

**Return of Organization Exempt From Income Tax**

**2004**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**PLANNED PARENTHOOD OF THE ST. LOUIS REGION ADVOCATES, INC.**

**D** Employer identification number  
**43-1699908**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4251 FOREST PARK AVENUE**

City or town, state or country, and ZIP + 4  
**ST. LOUIS, MO 63108**

**E** Telephone number  
**(314) 531-7526**

**F** Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

**H and I are not applicable to section 527 organizations**

**G** Website: **SHOWMECHOICE.ORG**

**J** Organization type (check only one)  501(c) ( **4** ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_  
**H(c)** Are all affiliates included? **N/A**  Yes  No  
 (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number \_\_\_\_\_

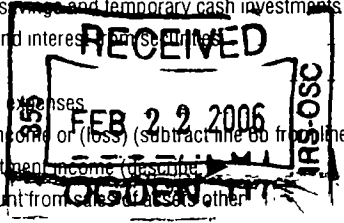
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **351,271.**

SCANNED MAR 10 2006

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue					
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a			
b	Indirect public support	1b	275,088.		
c	Government contributions (grants)	1c			
d	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>274,992.</b> noncash \$ <b>96.</b> )	1d		275,088.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d		8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	9a	75,861.		
b	Less: direct expenses other than fundraising expenses	9b	16,939.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 1	58,922.	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11		322.	
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		334,332.	
<b>Expenses</b>					
13	Program services (from line 44, column (B))	13		346,243.	
14	Management and general (from line 44, column (C))	14		10,120.	
15	Fundraising (from line 44, column (D))	15		22,814.	
16	Payments to affiliates (attach schedule)	16			
17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17		379,177.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		<44,845.>	
<b>Net Assets</b>					
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		66,952.	
20	Other changes in net assets or fund balances (attach explanation)	20		0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		22,107.	



1367

PLANNED PARENTHOOD OF THE ST. LOUIS  
REGION ADVOCATES, INC.

43-1699908

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	0.	0.	0.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	3,975.	3,630.	106.
32	Legal fees	32			
33	Supplies	33	1,117.	1,020.	30.
34	Telephone	34	674.	615.	18.
35	Postage and shipping	35	245.	223.	7.
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38	24,545.	22,413.	655.
39	Travel	39	1,312.	1,198.	35.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 2</b>	43e	347,309.	317,144.	9,269.
44	<b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15</b>	44	379,177.	346,243.	10,120.

Joint Costs Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)

a	<b>SOCIAL WELFARE AND EDUCATION - INFORM THE PUBLIC OF THE ISSUES AND CHOICES REGARDING REPRODUCTIVE HEALTH CARE</b>	(Grants and allocations \$ _____)	346,243.
b	_____	(Grants and allocations \$ _____)	
c	_____	(Grants and allocations \$ _____)	
d	_____	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		<b>346,243.</b>

PLANNED PARENTHOOD OF THE ST. LOUIS  
REGION ADVOCATES, INC.

Form 990 (2004)

43-1699908

Page 3

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	33,606.	3,562.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	132.	
	b Less: allowance for doubtful accounts		132.
	48 a Pledges receivable	38,333.	
	b Less: allowance for doubtful accounts		38,333.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	1,500.	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis			
b Less: accumulated depreciation			
58 Other assets (describe )			
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>72,876.</b>	<b>42,027.</b>	
Liabilities	60 Accounts payable and accrued expenses		468.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe <b>DUE TO AFFILIATE</b> )	5,924.	19,452.
<b>66 Total liabilities</b> (add lines 60 through 65)	<b>5,924.</b>	<b>19,920.</b>	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	19,332.	<16,226.>
	68 Temporarily restricted	47,620.	38,333.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	<b>66,952.</b>	<b>22,107.</b>
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>72,876.</b>	<b>42,027.</b>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



**PLANNED PARENTHOOD OF THE ST. LOUIS  
REGION ADVOCATES, INC.**

Form 990 (2004)

43-1699908

Page 5

<b>Part VI Other Information</b>		<b>Yes</b>	<b>No</b>
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>		<b>X</b>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>77</b>		<b>X</b>
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <span style="float:right"><b>N/A</b></span>	<b>78b</b>		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>		<b>X</b>
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	<b>X</b>	
<b>b</b> If "Yes," enter the name of the organization <span style="float:right"><b>SEE STATEMENT 5</b></span> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
<b>81 a</b> Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right"><b>81a</b>   _____ <b>0.</b></span>			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>		<b>X</b>
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>		<b>X</b>
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <span style="float:right"><b>82b</b>   _____ <b>N/A</b></span>			
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? <span style="float:right"><b>N/A</b></span>	<b>83b</b>		
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right"><b>N/A</b></span>	<b>84b</b>		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	<b>X</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>		<b>X</b>
<b>c</b> Dues, assessments, and similar amounts from members <span style="float:right"><b>85c</b>   _____ <b>N/A</b></span>			
<b>d</b> Section 162(e) lobbying and political expenditures <span style="float:right"><b>85d</b>   _____ <b>N/A</b></span>			
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right"><b>85e</b>   _____ <b>N/A</b></span>			
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right"><b>85f</b>   _____ <b>N/A</b></span>			
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right"><b>N/A</b></span>	<b>85g</b>		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right"><b>N/A</b></span>	<b>85h</b>		
<b>86 501(c)(7) organizations</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 <span style="float:right"><b>86a</b>   _____ <b>N/A</b></span>			
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <span style="float:right"><b>86b</b>   _____ <b>N/A</b></span>			
<b>87 501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders <span style="float:right"><b>87a</b>   _____ <b>N/A</b></span>			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float:right"><b>87b</b>   _____ <b>N/A</b></span>			
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>		<b>X</b>
<b>89 a 501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="float:right"><b>N/A</b></span> ; section 4912 <span style="float:right"><b>N/A</b></span> ; section 4955 <span style="float:right"><b>N/A</b></span>			
<b>b 501(c)(3) and 501(c)(4) organizations</b> 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," attach a statement explaining each transaction	<b>89b</b>		<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____ <b>0.</b></span>			
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">▶ _____ <b>0.</b></span>			
<b>90 a</b> List the states with which a copy of this return is filed <span style="float:right">▶ <b>NONE</b></span>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2004 <span style="float:right"><b>90b</b>   _____ <b>0</b></span>			
<b>91</b> The books are in care of <span style="float:right">▶ <b>TOM HEMINGWAY</b></span> Telephone no. <span style="float:right">▶ <b>(314) 531-7526</b></span>			
Located at <span style="float:right">▶ <b>4251 FOREST PARK AVENUE, ST. LOUIS, MO</b></span> ZIP + 4 <span style="float:right">▶ <b>63108</b></span>			
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-</b> Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <b>92</b>   _____ <b>N/A</b></span>			

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	58,922.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>MISCELLANEOUS INCOME</b>			01	322.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		59,244.	0.
105 Total (add line 104, columns (B), (D), and (E))					59,244.

Note. Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note. If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign Here: *Shah S. Holt* Signature of officer, Date: 2/14/06, Sarah S. Scott Board Chair, Type or print name and title.

Paid Preparer's Use Only: Preparer's signature: *Donell J. Hill*, Date: Jan. 18, 2006, Check if self-employed: , Preparer's SSN or PTIN:   
 Firm's name (or yours if self-employed), address and ZIP + 4: BROWN SMITH WALLACE, L.L.C., 1050 N. LINDBERGH BLVD., ST. LOUIS, MO 63132-2912   
 EIN: 43-1054807, Phone no: (314) 983-1200

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CHARITY DINNER	75,861.		75,861.	16,939.	58,922.
TO FM 990, PART I, LINE 9	75,861.		75,861.	16,939.	58,922.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANKING FEES	1,631.	1,489.	44.	98.
OUTSIDE SERVICES	280,953.	256,553.	7,497.	16,903.
SPECIAL EVENT	16,939.	15,468.	452.	1,019.
ORGANIZATIONAL DUES	5,125.	4,680.	137.	308.
MISSOURI LOBBYING EXPENSE	17,850.	16,300.	476.	1,074.
MANAGEMENT FEES	5,461.	4,986.	146.	329.
INSURANCE	361.	329.	10.	22.
CONTRACTED SERVICES	18,813.	17,179.	502.	1,132.
WEB SERVICE	176.	160.	5.	11.
TOTAL TO FM 990, LN 43	347,309.	317,144.	9,269.	20,896.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3  
PART III

EXPLANATION

PROMOTE SOCIAL WELFARE AND EDUCATION AND ENCOURAGE, PROTECT, AND INSURE INFORMED INDIVIDUAL CHOICE REGARDING REPRODUCTIVE HEALTH CARE.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE		
			BEN CONTRIB	PLAN EXPENSE	ACCOUNT
TED SANDITZ 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.	0.
BOB GULLER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	CHAIR 0	0.	0.	0.	0.
SALLY STRASSNER SCOTT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	VICE CHAIR 0	0.	0.	0.	0.
STEPHEN COBURN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.	0.
GEETHA SANT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	TREASURER 0	0.	0.	0.	0.
STEPHANY J. KNIEP 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DEV. COMMITTEE CHAIR 0	0.	0.	0.	0.
BRADLEY STONER, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.	0.
JUDY PUTZEL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.	0.
SUSAN APPLETON 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	SECRETARY 0	0.	0.	0.	0.
GARY BURGER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.	0.
ROCHELLE G. CATUS, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.	0.



JOHN L. BOWMAN, MBA 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
DAVID KIPNIS, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
JOHN MEYER, JR. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
THERESA MULLIGAN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
POLLY O'BRIEN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
ILENE ORDOWER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
SHANTI PARIKH 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
ANDREW ROTHSCHILD 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
KENNETH MURDOCK 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
CRAIG KAMINER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
MOISY SHOPPER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
JANE HAMILL SOMMER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
HENK VAN DER WERFF 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.

PLANNED PARENTHOOD OF THE ST. LOUIS REGI

43-1699908

ALAN MORRIS 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
MARK WEIL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
MARILYN WERNER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
VIVIAN ZWICK 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
DOROTHY ROUDEBUSH 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR EMERITUS 0	0.	0.	0.
H MARVIN CAMEL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	MEDICAL DIRECTOR 0	0.	0.	0.
CYNTHIA WOOLSEY 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
CECILIA YOUNGER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
MAUREEN PHALEN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	ASSISTANT TREASURER 0	0.	0.	0.
STEVE PLAX 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
JACKIE THOMAS 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
ANABETH WEIL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT 5

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PLANNED PARENTHOOD OF THE ST. LOUIS REGION	X	
REPRODUCTIVE HEALTH SERVICES OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION	X	
PLANNED PARENTHOOD VOTES - ST. LOUIS	X	

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b>	Name of Exempt Organization <b>PLANNED PARENTHOOD OF THE ST. LOUIS REGION ADVOCATES, INC.</b>	Employer identification number <b>43-1699908</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>4251 FOREST PARK AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ST. LOUIS, MO 63108</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **TOM HEMINGWAY**  
 Telephone No. ▶ **(314) 531-7526** FAX No ▶ \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**Brown Smith Wallace, LLC**  
 1050 N. Lindbergh Blvd.  
 St. Louis, MO 63132

**NOV 15 2005**