

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning 7/01, 2009, and ending 6/30, 2010.▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.****2009**Department of the Treasury
Internal Revenue Service

Name of exempt organization

ESTATE PLANNING COUNCIL OF ST. LOUIS
C/O CINDY M LEWIS

Employer identification number

43-6056606

Name and title of officer

CINDY M. LEWIS

COPY
TREASURER**Part I Tax Return and Return Information (Whole Dollars Only)**

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

1 a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	
2 a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	91,648.
3 a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize HOCHSCHILD BLOOM & CO LLP CPAS to enter my PIN 02501 as my signature

ERO firm name Enter five numbers, but
do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Cindy M Lewis

Date

10-18-10**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN

4310597777

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

▶ ROBERT B. OFFERMAN, CPA

Date

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2009)

Return of Organization Exempt From Income Tax**2009****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 \$500,000 and total assets less than \$1,250,000 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.

Department of the Treasury
Internal Revenue Service**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning** 7/01, **2009, and ending** 6/30, **2010****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.

C
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** Tax-exempt status (check only one) — ☒ 501(c) (6) (insert no.) 4947(a)(1) or 527**K** 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 91,648.**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	37,775.
	3	Membership dues and assessments	3	53,575.
	4	Investment income	4	298.
	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)	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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	91,648.	
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	8,497.
	16	Other expenses (describe ► SEE STATEMENT 1)	16	83,307.
17	Total expenses. Add lines 10 through 16	17	92,104.	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-456.
	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	63,539.
	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	63,083.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	63,539.	63,083.
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	63,539.	63,083.
26 Total liabilities (describe ►)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,539.	63,083.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 2

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.

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

28 SEE STATEMENT 3(Grants \$) If this amount includes foreign grants, check here ☐ 28a

29

(Grants \$) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$) If this amount includes foreign grants, check here ☐ 30a

31

Other program services (attach schedule) ☐ 31a(Grants \$) If this amount includes foreign grants, check here ☐ 31a

32

Total program service expenses (add lines 28a through 31a) ☐ 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 GREENLEY 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	TRUSTEE 1.00	0.	0.	0.
JOHN C. SCOTT 705 OLIVE ST. 10TH FLOOR ST. LOUIS, MO 63101-2298	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	TREASURER 2.00	0.	0.	0.
KELLI S LEWIS 101 S. HANLEY RD STE 800 ST. LOUIS, MO 63105	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	SECRETARY 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	VICE PRESIDENT 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

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

42a The organization's 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 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: ..		X
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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: ..		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
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 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		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000. ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶

Sign Here

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

Signature of officer: Cindy M. Lewis Date: 10/18/10

Type or print name and title: CINDY M. LEWIS TREASURER

Paid Preparer's Use Only

Preparer's signature: ROBERT B. OFFERMAN, CPA Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: HOCHSCHILD BLOOM & CO LLP CPAS
16100 CHESTERFIELD PKWY W #125
CHESTERFIELD, MO 63017-4829

Check if self-employed: ☐ Preparer's Identifying Number (See instructions): P00035353

EIN: 43-0673920

Phone no.: 636-532-9525

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

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

ADMINISTRATIVE EXPENSES.....	\$	18,000.
ANNUAL REGISTRATION.....		10.
BANK SERVICE CHARGES.....		20.
CE QUALIFICATION.....		1,200.
CPE SPONSOR AGREEMENT.....		880.
DIRECTORS MEETINGS.....		3,243.
INSURANCE.....		950.
LEIMBERG SERVICE FOR MEMBERS.....		954.
MARKETING MATERIALS.....		136.
MEMBERSHIP CERT. EXPENSES.....		28.
MEMBERSHIP MEETINGS EXPENSES.....		20,496.
NAEPC DUES.....		1,250.
OFFICE EXPENSES.....		482.
OUTING/MEETING.....		9,968.
PRESIDENTS GIFT.....		275.
SPEAKER'S EXPENSES.....		5,832.
SPEAKER'S HONORARIUM.....		15,995.
TRAVEL.....		3,588.
TOTAL	\$	83,307.

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.

STATEMENT 3
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROMOTED THE PROFESSIONAL DISCIPLINE OF ESTATE PLANNING IN THE ST. LOUIS METROPOLITAN AREA BY PROVIDING EDUCATIONAL AND SOCIAL FORUMS FOR ITS MEMBERS. ALSO PROVIDED ITS MEMBERS WITH ESTATE PLANNING RESOURCES.