

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6/30, 2014.
Do not send to the IRS. Keep for your records.
Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Department of the Treasury
Internal Revenue Service

ESTATE PLANNING COUNCIL OF ST. LOUIS

Employer identification number

43-6056606

Name and title of officer

JOHN T. OLSEN
JOHN T. OLSEN
TREASURER

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

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

- 1 a Form 990 check here, if any (Form 990, Part VIII, column (A), line 12) ☐ b Total revenue, if any (Form 990-EZ, line 9) ☒ 2 a Form 990-EZ check here, if any (Form 990-EZ, line 9) ☒ b Total revenue, if any (Form 990-EZ, line 9) ☐ 3 a Form 1120-POL check here, if any (Form 1120-POL, line 22) ☐ b Total tax (Form 1120-POL, line 22) ☐ 4 a Form 990-PF check here, if any (Form 990-PF, Part VI, line 5) ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5) ☐ 5 a Form 8868 check here, if any (Form 8868, Part I, line 3c or Part II, line 8c) ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) ☐

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 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize HOCHSCHILD BLOOM & CO LLP CPAS

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature 02501 to enter my PIN

Part III Certification and Authentication

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

4310597777

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 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

9-11-14

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.

Short Form
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.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C
ESTATE PLANNING COUNCIL OF ST. LOUIS
C/O JOAN HECKER, ASSOC. MGR.
330 WENNEKER DRIVE
ST. LOUIS, MO 63124

G Accounting Method: ☒ Cash ☐ Accrual ☐ Other (specify) _____

I Website: WWW.EPCSTLOUIS.ORG

J Tax-exempt status (check only one): ☒ 501(c)(3) ☐ 501(c)(6) (insert no.) ☐ 4947(a)(1) or 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. 89,537.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE		EXPENSES		NET ASSETS OR FUND BALANCES	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	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)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	20	Other changes in net assets or fund balances (explain in Schedule O)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	21	Net assets or fund balances at end of year. Combine lines 18 through 20
4	Investment income	13	Professional fees and other payments to independent contractors		
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
6	Gaming and fundraising events	16	Other expenses (describe in Schedule O)		
7a	Gross sales of inventory, less returns and allowances	17	Total expenses. Add lines 10 through 16		
7b	Less: cost of goods sold	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	19			
8	Other revenue (describe in Schedule O)	20			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	21			
10	Gross income from gaming (attach Schedule G if greater than \$15,000)				
11	Gross income from fundraising events (not including \$ of contributions)				
12	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
13	Less: direct expenses from gaming and fundraising events				
14	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
15	Gross sales of inventory, less returns and allowances				
16	Less: cost of goods sold				
17	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
18	Other revenue (describe in Schedule O)				
19	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				
20	Excess or (deficit) for the year (Subtract line 17 from line 9)				
21	Net assets or fund balances at end of year. Combine lines 18 through 20				

Open to Public Inspection

Part II Balance Sheets (See the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

22	Cash, savings, and investments.	55,903.	22	Expenses	62,668.
23	Land and buildings.		23		
24	Other assets (describe in Schedule O).		24		
25	Total assets.	55,903.	25		62,668.
26	Total liabilities (describe in Schedule O).	0.	26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21).	55,903.	27		62,668.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

What is the organization's primary exempt purpose? ☒ Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O

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

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

31 Other program services (describe in Schedule O). If this amount includes foreign grants, check here.

32 Total program service expenses (add lines 28a through 31a)

31a

32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BEVERLY J. GREENLEY, PRESIDENT	1	0.	0.	0.
MARK CERECHINO, TRUSTEE	1	0.	0.	0.
ROBERT BAUER, TRUSTEE	1	0.	0.	0.
TREASURER	2	0.	0.	0.
MIKE FOSTER, TRUSTEE	1	0.	0.	0.
BRIAN SEIGEL, TRUSTEE	1	0.	0.	0.
DAVID CARROLL JOHNSON, SECRETARY	1	0.	0.	0.
DEBORAH SMILEY, TRUSTEE	1	0.	0.	0.
CHAD GALT, TRUSTEE	1	0.	0.	0.
JOHN L. OLSEN, VICE PRESIDENT	1	0.	0.	0.
JASON P. THIEN, TRUSTEE	1	0.	0.	0.
THERESA STADING, TRUSTEE	1	0.	0.	0.
NICHOLE YVONNE WREN, TRUSTEE	1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? ☒ Yes ☐ No

34 Were any significant changes made to the organization's name, otherwise, explain the change on Schedule O (see instructions). ☒ Yes ☐ No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? ☒ Yes ☐ No

35b If 'Yes', to line 35a, has the organization filed a Form 990-T for the year? If 'No', provide an explanation in Schedule O. ☒ Yes ☐ No

35c If 'Yes', complete Schedule C, Part III. ☒ Yes ☐ No

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. ☒ Yes ☐ No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ☐ 37a 0.

37b Did the organization file Form 1120-POL for this year? ☒ Yes ☐ No

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 tax year covered by this return? ☒ Yes ☐ No

38b If 'Yes', complete Schedule L, Part II and enter the total amount involved. ☐ 38b N/A

39 Section 501(c)(7) organizations. Enter: ☐ 39a N/A ☐ 39b N/A

a Initiation fees and capital contributions included on line 9. ☐ 39a N/A

b Gross receipts, included on line 9, for public use of club facilities. ☐ 39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ☐ 40a N/A

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes', complete Schedule L, Part I. ☐ 40b N/A

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. ☐ 40c 0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ☐ 40e 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. ☒ 40e X

41 List the states with which a copy of this return is filed ☐ NONE

42a The organization's books are in care of ☐ 42a JOAN HECKER, ASSOC. MGR. ST. LOUIS MO. Telephone no. ☐ 314-520-3564 ZIP + 4 ☐ 63124

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)? ☒ Yes ☐ No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? ☒ Yes ☐ No

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42c ☒ Yes ☐ No

If 'Yes', enter the name of the foreign country: ☐

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ☐ N/A ☒ N/A

and enter the amount of tax-exempt interest received or accrued during the tax year. ☐ 43

44a Did the organization maintain any donor advised funds during the year? If 'Yes', Form 990 must be completed instead of Form 990-EZ. ☒ Yes ☐ No

44b Did the organization operate one or more hospital facilities during the year? If 'Yes', Form 990 must be completed instead of Form 990-EZ. ☒ Yes ☐ No

c Did the organization receive any payments for indoor tanning services during the year? ☒ Yes ☐ No

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? ☒ Yes ☐ No

If 'No', provide an explanation in Schedule O. ☐

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? ☒ Yes ☐ No

b 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', Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). ☒ Yes ☐ No

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

Paid Preparer Use Only	Print/Type preparer's name ROBERT B OFFERMAN CPA	Preparer's signature <i>[Signature]</i>	Date 9-11-14	Check <input type="checkbox"/> if self-employed	PTIN P00035353	Firm's name HOCHSCHILD BLOOM & CO LLP CPAS	Firm's address 16100 CHESTERFIELD PKWY W #125 CHESTERFIELD, MO 63017-4829	Firm's EIN 43-0673920	Phone no. 636-532-9525
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Sign Here	Signature of officer <i>[Signature]</i>	Type or print name and title JOHN L. OLSEN TREASURER
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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.

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☐ Yes ☒ No

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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.'

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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.'

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49b	If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49c	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.'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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.

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.

SCHEDULE O (Form 990 or 990-EZ)	
Department of the Treasury Internal Revenue Service	
Name of the organization ESTATE PLANNING COUNCIL OF ST. LOUIS C/O JOAN HECKER, ASSOC. MGR.	
Employer identification number 43-6056606	
Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	
2013 OMB No. 1545-0047	Open to Public Inspection

SCHEDULE O - SUPPLEMENTAL INFORMATION

ESTATE PLANNING COUNCIL OF ST. LOUIS
C/O JOAN HECKER, ASSOC. MGR.

43-60566606

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

ANNUAL NP REGISTRATION	20.
ANNUAL OUTING/MEETING	6,980.
ASSOCIATION MANAGER	18,000.
CARDINAL GAME EXPENSES	2,029.
CE QUALIFICATION	1,525.
DIRECTORS MEETINGS	2,345.
EPC TRANSITION MEETING	2,180.
GIFTS	100.
INFORMATION TECHNOLOGY	800.
INSURANCE	1,029.
LEIMBERG SERVICE FOR MEMBERS	1,320.
MEMBERSHIP MEETINGS EXPENSES	20,016.
NAEPD DUES	400.
OFFICE EXPENSES	710.
PRESIDENT'S GIFT	250.
QUICKBOOKS FEES	323.
SPEAKERS' EXPENSES	4,140.
SPEAKERS' HONORARIUM	11,250.
TRAVEL	4,296.
TOTAL	\$ 77,713.