

**Return of Organization Exempt From Income Tax**

**2004**

Department 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)

Open to Public Inspection

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**

**D Employer identification number**  
**43-0652666**

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

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

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

**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.**

**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

**G Website:** **▶ PPSLR.ORG**

**J Organization type** (check only one)  501(c) ( 3 ) (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.**

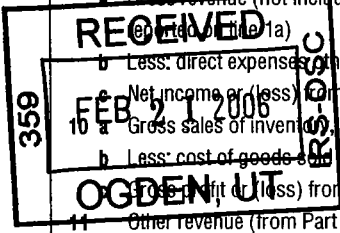
**I** Group Exemption Number **▶**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 8,223,599.**

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

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	806,207.		
	<b>b</b> Indirect public support	<b>1b</b>	500,000.		
	<b>c</b> Government contributions (grants)	<b>1c</b>	897,099.		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 2,165,235. noncash \$ 38,071.)	<b>1d</b>			2,203,306.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			4,483,557.
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			795.
	<b>5</b> Dividends and interest from securities	<b>5</b>			172,386.
	<b>6 a</b> Gross rents	<b>6a</b>			
<b>b</b> Less: rental expenses	<b>6b</b>				
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>				
<b>7</b> Other investment income (describe <b>▶</b> )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	1,339,289.	<b>8a</b>			
	1,392,569.	<b>8b</b>			
	<53,280.>	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			<53,280.>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ of contributions)	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Net income or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			24,266.	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			6,831,030.	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		5,629,179.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		372,935.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		174,085.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	SEE STATEMENT 2		62,704.
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			6,238,903.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			592,127.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			11,646,499.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	SEE STATEMENT 3		<148,266.>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			12,090,360.	



SCANNED MAR 13 2006

**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.

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	2,908,086.	2,756,460.	84,808.
27 Pension plan contributions	27	65,601.	53,591.	9,385.
28 Other employee benefits	28	316,853.	205,545.	96,286.
29 Payroll taxes	29	223,622.	192,484.	25,319.
30 Professional fundraising fees	30			
31 Accounting fees	31	16,200.	12,568.	213.
32 Legal fees	32	2,731.	2,075.	179.
33 Supplies	33	506,556.	482,737.	15,230.
34 Telephone	34	70,275.	62,851.	6,860.
35 Postage and shipping	35	20,744.	10,983.	6,401.
36 Occupancy	36	200,796.	188,464.	11,158.
37 Equipment rental and maintenance	37	12,389.	10,161.	501.
38 Printing and publications	38	23,641.	5,349.	54.
39 Travel	39	34,990.	26,662.	8,198.
40 Conferences, conventions, and meetings	40	10,950.	6,484.	3,814.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	267,396.	253,331.	11,895.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e <b>SEE STATEMENT 4</b>	43e	1,495,369.	1,359,434.	92,634.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	6,176,199.	5,629,179.	372,935.

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 5**

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)

<b>a FAMILY PLANNING SERVICES - PROVIDE FAMILIES WITH PLANNING ALTERNATIVES AND ADVICE</b>	(Grants and allocations \$ _____)	3,159,257.
<b>b PATIENT MEDICAL CARE - PROVIDE MEDICAL SERVICES FOR CONTRACEPTIVE AND OTHER PURPOSES</b>	(Grants and allocations \$ _____)	1,133,612.
<b>c PUBLIC RELATIONS AND EDUCATION - PROMOTE THE ORGANIZATION'S SERVICES AND EDUCATE THE PUBLIC ON THE ISSUES OF CONTRACEPTION AND FAMILY PLANNING</b>	(Grants and allocations \$ _____)	1,336,310.
<b>d</b>	(Grants and allocations \$ _____)	
<b>e Other program services (attach schedule)</b>	(Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>5,629,179.</b>

**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
<b>Assets</b>	45 Cash - non-interest-bearing	885,625.	45 1,443,439.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 392,618.	
	b Less: allowance for doubtful accounts	47b 72,659.	47c 319,959.
	48 a Pledges receivable	48a 1,257,701.	
	b Less: allowance for doubtful accounts	48b	48c 1,257,701.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	111,761.	52 58,706.
	53 Prepaid expenses and deferred charges	79,981.	53 93,785.
	54 Investments - securities <b>STMT 6</b> <b>STMT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,832,607.	54 4,750,207.
	55 a Investments - land, buildings, and equipment: basis	55a	
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 6,808,696.		
b Less: accumulated depreciation	57b 2,065,999.	57c 4,742,697.	
58 Other assets (describe <b>▶ SEE STATEMENT 8</b> )	64,081.	58 108,333.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>12,081,612.</b>	<b>59 12,774,827.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	75,926.	60 299,018.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <b>▶ SEE STATEMENT 9</b> )	359,187.	65 385,449.
<b>66 Total liabilities</b> (add lines 60 through 65)	<b>435,113.</b>	<b>66 684,467.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	9,852,941.	67 10,122,825.
	68 Temporarily restricted	1,593,558.	68 1,767,535.
	69 Permanently restricted	200,000.	69 200,000.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
<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>11,646,499.</b>	<b>73 12,090,360.</b>	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>12,081,612.</b>	<b>74 12,774,827.</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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a Total revenue, gains, and other support per audited financial statements	▶	a	6,682,764.
b Amounts included on line a but not on line 12, Form 990:			
(1) Net unrealized gains on investments			\$ <148,266.>
(2) Donated services and use of facilities			\$ _____
(3) Recoveries of prior year grants			\$ _____
(4) Other (specify):			\$ _____
Add amounts on lines (1) through (4)		b	<148,266.>
c Line a minus line b		c	6,831,030.
d Amounts included on line 12, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990			\$ _____
(2) Other (specify):			\$ _____
Add amounts on lines (1) and (2)		d	0.
e Total revenue per line 12, Form 990 (line c plus line d)		e	6,831,030.

a Total expenses and losses per audited financial statements	▶	a	6,176,199.
b Amounts included on line a but not on line 17, Form 990:			
(1) Donated services and use of facilities			\$ _____
(2) Prior year adjustments reported on line 20, Form 990			\$ _____
(3) Losses reported on line 20, Form 990			\$ _____
(4) Other (specify):			\$ _____
Add amounts on lines (1) through (4)		b	0.
c Line a minus line b		c	6,176,199.
d Amounts included on line 17, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990			\$ _____
(2) Other (specify):			\$ _____
STMT 10			\$ 62,704.
Add amounts on lines (1) and (2)		d	62,704.
e Total expenses per line 17, Form 990 (line c plus line d)		e	6,238,903.

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

(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 & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 11		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

**PLANNED PARENTHOOD OF THE ST. LOUIS  
REGION**

Form 990 (2004)

43-0652666

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<b>Part VI Other Information</b>		<b>Yes</b>	<b>No</b>
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		<b>X</b>
77 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.	77		<b>X</b>
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<b>X</b>
b If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		<b>X</b>
80 a 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?	80a	<b>X</b>	
b If "Yes," enter the name of the organization <span style="float:right"><b>SEE STATEMENT 12</b></span> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a   _____ 0.</span>			
b Did the organization file Form 1120-POL for this year?	81b		<b>X</b>
82 a 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?	82a	<b>X</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">82b   _____</span>			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>X</b>	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? <span style="float:right">N/A</span>	83b		
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<b>X</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">N/A</span>	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span> If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c Dues, assessments, and similar amounts from members <span style="float:right">85c   _____ N/A</span>			
d Section 162(e) lobbying and political expenditures <span style="float:right">85d   _____ N/A</span>			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e   _____ N/A</span>			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f   _____ N/A</span>			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>	85g		
h 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">N/A</span>	85h		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a   _____ N/A</span>			
b Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b   _____ N/A</span>			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders <span style="float:right">87a   _____ N/A</span>			
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">87b   _____ N/A</span>			
88 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	88		<b>X</b>
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>			
b 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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		<b>X</b>
c 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">▶ _____ 0.</span>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">▶ _____ 0.</span>			
90 a List the states with which a copy of this return is filed <span style="float:right">▶ <b>ILLINOIS</b></span>			
b Number of employees employed in the pay period that includes March 12, 2004 <span style="float:right">90b   _____ 131</span>			
91 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 ▶ **4251 FOREST PARK AVENUE, ST. LOUIS, MO**

ZIP + 4 ▶ **63108**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶   
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | \_\_\_\_\_ **N/A**

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

Note: Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue:					
a <b>PATIENT FEES &amp; SERVICES</b>					3,315,956.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,167,601.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	795.	
96 Dividends and interest from securities			14	172,386.	
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			18	<53,280.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>MISCELLANEOUS</b>			01	24,266.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		144,167.	4,483,557.
105 Total (add line 104, columns (B), (D), and (E))					4,627,724.

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).
93A	HELP TO DEFRAY THE COST OF PROVIDING CONTRACEPTIVE SERVICES AND FAMILY PLANNING ADVICE.
93G	HELP TO DEFRAY THE COST OF PROVIDING CONTRACEPTIVE SERVICES AND FAMILY PLANNING ADVICE.

**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: *Sarah S. Scott* 2/14/06 Sarah S. Scott  
Signature of officer Date Type or print name and title.

Paid Preparer's Use Only: *April 2. Hall* Date *Jan 14 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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2004**

Name of the organization **PLANNED PARENTHOOD OF THE ST. LOUIS REGION** Employer identification number **43 0652666**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
VIVIAN DIENER-MEYER 4251 FOREST PARK AVE. ST. LOUIS, MO	DIR OF SUR SR 70 HRS/WEEK	75,905.	6,861.	
PAULA GIANINO 4251 FOREST PARK AVE. ST. LOUIS, MO	PRES/CEO 70 HRS/WEEK	145,693.	13,441.	
TOM HEMINGWAY 4251 FOREST PARK AVE. ST. LOUIS, MO	DIR. FIN/OPER 70 HRS/WEEK	84,555.	7,380.	
PAT ROBINSON 4251 FOREST PARK AVE. ST. LOUIS, MO	NURSE PRACT 80 HRS/WEEK	63,452.	2,837.	
MARY KOGUT 4251 FOREST PARK AVE. ST. LOUIS, MO	DIR HEALTH SE 70 HRS/WEEK	74,813.	6,398.	
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **▶** \$ \_\_\_\_\_ \$ 69,526. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



PLANNED PARENTHOOD OF THE ST. LOUIS

Schedule A (Form 990 or 990-EZ) 2004 REGION

43-0652666 Page 3

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,528,680.	1,325,473.	1,680,938.	1,071,657.	6,606,748.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	4,229,449.	4,010,192.	3,448,970.	3,321,386.	15,009,997.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	128,769.	113,700.	119,489.	196,471.	558,429.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	18,428.	15,297.	SEE STATEMENT 13 35,145.	12,983.	81,853.
23 Total of lines 15 through 22	6,905,326.	5,464,662.	5,284,542.	4,602,497.	22,257,027.
24 Line 23 minus line 17	2,675,877.	1,454,470.	1,835,572.	1,281,111.	7,247,030.
25 Enter 1% of line 23	69,053.	54,647.	52,845.	46,025.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 144,941.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 135,118.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 7,247,030.
d Add: Amounts from column (e) for lines: 18 558,429. 19 _____ 22 81,853. 26b 135,118.					26d 775,400.
e Public support (line 26c minus line 26d total)					26e 6,471,630.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.3004%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2003)	(2002)	(2001)	(2000)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2003)	(2002)	(2001)	(2000)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		





FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	1,339,289.	1,392,569.	0.	<53,280.>
TO FORM 990, PART I, LINE 8	1,339,289.	1,392,569.	0.	<53,280.>

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	2
<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>		
PLANNED PARENTHOOD			
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>	
NATIONAL AND STATE DUES		62,704.	
TOTAL TO FORM 990, PART I, LINE 16		62,704.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
UNREALIZED DEPRECIATION OF MARKETABLE SECURITIES		<148,266.>	
TOTAL TO FORM 990, PART I, LINE 20		<148,266.>	

FORM 990	OTHER EXPENSES			STATEMENT	4
<u>DESCRIPTION</u>	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PHYSICIANS' SERVICES	1,710.	1,710.			
CONTRACT SERVICES	831,067.	770,329.	19,338.	41,400.	
LAB FEES	296,692.	296,692.			
INSURANCE	97,372.	89,066.	7,334.	972.	
DUES AND SUBSCRIPTIONS	5,942.	3,070.	2,855.	17.	
ADVERTISING	205,610.	203,247.	1,811.	552.	
EDUCATION	1,483.	1,483.			
BAD DEBTS	<14,440.>	<14,440.>			
WORKERS COMPENSATION INSURANCE	11,066.	8,277.	2,429.	360.	
BANKING FEES	58,867.		58,867.		
TOTAL TO FM 990, LN 43	1,495,369.	1,359,434.	92,634.	43,301.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

EXPLANATION

TO COUNSEL, EDUCATE, PROVIDE MEDICATION AND SURGERY TO THE GENERAL PUBLIC ALL IN REGARD TO FAMILY PLANNING ISSUES.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			185,680.	185,680.
COMMON STOCKS	FMV	2,825,757.			2,825,757.
CORPORATE BONDS	FMV		577,620.		577,620.
DUE TO BROKERS	FMV	0.			
TO FORM 990, LINE 54, COL B		2,825,757.	577,620.	185,680.	3,589,057.

FORM 990 GOVERNMENT SECURITIES STATEMENT 7

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT SECURITIES	FMV	1,161,150.		1,161,150.
TOTAL TO FORM 990, LINE 54, COL B		1,161,150.		1,161,150.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT	
CASH SURRENDER VALUE OF LIFE INSURANCE ON DEFERRED COMPENSATION PLAN	108,333.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		108,333.

FORM 990	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		AMOUNT	
ACCRUED WAGES AND PAYROLL WITHHOLDINGS			249,401.
DEFERRED COMPENSATION PLAN BENEFIT			136,048.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B			385,449.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
PAYMENTS TO AFFILIATES			62,704.
TOTAL TO FORM 990, PART IV-B			62,704.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	11
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TED SANDITZ 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
BOB GULLER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	CHAIR 0	0.	0.	0.
SALLY SCOTT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	VICE CHAIR 0	0.	0.	0.
STEPHEN COBURN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
GEETHA SANT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	TREASURER 0	0.	0.	0.



STEPHANY J. KNIEP 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
BRADLEY STONER, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
JUDY PUTZEL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
SUSAN APPLETON 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	SECRETARY 0	0.	0.	0.
GARY BURGER JR 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
ROCHELLE CATUS, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 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.

CRAIG KAMINER 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.
ALAN MORRIS 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.
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.
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.
HENK VAN DER WERFF 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	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.

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.
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 STATEMENT 12  
PART VI, LINE 80B

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

SCHEDULE A OTHER INCOME STATEMENT 13

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	18,428.	15,297.	35,145.	12,983.
TOTAL TO SCHEDULE A, LINE 22	18,428.	15,297.	35,145.	12,983.

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

▶ 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</b>	<b>Employer identification number</b> <b>43-0652666</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