENNE PRAIRIE, MO 63368	43-1674484	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAMS
RADIO ARTS FOUNDATION							
7711 CARONDELET AVE, SUITE 302	0.5. 1005005	501 ( 3) ( 2)	25 500	0			
SAINT LOUIS, MO 63105	27-1297885	501(C)(3)	35,798.	0.			ARTS AND CULTURE PROGRAM
REPERTORY THEATRE OF ST LOUIS							
5717 OLEATHA AVENUE							
SAINT LOUIS, MO 63139	43-0970273	501(C)(3)	98,168.	0.			ARTS AND CULTURE PROGRAM
RESILIENCE DANCE COMPANY STL							
3172 MORGANFORD RD, APT 308	05 1404054	501 ( 3) ( 2)	10.000	0			
SAINT LOUIS, MO 63116	87-1484854	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAM
REVIVAL SCHOOL SAINT LOUIS							
PO BOX 63431							
SAINT LOUIS, MO 63163	82-3032365	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
CATINE LOUIS DALLEE CONDANY							
SAINT LOUIS BALLET COMPANY							
218 THF BLVD.	22 7424040	F01(G)(2)	25 127	0			
CHESTERFIELD, MO 63005	23-7424849	501(C)(3)	35,137.	0.			ARTS AND CULTURE PROGRAM
SAINT LOUIS CIVIC ORCHESTRA							
PO BOX 410053							
SAINT LOUIS, MO 63141	43-6066444	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAMS
GATHER LOUIS CHODY CHTHOUSDO							
SAINT LOUIS STORY STITCHERS ARTISTS COLLECTIVE - 3701 GRANDEL							
SQ, 1A - SAINT LOUIS, MO 63108	61-1750223	501(C)(3)	20,812.	0.			ARTS AND CULTURE PROGRAM
2X' TU DUTUT TOOTS' HO 03100				U			TALLS AND COLLORE FROGRAM

Schedule I (Form 990) DEVELOPMENT COMMISSION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS STRING COLLECTIVE							
3532-A GREENWOOD BLVD							
MAPLEWOOD, MO 63143	32-0589740	501(C)(3)	9,550.	0.			ARTS AND CULTURE PROGRAM
SAINT LOUIS SYMPHONY ORCHESTRA							
718 N GRAND BLVD							
SAINT LOUIS, MO 63103	43-0666769	501(C)(3)	201,593.	0.			ARTS AND CULTURE PROGRAM
SANGEETHA							
1872 LAZY RIDGE COURT							
CHESTERFIELD, MO 63017	43-1318835	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
GOOMMICH DADMNEDGUID BOD ADMG AND							
SCOTTISH PARTNERSHIP FOR ARTS AND EDUCATION - 3664 WYOMING STREET -							
SAINT LOUIS, MO 63116	20-5261554	501(0)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
SAINT LOUIS, NO USTIU	20-5201554	501(0)(3)	15,000.	0.			AKIS AND COLICKE PROGRAM
SHAW NEIGHBORHOOD IMPROVEMENT							
ASSOCIATION - 2211 SOUTH 39TH							
STREET - SAINT LOUIS, MO 63110	23-7417627	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
SHELDON ARTS FOUNDATION							
3648 WASHINGTON AVENUE							
SAINT LOUIS, MO 63108	43-1489756	501(C)(3)	113,212.	0.			ARTS AND CULTURE PROGRAM
SKINKER DEBALIVIERE COMMUNITY							
COUNCIL - 6008 KINGSBURY AVENUE -	12 22251		14.000				
SAINT LOUIS, MO 63112	43-0862654	501(C)(3)	14,000.	0.			ARTS AND CULTURE PROGRAM
SOORYA PERFORMING ARTS							
268 ARBOR CREST DRIVE							
BALLWIN, MO 63021	20-0491702	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
SOUL SIREN PLAYHOUSE							
5303 S. KINGSHIGHWAY							
SAINT LOUIS, MO 63109	83-3768651	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM

Schedule I (Form 990) DEVELOPMENT COMMISSION . .

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH BROADWAY ART PROJECT SBAP							
3816 S. BROADWAY							
SAINT LOUIS, MO 63118	64-0962169	501(C)(3)	45,213.	0.			ARTS AND CULTURE PROGRAM
SOUTH CITY OPEN STUDIO & GALLERY							
FOR CHILDREN INC - 2929 TOWER							
GROVE AVENUE - SAINT LOUIS, MO							
63116	43-1924074	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
ADDINADARD TO LEADNING ING							
SPRINGBOARD TO LEARNING INC							
1310 PAPIN STREET, SUITE 402	43-1202003	501(C)(3)	48,185.	0.			ARTS AND CULTURE PROGRAM
SAINT LOUIS, MO 63103	45-1202005	501(C)(3)	40,105.	0.			ARIS AND COLIORE PROGRAM
ST LOU FRINGE							
911 WASHINGTON AVENUE, SUITE 664							
SAINT LOUIS, MO 63101	37-1653552	501(C)(3)	45,213.	0.			ARTS AND CULTURE PROGRAM
,							
ST. LOUIS AFRICAN CHORUS							
3547 OLIVE STREET, SUITE 110							
SAINT LOUIS, MO 63103	43-1706418	501(C)(3)	35,424.	0.			ARTS AND CULTURE PROGRAM
ST. LOUIS ART PLACE INITIATIVE							
(RAC FOUNDED) - 3224 LOCUST ST STE							
2L - SAINT LOUIS, MO 63103	32-0588841	501(C)(3)	100,000.	0.			ARTS AND CULTURE PROGRAM
ST. LOUIS ARTISTS' GUILD							
12 N. JACKSON AVE.	42 0000412	E01(0)(2)	15 061	0			ADER AND GUI BUDE DROGRAM
SAINT LOUIS, MO 63105	43-0888412	501(C)(3)	15,961.	0.			ARTS AND CULTURE PROGRAM
ST. LOUIS ARTS CHAMBER OF COMMERCE							
4579 LACLEDE AVENUE #355							
SAINT LOUIS, MO 63107	37-1911258	501(C)(3)	20,998.	0.			ARTS AND CULTURE PROGRAM
ST. LOUIS ARTWORKS							
5959 DELMAR BLVD							
SAINT LOUIS, MO 63112	43-1735450	501(C)(3)	42,398.	Ο.			ARTS AND CULTURE PROGRAM

Schedule I (Form 990) DEVELOPMENT COMMISSION
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LOUIS BLACK REPERTORY COMPANY INC - 813 N SKINKER BLVD - SAINT							
LOUIS, MO 63130	43-1220180	501(C)(3)	28,586.	0.			ARTS AND CULTURE PROGRAMS
	43 1220100	501(0)(5)	20,000.				
ST. LOUIS CAMERA CLUB INC							
3448 MANHATTAN AVENUE							
SAINT LOUIS, MO 63143	43-6057344	501(C)(3)	14,524.	0.			ARTS AND CULTURE PROGRAMS
· · ·							
ST. LOUIS CATHEDRAL CONCERTS							
4431 LINDELL BOULEVARD							
SAINT LOUIS, MO 63108	43-1633963	501(C)(3)	29,318.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS CHAMBER CHORUS							
28 LAKE FOREST DRIVE							
SAINT LOUIS, MO 63117	43-6066145	501(C)(3)	11,250.	0.			ARTS AND CULTURE PROGRAMS
am LOUIS GUILDERN'S GUOLDS							
ST. LOUIS CHILDREN'S CHOIRS 2842 N BALLAS ROAD							
	43-1145808	501(0)(2)	51,260.	0.			ARTS AND CULTURE PROGRAMS
SAINT LOUIS, MO 63131	43-1145808	501(0)(3)	51,200.	0.			ARTS AND COLIORE PROGRAMS
ST. LOUIS CHILDRENS LITERATURE							
3934 HARTFORD STREET							
SAINT LOUIS, MO 63116	30-1094310	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAMS
,							
ST. LOUIS CLASSICAL GUITAR							
3224 LOCUST ST #2H							
SAINT LOUIS, MO 63103	43-1131456	501(C)(3)	17,841.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS COUNTY LIBRARY							
FOUNDATION - 1412 S. SPOEDE ROAD -							
SAINT LOUIS, MO 63131	43-1863977	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
ST. LOUIS CULTURAL FLAMENCO							
SOCIETY - 6021 SCANLAN - SAINT							
LOUIS, MO 63139	43-1413989	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990) DEVELOPMENT COMMISSION

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ST. LOUIS DANCE THEATRE											
3305 WASHINGTON BLVD											
SAINT LOUIS, MO 63103	27-2706005	501(C)(3)	25,234.	0.			ARTS AND CULTURE PROGRAMS				
ST. LOUIS DANCE THEATRE - THE BIG											
MUDDY DANCE COMPANY - 3305											
WASHINGTON BLVD - SAINT LOUIS, MO		501 ( 0 ) ( 0 )	10.005								
63103	27-2706005	501(C)(3)	12,205.	0.			ARTS AND CULTURE PROGRAMS				
ST. LOUIS DANCING CLASSROOMS 9190 WRENWOOD LANE											
SAINT LOUIS, MO 63144	90-0509284	501(C)(3)	10,000.	٥.			ARTS AND CULTURE PROGRAMS				
ST. LOUIS FILMWORKS 5062 WINONA AVENUE SAINT LOUIS, MO 63109	37-1977670	501(C)(3)	17,218.	0.			ARTS AND CULTURE PROGRAMS				
ST. LOUIS IRISH ARTS INC. 7480 WHITEHAVEN DRIVE SAINT LOUIS, MO 63123	23-7444899	501(C)(3)	8,000.	0.			ARTS AND CULTURE PROGRAMS				
ST. LOUIS POETRY CENTER 3301 WASHINGTON AVE #2D SAINT LOUIS, MO 63103	43-6048105	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS				
ST. LOUIS REGIONAL PUBLIC MEDIA INC. – 3655 OLIVE STREET – SAINT LOUIS, MO 63108	43-0685345	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS				
ST. LOUIS SHAKESPEARE FESTIVAL 3333 WASHINGTON AVENUE SAINT LOUIS, MO 63103	43-1815139	501(C)(3)	87,328.	0.			ARTS AND CULTURE PROGRAMS				
STAGES ST. LOUIS 1023 CHESTERFIELD PARKWAY EAST CHESTERFIELD, MO 63017	43-1434156		98,078.	0.			ARTS AND CULTURE PROGRAMS				

Schedule I (Form 990) DEVELOPMENT COMMISSION
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STL RHYTHM COLLABORATIVE							
116 SHERWOOD MEADOWS CIRCLE							
MARTHASVILLE, MO 63357	86-2269335	501(0)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
	00 2205333	501(0)(3)	15,000.	0.			ARTS AND COLICKE TROGRAMS
STL VILLAGE INC.							
4501 WESTMINSTER PLACE							
SAINT LOUIS, MO 63108	80-0915577	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
,,			,				
STRAY DOG THEATRE (SDT)							
2336 TENNESSEE AVENUE							
SAINT LOUIS, MO 63104	26-0059867	501(C)(3)	44,754.	0.			ARTS AND CULTURE PROGRAMS
,			,				
TECHARTISTA FOUNDATION							
4818 WASHINGTON BLVD							
SAINT LOUIS, MO 63108	30-1301264	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
TENNESSEE WILLIAMS FESTIVAL ST.							
LOUIS - 3301 WASHINGTON AVENUE,							
SUITE 2F - SAINT LOUIS, MO 63103	47-4314599	501(C)(3)	45,213.	0.			ARTS AND CULTURE PROGRAMS
TESSERACT THEATRE COMPANY							
3224 LOCUST ST 2A							
SAINT LOUIS, MO 63031	27-3684119	501(C)(3)	14,778.	0.			ARTS AND CULTURE PROGRAMS
THAT UPPITY THEATRE COMPANY							
4466 WEST PINE BLVD, 13C							
SAINT LOUIS, MO 63108	43-1568222	501(C)(3)	41,865.	0.			ARTS AND CULTURE PROGRAMS
THE BUTLER GROUP							
4579 LACLEDE AVE 481							L
SAINT LOUIS, MO 63108	86-1135114		75,000.	0.			ARTS AND CULTURE PROGRAMS
THE CABARET PROJECT OF ST. LOUIS							
7832 STANFORD AVENUE	27 2766010	E01(0)(2)	15 000	<u>^</u>			ADMG AND GUI MUDE DDCCDANG
SAINT LOUIS, MO 63130	27-2766810	DUT(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 990)	DEVELOPMENT	COMMISSION

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ETHICS PROJECT 40 N. KINGSHIGHWAY 12F SAINT LOUIS, MO 63108	27-0464456	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
THE FRANK LLOYD WRIGHT HOUSE IN EBSWORTH PARK - 120 N. BALLAS RD - KIRKWOOD, MO 63122	43-1727003	501(C)(3)	9,000.	0.			ARTS AND CULTURE PROGRAM
, THE GRIOT MUSEUM OF BLACK HISTORY AND CULTURE - 2505 ST. LOUIS AVENUE - SAINT LOUIS, MO 63106	43-1603733		115,000.	0.			ARTS AND CULTURE PROGRAM
THE JAZZ EDGE, INC. 2520 SHIRLEY AVENUE JENNINGS, MO 63136	43-1569104	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
THE LUMINARY, INC 2701 CHEROKEE ST SAINT LOUIS, MO 63118	27-2137348	501(C)(3)	17,935.	0.			ARTS AND CULTURE PROGRAM
THE METROPOLITAN ORCHESTRA OF SAINT LOUIS - 2849 LACLEDE STATION RD - SAINT LOUIS, MO 63143	46-0891503	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAM
THE MINK SLIDE, LLC 9014 DEVER DRIVE JENNINGS, MO 63136	84-2028893		15,000.	0.			ARTS AND CULTURE PROGRAM
THE SAINT LOUIS ACTORS STUDIO 360 N BOYLE AVE SAINT LOUIS, MO 63108	20-8009035	501(C)(3)	45,214.	0.			ARTS AND CULTURE PROGRAM
THE WHITFIELD FOUNDATION FOR SUCCESS - 2631 GRAVOIS AVE - SAINT LOUIS, MO 63118	84-4752841	501(C)(3)	10,000.	0.			ARTS AND CULTURE PROGRAM

Schedule I (Form 990)	DEVELOPMENT	COMMISSION

Schedule I (Form 990) DEVELOPMENT CO							43-1363303 Page 1
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WOMENS HOPE CHORALE OF ST							
LOUIS - 7750 MARYLAND AVE #11254 -							
CLAYTON, MO 63105	43-1725380	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
THOMAS DUNN MEMORIALS							
3113 GASCONADE STREET							
SAINT LOUIS, MO 63118	43-6020367	501(C)(3)	13,000.	0.			ARTS AND CULTURE PROGRAMS
THANGER THE							
TWANGFEST INC 7553 GANNON							
SAINT LOUIS, MO 63130	43-1841382	501(0)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
SAINI LOUIS, MO 03130	43-1841382	501(0)(3)	15,000.	0.			ARIS AND COLIORE PROGRAMS
UNION AVENUE OPERA THEATRE							
733 N. UNION BLVD							
SAINT LOUIS, MO 63108	68-0523690	501(C)(3)	38,742.	0.			ARTS AND CULTURE PROGRAMS
UNIVERSITY CITY SYMPHONY ORCHESTRA							
ASSOCIATION - 7210 OLIVE BLVD - UNIVERSITY CITY, MO 63130	43-0922268	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS
	43 0922200	501(0)(5)	15,000.				
UPSTREAM THEATER							
PO BOX 300006							
SAINT LOUIS, MO 63130	75-3151973	501(C)(3)	45,214.	0.			ARTS AND CULTURE PROGRAMS
URBAN SPROUTS							
6757 OLIVE BLVD	C1 1850100	501 ( 2) ( 2)	5 000				
UNIVERSITY CITY, MO 63130	61-1753198	501(C)(3)	5,206.	0.			ARTS AND CULTURE PROGRAMS
VOLUNTEER LAWYERS AND ACCOUNTANTS							
FOR THE ARTS - 3301 WASHINGTON,							
SUITE 2E - SAINT LOUIS, MO 63103	43-1382715	501(C)(3)	163,047.	0.			ARTS AND CULTURE PROGRAMS
WEBSTER ARTS							
2 SUMMIT AVENUE	75 3000000	F01(0)(2)	1 - 000	_			
WEBSTER GROVES, MO 63119	75-3088822	put(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS

Schedule I (Form 99	DEVELOPMENT	COMMISSION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WEPOWER										
20 S. SARAH STREET										
SAINT LOUIS, MO 63108	82-3591958	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS			
		501(0)(0)	10,000.							
WERQFEST LLC										
853 HALSEY STREET, #4B										
BROOKLYN, NY 11233	86-3950373		100,000.	0.			ARTS AND CULTURE PROGRAMS			
WILDLIFE RESCUE CENTER										
1128 NEW BALLWIN ROAD										
BALLWIN, MO 63021	43-1175745	501(C)(3)	15,000.	0.			ARTS AND CULTURE PROGRAMS			
WINTER OPERA ST LOUIS										
2324 MARCONI AVE										
SAINT LOUIS, MO 63110	74-3234710	501(C)(3)	29,848.	0.			ARTS AND CULTURE PROGRAMS			
WORLD CHESS MUSEUM INC										
4652 MARYLAND AVENUE	27 1280022	$E_{01}(a)(a)$	45 014	0.			ADMG AND GUI MUDE DDOGDANG			
SAINT LOUIS, MO 63108	27-1280023	501(C)(3)	45,214.	0.			ARTS AND CULTURE PROGRAMS			
YOURWORDS STL										
3820 N 14TH STREET										
SAINT LOUIS, MO 63107	81-0807896	501(C)(3)	11,922.	0.			ARTS AND CULTURE PROGRAMS			
,,,			,							

DEVELOPMENT COMMISSION

Schedule I (Form 990) 2023

43-1363303

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TIST SUPPORT GRANTS	276	3,058,546.	0.		
art IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

PART I, LINE 2:

THE REGIONAL ARTS COMMISSION (RAC) PROVIDES FINANCIAL SUPPORT FOR BOTH

NONPROFIT ORGANIZATIONS AND INDIVIDUAL ARTISTS IN ST. LOUIS CITY AND

COUNTY. SINCE 1985, RAC HAS AWARDED MORE THAN 7,000 GRANTS TOTALING MORE

THAN \$100 MILLION TO HELP STRENGTHEN ARTS AND CULTURE WITHIN THE REGION. AS

AN EXTENSION OF OUR MISSION TO PROMOTE, ENCOURAGE AND FOSTER THE ARTS, RAC

ALSO PROVIDES TECHNICAL ASSISTANCE AND NETWORKING SUPPORT TO EMPOWER

ARTISTS AND ORGANIZATIONS TO ENRICH THEIR PROGRAMS AND SERVE OUR COMMUNITY.

Schedule I (Form 990) DEVELOP Part IV Supplemental Information

ANY ORGANIZATION OR INDIVIDUAL ARTIST INTERESTED IN APPLYING FOR A GRANT

FROM THE RAC MUST FIRST DETERMINE ELIGIBILITY. FIRST TIME ORGANIZATIONAL

APPLICANTS MUST FILL OUT A PRE-APPLICATION, WHICH BECOMES AVAILABLE EVERY

DECEMBER OR JANUARY. ALL ELIGIBLE APPLICANTS WILL THEN BE INVITED TO FILL

OUT A FULL APPLICATION WITH A DEADLINE IN MARCH.

APPLICATIONS FOR INDIVIDUAL ARTIST GRANT OPPORTUNITIES BECOME AVAILABLE IN

JANUARY.

ALL APPLICATIONS ARE SUBMITTED THROUGH RAC'S ONLINE GRANT MAKING SYSTEM.

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.

Schedule I (Form 990)

332291 04-01-23

SC	HEDULE J	Compen	sation Information	c	OMB No.	1545-004	47
(Fo	rm 990)		tors, Trustees, Key Employees, and Highest		20	<b>7</b> 2	,
			npensated Employees answered "Yes" on Form 990, Part IV, line 23.		20	ZJ	)
Dena	tment of the Treasury		Attach to Form 990.		Open to Public		
	al Revenue Service		0 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	REGIONAL CULTURAL AND PER	FORMING ARTS	Employer iden	tificati	on nui	mber
		DEVELOPMENT COMMISSION		43-1363	303		
Pa	rt I Questions	Regarding Compensation					
					_	Yes	No
1a	Check the appropria	te box(es) if the organization provided an	y of the following to or for a person listed on Form	990,			
	Part VII, Section A, I	ne 1a. Complete Part III to provide any re	elevant information regarding these items.				
	First-class or cl	narter travel	Housing allowance or residence for perso	nal use			
	Travel for comp		Payments for business use of personal re				
		ation and gross-up payments	Health or social club dues or initiation fee				
	Discretionary s	pending account	Personal services (such as maid, chauffer	ır, chef)			
b	•	·	n follow a written policy regarding payment or				
_			bove? If "No," complete Part III to explain		1b		<u> </u>
2	0		g or allowing expenses incurred by all directors,				
	trustees, and officer	s, including the CEO/Executive Director, r	regarding the items checked on line 1a?		2		
-							
3			o establish the compensation of the organization's				
			ny boxes for methods used by a related organization	on to			
	·	tion of the CEO/Executive Director, but ex					
	Compensation		Written employment contract				
	·	ompensation consultant	Compensation survey or study				
	Form 990 of ot	ner organizations	X Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990 Part VII	Section A, line 1a, with respect to the filing				
	organization or a rel		sociony, me ra, warrespeer to the ming				
а	•	payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonqu			4b		x
c		eive payment from an equity-based comp			4c		x
-		., ., .	pplicable amounts for each item in Part III.				
	·····						
	Only section 501(c)	(3), 501(c)(4), and 501(c)(29) organizatio	ons must complete lines 5-9.				
5			id the organization pay or accrue any compensatio	n			
	contingent on the re						
а	The organization?				5a		x
	Any related organiza				5b		х
	If "Yes" on line 5a o	5b, describe in Part III.					
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, d	id the organization pay or accrue any compensatic	n			
	contingent on the ne	et earnings of:					
а	The organization?				6a		X
					6b		X
		6b, describe in Part III.					
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, d	id the organization provide any nonfixed payments	;			
	not described on lin	es 5 and 6? If "Yes," describe in Part III $_{\dots}$			7		x
8			crued pursuant to a contract that was subject to th				
	initial contract except	tion described in Regulations section 53.	4958-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" on line 8, di	d the organization also follow the rebuttab	ble presumption procedure described in				
					9		
For		on Act Notice, see the Instructions for F		Schedule	J (Forr	n 990	) 2023

LHA 332111 11-06-23

DEVELOPMENT COMMISSION

Schedule J (Form 990) 2023

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

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

43-1363303

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) VANESSA COOKSEY	(i)	189,409.	0.	0.	9,885.	14,892.	214,186.	0	
PRESIDENT & CEO	(ii)	Ο.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i) (ii)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

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DEVELOPMENT COMMISSION

Schedule J (Form 990) 2023

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O	Supplemental Information to Form 990 or 990-	-F7 ⊦	OMB No. 1545-0047		
(Form 990)	Complete to provide information for responses to specific questions on		2023		
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public Inspection		
Internal Revenue Service Name of the organizatior					
	DEVELOPMENT COMMISSION	43-13	dentification number		
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:				
IN ADDITION, THE G	RANTEES MAKE PRESENTATIONS TO THE COMMISSION AND				
PROMOTE THEIR ACTI	VITIES. THE COMMISSION REVIEWS ALL ASPECTS OF THE				
ORGANIZATION BEFOR	E APPROVING GRANTS.				
FORM 990, PART VI,	SECTION B, LINE 11B:				
THE FORM 990 IS PR	EPARED BY THE OUTSIDE ACCOUNTING FIRM AND PROVIDED TO THE				
PRESIDENT & CEO, A	ND THEN PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW.				
PRIOR TO FILING WI	TH THE IRS, IT IS ALSO MADE AVAILABLE TO THE ENTIRE				
GOVERNING BODY.					
FORM 990, PART VI,	SECTION B, LINE 12C:				
MANY BOARD MEMBERS	ALSO SERVE ON BOARDS OF OTHER ARTS AND CULTURAL				
INSTITUTIONS. THEY	ANNUALLY DISCLOSE BY WRITTEN NOTIFICATION OF THEIR				
AFFILIATIONS ON OT	HER BOARDS. DURING DISCUSSIONS AND VOTING, THAT				
PARTICULAR BOARD M	EMBER IS EXCUSED.				
FORM 990, PART VI,	SECTION B, LINE 15:				
THE BOARD OF COMMI	SSIONERS REVIEWS THE PRESIDENT & CEO'S COMPENSATION BASED				
ON ESTABLISHED ORG	ANIZATIONAL CRITERIA.				
FORM 990, PART VI,	SECTION C, LINE 19:				
ALL GOVERNING AND	FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON				
WRITTEN REQUEST. N	OTIFICATION SHOULD BE MADE TO THE OFFICE AND APPOINTMENT				
MADE TO VIEW DOCUM	ENTS.				

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

LOUIS MO 63110

Name of the organization

REGIONAL CULTURAL AND PERFORMING ARTS

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

(b)

Primary activity

SEE PART VII OF SCHEDULE R

DEVELOPMENT COMMISSION

(a)

Name, address, and EIN (if applicable)

of disregarded entity

81-4458040, 4220 DUNCAN AVENUE, STE 201, ST.

LOOP EAST COMMUNITY IMPROVEMENT DISTRICT

rt II Ident organ	ification of Related Tax-Exempt Organizat izations during the tax year.	ions. Complete if the organization an	swered "Yes" on Form 990,	Part IV, line 34, b	ecause it had one	or more	related tax-exe	mpt	
	(a)	(b)	(c)	(d)	(e)		(f)	(c Section 5	1)
	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	ct controlling	Section 5 contr	
	of related organization		foreign country)	section	status (if section		entity	enti	
	-		·····		501(c)(3))			Yes	No

# **Related Organizations and Unrelated Partnerships**

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

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

MISSOURI

(c)

Legal domicile (state or

foreign country)

Open to Public Inspection

Employer identification number

(f)

Direct controlling

entity

REGIONAL CULTURAL AND

0. DEVELOPMENT COMMISSION

PERFORMING ARTS

43-1363303

(e)

End-of-year assets

(d)

Total income

0.

	REGIONAL	CULTURAL	AND	PERFORMING	ARTS
--	----------	----------	-----	------------	------

DEVELOPMENT COMMISSION Schedule R (Form 990) 2023

organizations treated as a partnership during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General o managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
			1	1		1		1	1		1

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d)(e)Direct controlling entityType of entity (C corp, S corp, or trust)Sh		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership		(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>

Part	III	I

Page 2

Schedule R (Form 990) 2023 DEVELOPMENT COMMISSION

Part V Transactions With Relat	ted 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.							
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 contribut	ion from related organization(s)	:					
	r for related organization(s)	1					
	elated organization(s)						
f Dividends from related organiz	ration(s)1	F L					
g Sale of assets to related organ	ization(s)	1					
h Purchase of assets from relate	ed organization(s)	<u>۱</u>					
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)	<u>ر</u>					
I Performance of services or me	embership or fundraising solicitations for related organization(s)						
m Performance of services or me	embership or fundraising solicitations by related organization(s)	n					
	t, mailing lists, or other assets with related organization(s)	<u>۱</u>					
o Sharing of paid employees wit	h related organization(s)	>					
<b>p</b> Reimbursement paid to related	d organization(s) for expenses						
q Reimbursement paid by relate	d organization(s) for expenses	1					
r Other transfer of cash or prope	erty to related organization(s)	·					
s Other transfer of cash or prope	erty from related organization(s)	s					

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			Cate duta D (Farma 000) 0000

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Schedule R (Form 990) 2023 DEVELOPMENT COMMISSION

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## 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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage ownership

# Schedule R (Form 990) 2023 DEVELO

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

## PART I, COLUMN (B)

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

LOUIS NEARLY ADJACENT TO THE DOWNTOWN BUSINESS DISTRICT OF UNIVERSITY

CITY, MISSOURI.

PART I, COLUMN (E)

DURING 2023, LOOP EAST COMMUNITY IMPROVEMENT DISTRICT TRANSFERRED TITLE

OF THE BUILDING AT 6128 DELMAR BOULEVARD TO THE REGIONAL CULTURAL AND

PERFORMING ARTS DEVELOPMENT COMMISSION.

332165 09-28-23