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Short Form
Return of Organization Exempt From Income Tax

2009

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type
See Specific Instructions

C Name of organization
MISSOURI RIGHT TO LIFE - EASTERN REGION

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

1000 EXECUTIVE PARKWAY

229

City or town, state or country, and ZIP + 4

ST. LOUIS, MO 63141

D Employer identification number
43-1075676E Telephone number
314-434-4900

F Group Exemption Number ►

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

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ► **WWW.MISSOURILIFE.ORG**J Tax-exempt status (check only one) — 501(c)(4) □ (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500 000 or more, file Form 990 instead of Form 990-EZ ► **\$ 50007.80**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	11852.68
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	41.55
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	37997.17
Expenses	b Less: direct expenses other than fundraising expenses	6b	4554.72
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	33442.45
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ► MISCELLANEOUS)	8	116.40
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	45453.08
	10 Grants and similar amounts paid (attach schedule)	10	7450.00
	11 Benefits paid to or for members	11	
Net Assets	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	4269.96
	15 Printing, publications, postage, and shipping	15	918.08
	16 Other expenses (describe ► SCHEDULE ATTACHED)	16	28251.21
	17 Total expenses. Add lines 10 through 16	17	40889.25
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4563.83
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	28812.51
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	33376.34

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28812.51	22 33376.34
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	28812.51	25 33376.34
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28812.51	27 33376.34

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	35a	<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	<input checked="" type="checkbox"/>
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	37a	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	39a	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	39b	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	<input checked="" type="checkbox"/>
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c	<input type="checkbox"/>
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	40d	<input type="checkbox"/>
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40e	<input checked="" type="checkbox"/>
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.		
41 List the states with which a copy of this return is filed. ►		
42a The organization's books are in care of ► <u>WILLIAM WINTERS</u> Telephone no. ► <u>314-355-5358</u> Located at ► <u>P.O. Box 1464, LAKE SHERWOOD, MO</u> ZIP + 4 ► <u>63357</u>	42b	<input checked="" type="checkbox"/>
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)?	42c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <u>43</u> ► <input type="checkbox"/>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	<input checked="" type="checkbox"/>

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

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
46			
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	Yes	No
47			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
48			
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
49a			
b	If "Yes," was the related organization a section 527 organization?	Yes	No
49b			
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	Yes	No

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

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

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

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

Sign
Here

Willie F. Winter

9/20/10

Signature of officer

Treasurer

**Paid
Preparer's
Use Only**

Preparer's
signature

Date

Preparer's identifying number (See instructions)

498-36-1295

**Firm's name (or
yours if self-employed),
address, and ZIP + 4**

FIN 43-1496-873

Ein 4317-108073

Phone no 317-870-1243

May the IRS discuss this return with the preparer shown above? See instructions.

Form 990-EZ (2009)

MARYLAND HTS., MO 63043

2009

Name MISSOURI RIGHT TO LIFE EASTERN REGION
FOR THE YEAR 2009 EIN 43-1075676

	INCOME	EXPENSE
<u>SPECIAL EVENTS & ACTIVITIES</u>	\$	\$
WEB PAGE AD SALES	12485 00	1452 63
LOBBY DAY	1790 58	2711 84
CHRISTMAS CARDS	18543 50	
QUILT	1159 50	
RUMMAGE SALE	2169 59	
FOOD STANDS	1527 00	
T-SHIRTS, ETC.	322 00	390 25
TOTALS LINES 6A & 6B	37997 17	4554 72
<u>GRANTS & SIMILAR AMOUNTS PAID</u>		
MO RIGHT TO LIFE		4850 00
PREGNANCY ASSISTANCE CENTER		1500 00
VITAE SOCIETY		600 00
FUNDING STUDENTS FOR WASH. D.C. PRO LIFE MARCH		500 00
TOTAL GRANTS & SIMILAR AMOUNTS PAID		7450 00
<u>OTHER EXPENSES</u>		
ADVERTISING	2106 18	
BILLBOARD RENTAL	15930 00	
EDUCATION	2436 58	
MISCELLANEOUS	433 44	
OFFICE SUPPLIES	1619 69	
REIMBURSEMENT OF OFFICE SERVICES	4367 84	
TELEPHONE	1357 48	
TOTAL OTHER EXPENSES	28251 21	

Name: Missouri Right to Life - Eastern Region FOR THE YEAR 2009 EIN 43-1075676

<u>LIST OF OFFICERS</u>	<u>NAME & ADDRESS</u>	<u>TITLE</u>	<u>AVER. Hrs PER Wk.</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO BENE. PLANS</u>	<u>DEFERRED</u>	<u>EXPENSE</u>	<u>ACCOUNT</u>	<u>\$</u>
SUSAN CALHOUN 472 GABRIEL DR ST. LOUIS, MO 63122	SECRET	2	0	0	0	0	0	0	\$
MAGGIE BICK 219 Longview Blvd. St. Louis, MO 63122	V. P.	2	0	0	0	0	0	0	\$
ERIC DILLON 315 Parkwood Ave St. Louis, MO 63122	PRES.	2	0	0	0	0	0	0	\$
Bill Winters P.O. Box 1464 Lake Sherwood, MO 63357	TREAS.	2	0	0	0	0	0	0	\$