

Form **990-EZ**

## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

**2008**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable:

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

ESTATE PLANNING COUNCIL OF ST. LOUIS  
C/O CINDY M LEWIS  
8000 FORSYTH BLVD  
ST. LOUIS, MO 63105-1797

COPY

D Employer identification number

43-6056606

E Telephone number

(314) 505-8214

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶

I Website: ▶ WWW.EPCSTLOUIS.ORG

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Organization type (check only one) — ☒ 501(c) ( 6 ) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 104,603.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	32,740.
	3	Membership dues and assessments	3	71,155.
	4	Investment income	4	708.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ )	8		
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	104,603.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	300.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,715.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	89,490.
17	<b>Total expenses</b> (add lines 10 through 16)	17	93,505.	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,098.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	52,441.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	63,539.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	52,441.	63,539.
23 Land and buildings		
24 Other assets (describe ▶ )		
25 <b>Total assets</b>	52,441.	63,539.
26 <b>Total liabilities</b> (describe ▶ )	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	52,441.	63,539.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

**Part III Statement of Program Service Accomplishments** (See the instructions.) N/A**Expenses**

What is the organization's primary exempt purpose?

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a
29	----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a
30	----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a
31	Other program services (attach schedule) ..... (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a) ..... <input type="checkbox"/>	32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BEVERLY J GREELEY 211 N BROADWAY, STE 2100 ST, LOUIS, MO 63102	TRUSTEE 1.00	0.	0.	0.
BARBARA ARCHER 8860 LADUE ROAD #230 ST. LOUIS, MO 63124	TRUSTEE 1.00	0.	0.	0.
DONNA F BOTKIN 12935 N OUTER 40 TOWN & COUNTRY, MO 63141	PRESIDENT 1.00	0.	0.	0.
JOHN C. SCOTT 705 OLIVE ST. 10TH FLOOR ST. LOUIS, MO 63101-2298	VICE PRESIDENT 1.00	0.	0.	0.
HOWARD M ROSEN 12101 WOODCREST EXECUTIVE DR ST. LOUIS, MO 63141	TRUSTEE 1.00	0.	0.	0.
DAVID CARROLL JOHNSON 100 N BROADWAY ST. LOUIS, MO 63102	TRUSTEE 1.00	0.	0.	0.
CINDY M. LEWIS 8000 FORSYTH BLVD ST. LOUIS, MO 63105-1797	TRUSTEE 1.00	0.	0.	0.
KELLI S LEWIS 101 S. HANLEY RD STE 800 ST. LOUIS, MO 63105-391	TRUSTEE 1.00	0.	0.	0.
JOHN L. OLSEN 131 HOLLYWOOD LANE KIRKWOOD, MO 63122	TRUSTEE 1.00	0.	0.	0.
WALTER SCHMIEDER 14755 N OUTER 40 CHESTERFIELD, MO 63017	TREASURER 1.00	0.	0.	0.
JASON P THIEN ONE US BANK PLAZA ST. LOUIS, MO 63101	TRUSTEE 1.00	0.	0.	0.
CAROLYN M. OHLSEN 10 S BROADWAY - SUITE 550 ST. LOUIS, MO 63102	SECRETARY 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. <b>38b</b> N/A		
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. <b>39b</b> N/A		
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I. <b>40b</b>		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <b>0.</b>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization. <b>0.</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		

**42a** The books are in care of CINDY M. LEWIS, CTFA, CISP Telephone no. (314) 505-8214  
 Located at 8000 FORSYTH BLVD ST. LOUIS MO ZIP + 4 63105-1797

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: <b>42b</b>		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: <b>42c</b>		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here. ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. <b>44</b>		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. <b>45</b>		X

<b>46</b>	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. ....	<b>46</b>	Yes	No
<b>47</b>	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. ....	<b>47</b>		
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. ....	<b>48</b>		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? .....	<b>49a</b>		
<b>b</b>	If 'Yes,' was the related organization(s) a section 527 organization? .....	<b>49b</b>		

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**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADMINISTRATIVE EXPENSES.....	\$ 21,514.
ANNUAL REGISTRATION.....	10.
BANK SERVICE CHARGES.....	167.
CE QUALIFICATION.....	996.
DIRECTORS MEETINGS.....	1,702.
INSURANCE.....	950.
LEIMBERG SERVICE FOR MEMBERS.....	648.
MARKETING MATERIALS.....	241.
MEMBERSHIP MEETINGS EXPENSES.....	18,960.
NAEPC DUES.....	200.
OFFICE EXPENSES.....	172.
OUTING/MEETING.....	9,764.
SPEAKER'S EXPENSES.....	5,421.
SPEAKER'S HONORARIUM.....	25,000.
TRAVEL.....	3,745.
TOTAL	\$ 89,490.

**STATEMENT 2**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE ESTATE PLANNING COUNCIL OF ST. LOUIS PROMOTES A MULTI-DISCIPLINARY "TEAM" APPROACH TO ESTATE PLANNING AND INCREASES THE KNOWLEDGE AND SKILLS OF ITS MEMBERS IN THE FIELD OF ESTATE PLANNING BY --

\* SPONSORING THE HIGHEST QUALITY CONTINUING EDUCATIONAL PROGRAMS WITH SPEAKERS OF NATIONAL PROMINENCE IN THEIR FIELD, AND BY

\* OFFERING ITS MEMBERS OPPORTUNITIES TO NETWORK WITH HIGHLY QUALIFIED ATTORNEYS, ACCOUNTANTS, TRUST OFFICERS, AND FINANCIAL ADVISORS WITH COMMON PROFESSIONAL INTEREST IN SERVICE TO THEIR CLIENTS.