## Form 990

## Return of Organization Exempt From income Tax

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

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

OMB No. 1545-0047
2004
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2004 cale-index year, or tax year beginning	ΔΕ	or the	2004 calendar year, or tax year beginning , 20	004 and ending	
Market Albert   Ministration   Mi	_				
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedula A (Form 990 or 990-42).   1641   (314) 231-9400   2nh   X Accessed Schedula A (Form 990 or 990-42).   1641   (314) 231-9400   2nh   X Accessed Schedula A (Form 990 or 990-42).   1641   (314) 231-9400   2nh   X Accessed Schedula A (Form 990 or 990-42).   1641   2nh   X Accessed Schedula A (Form 990 or 990-42).   1641   2nh   X Accessed Schedula A (Form 990 or 990-42).   1642   2nh   X Accessed Schedula A (Form 990 or 990-42).   1642   2nh   X Accessed Schedula A (Form 990 or 990-42).   1642   2nh   X Accessed Schedula A (Form 990 or 990-42).   1642   2nh   X Accessed Schedula A (Form 990 or 990-42).   1642   2nh   X Accessed Schedula A (Form 990 or 990-42).   1642   2nh   X Accessed Schedula A (Form 990 or 990-42).   1642   2nh   X Accessed Schedula A (Form 990 or 990-42).   1642   2nh   X Accessed Schedula A (Form 990 or 990-42).   1642   2nh   X Accessed Schedula A (Form 990 or 990-42).   1642   2nh   X Accessed Schedula A (Form 990 or 990-42).   1642   2nh	T	Address		¥	
The training of the property	$\vdash$	7	label or		43-1611669
Series   Single   S	$\vdash$	<del>-</del>	philit of the street (of 1.5. box in than 15 not delivered to street address)	Room/suite	E Telephone number
First transport   First tran	$\vdash$	-	See		
City of town, state or country, and 2 Pr 4   Section 501(c)(3) organizations and 434(a)(1) nonexempt charitable   Final Country organizations of the country of the count	$\vdash$	-	Specific SII SIIVE SIIVE	1641	F Accounting
Section 501 ((s)) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 900 or 900-EZ).  G Website: ▶ WWW, RHCDA, COM  J Organization type (check only one) ► X 501 (e) (3 ) ◀ (insent no.) ★ 4947(a)(1) or ★ 201 (f) No. ★ 100	-	return	Instruction City or town, state or country, and ZIP + 4		method: Cash X Accrual
Great reading to the state of a completed Schedule A (Form 990 or 990-EZ).   Ha) is this a group return for affiliates?   Ves   X   No	L.		SAINT LOUIS, MO 63101	I	
Website:     WWW_RHCDA_COM				H and I are not app	plicable to section 527 organizations.
Organization type (check only one)   ≥	_		•	H(a) Is this a grou	p return for affiliates? Yes X N
K Check hare				H(b) If "Yes," ente	r number of affiliates
The contribution of the a return with the Risk but if the organization received a Form 990 Package in the mail, it should flies a return without financial data. Some states require a complete return.    Gross receipts: Add lines 6b, 8b, 9b, and 10 bb line 12   \$3,803,593   \$1   \$1   \$1   \$1   \$1   \$2,994,037   \$1   \$1   \$1   \$1   \$1   \$1   \$1   \$	<u>J</u>	Organiza	ation type (check only one) ▶ X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 527		
origanization need not file a return with the Rist, but if the organization received a Form 990 Pauloage in the mail, it should file a return without filenancial also. Some states require a complete return.  If Group Exemption Number ▶  The Contributions, which some states a complete return.  If the organization is not required to attach Sch. Bit grands, and similar amounts received:  a Direct public support,	K	Check he	ere if the organization's gross receipts are normally not more than \$25,000. The		,
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)   In attach sch 8 (Form 980, 980-EZ, or 980-PF)   to attach sch 980-PF]   to attach 980-PF]   to		organiza	tion need not file a return with the IRS; but if the organization received a Form 990 Package		
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)   1		in the m	ail, it should file a return without financial data. Some states require a complete return.	I Group Exemp	otion Number -
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)    Contributions, gifts, grants, and similar amounts received:   Direct public support,	_			M Check ▶	if the organization is <b>not</b> required
1   Contributions, gifts, grants, and similar amounts received:   a   Direct public support   1a   2,994,037.     b   Indirect public support   1b   1c   250,798.     d   Total (ced lines to shrough 1c) (cash) s   3,244,835   noncash 5   )   10   250,798.     d   Total (ced lines to shrough 1c) (cash) s   3,244,835   noncash 5   )   10   2,473,765     3   Membership dues and assessments   3   3,244,835   Noncash 5   3   3   3   3   3   3   3   3   3			ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,803,593.	to attach Sch	. B (Form 990, 990-EZ, or 990-PF).
a Direct public support b Indirect public support c Government contributions (grants) d Tetal (add lines to through 1c) (cash s 3,244,835. noncesh s 1c 250,798. d 1c 250	Pa	rt i	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page	18 of the instru	ctions.)
Description		1	Contributions, gifts, grants, and similar amounts received:		
Description		a	Direct public support 1a	2.994.037.	
C Government contributions (grants)   1c   250,798.   1d   3,244,835.   nonceable   3   3,244,835.   nonceable   3   3,244,835.   nonceable   3   3,244,835.   nonceable   3   3   3,244,835.   nonceable   3   3   3   3   3   3   3   3   3					7 1
d   Testa (card lines to through 1ct) (cash s   3,244,835   noncesh s   1d   3,244,835   2   Program service revenue including government fees and contracts (from Part VII, line 93)   2   473,765   3   Membership dues and assessments   3   3   Testa (card line for securities   4   79,593   5   Testa (card line for securities   5   T		С		250.798	7 1
2		d		)	1d 3 244 835
3   Membership dues and assessments   3   4   779,593				<u> </u>	
A   Interest on savings and temporary cash investments   A   79,593.   5   Dividends and interest from securities   5   5     6   a   Gross rents   6   6   5     b   Less: rental expenses   6   6   5     7   Other investment income (describe			· · · · · · · · · · · · · · · · · · ·		
S   S   S   S   S   S   S   S   S   S			* * * * * * * * * * * * * * * * * * * *		
6 a Gross rents b Less: rental expenses c Net rental income (describe ► STMT 1 ) 7 5,400.  7 Other investment income (describe ► STMT 1 ) 7 5,400.  8 a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses. c Gain or (loss) (combine line 8c, columns (A) and (B)).  9 Special events and activities (attach schedule). If any amount is from gaming, check here ► does not inventory and contributions reported on line 1a). b Less: cost or other basis and sales expenses. c Gain or (loss) (combine line 8c, columns (A) and (B)). 9 Special events and activities (attach schedule). If any amount is from gaming, check here ► does not inventory, less returns and allowances. Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory, less returns and allowances. Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedule) (subtract line 10b from line 10a). Described inventory (attach schedul		l _	manufacture of the second seco	127033	
Description			Server servets	3	
C   Net rental income or (loss) (subtract line 6b from line 6a)   5   400					-1383
7		1			
b Less: cost or other basis and sales expenses.  c Gain or (loss) (attach schedule).  d Net gain or (loss) (combine line 8c, columns (A) and (B)).  9 Special events and activities (attach schedule). If any amount is from gaming, check here  a Gross revenue (not including \$ of contributions reported on line 1a).  b Less: direct expenses other than fundraising expenses.  c Net income or (loss) from special events (subtract line 9b from line 9a)  10 a 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 (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)   12   3,803,593.  13 Program services (from line 44, column (B))   13   1,400,061.  14 Management and general (from line 44, column (C))   14   458,852.  15 Fundraising (from line 44, column (D))   15   NONE  16 Payments to affiliates (attach schedule)   16   17   Total expenses (add lines 16 and 44, column (A))   17   1,858,913.  18 Excess or (deficit) for the year (subtract line 17 from line 12)   18   1,944,680.  19 Net assets or fund balances at beginning of year (from line 73, column (A))   19   5,089,229.  20 Other changes in net assets or fund balances (attach explanation)   STMT 2   20   -980,167.  21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)   21   6,053,742.	ā	I		• • • • • • • • •	
b Less: cost or other basis and sales expenses.  c Gain or (loss) (attach schedule).  d Net gain or (loss) (combine line 8c, columns (A) and (B)).  9 Special events and activities (attach schedule). If any amount is from gaming, check here  a Gross revenue (not including \$ of contributions reported on line 1a).  b Less: direct expenses other than fundraising expenses.  c Net income or (loss) from special events (subtract line 9b from line 9a)  10 a 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 (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)   12   3,803,593.  13 Program services (from line 44, column (B))   13   1,400,061.  14 Management and general (from line 44, column (C))   14   458,852.  15 Fundraising (from line 44, column (D))   15   NONE  16 Payments to affiliates (attach schedule)   16   17   Total expenses (add lines 16 and 44, column (A))   17   1,858,913.  18 Excess or (deficit) for the year (subtract line 17 from line 12)   18   1,944,680.  19 Net assets or fund balances at beginning of year (from line 73, column (A))   19   5,089,229.  20 Other changes in net assets or fund balances (attach explanation)   STMT 2   20   -980,167.  21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)   21   6,053,742.	enn	_			5,400.
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C Gain or (loss) (attach schedule)		1.			
d Net gain or (loss) (combine line 8c, columns (A) and (B))		P			<b>.</b>
9 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$		C			380
a Gross revenue (not including \$					8 d
Contributions reported on line 1a)		1 -	, , ,	e ▶	
b Less: direct expenses other than fundraising expenses 9b		a			
C Net income or (loss) from special events (subtract line 9b from line 9a)  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  C Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)  10 c					
10 a Gross sales of inventory, less returns and allowances   10 a   10 b     10 b     10 c   10 c   10 c   11   10 c   11   10 c   12   13 ,803 ,593 .					
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)  11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 6,053,742.					9c
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12       Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)       12       3,803,593.         13       Program services (from line 44, column (B))       13       1,400,061.         14       Management and general (from line 44, column (C))       14       458,852.         15       Fundraising (from line 44, column (D))       15       NONE         16       Payments to affiliates (attach schedule)       16         17       Total expenses (add lines 16 and 44, column (A))       17       1,858,913.         18       Excess or (deficit) for the year (subtract line 17 from line 12)       18       1,944,680.         19       Net assets or fund balances at beginning of year (from line 73, column (A))       19       5,089,229.         20       Other changes in net assets or fund balances (attach explanation)       \$TMT. 2       20       -980,167.         21       Net assets or fund balances at end of year (combine lines 18, 19, and 20)       21       6,053,742.		С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line	e 10a)	10c
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14   Management and general (from line 44, column (C))   15   NONE     15   Fundraising (from line 44, column (D))   15   NONE     16   Payments to affiliates (attach schedule)   16     17   Total expenses (add lines 16 and 44, column (A))   17   1,858,913     18   Excess or (deficit) for the year (subtract line 17 from line 12)   18   1,944,680     19   Net assets or fund balances at beginning of year (from line 73, column (A))   19   5,089,229     20   Other changes in net assets or fund balances (attach explanation)   \$TMT 2   20   -980,167     21   Net assets or fund balances at end of year (combine lines 18, 19, and 20)   21   6,053,742		13	Program services (from line 44, column (B))		
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17       Total expenses (add lines 16 and 44, column (A)).       17       1,858,913.         18       Excess or (deficit) for the year (subtract line 17 from line 12).       18       1,944,680.         19       Net assets or fund balances at beginning of year (from line 73, column (A)).       19       5,089,229.         20       Other changes in net assets or fund balances (attach explanation).       \$TMT. 2       20       -980,167.         21       Net assets or fund balances at end of year (combine lines 18, 19, and 20).       21       6,053,742.	Jen	15			
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Net assets or fund balances at beginning of year (from line 73, column (A))	ts	18			
21 Net assets of fulfid balances at end of year (combine lines 16, 19, and 20)	SSe	19			
21 Net assets of fulfid balances at end of year (combine lines 16, 19, and 20)	t A	20			
	Ne				
	or F	Privacy			

Га	Functional Expenses	and section	n 4947(a)(1) nonexempt cha	ritable trusts but optional for o	b) are required for section 5 others. (See page 22 of the	i01(c)(3) and (4) organization instructions.)
	Do not include amounts reported on the 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 so	hedule)			<u> </u>	
	(cash \$ 175,818. noncash \$	) 22	175,818.	175,818.	STMT 3	
23	Specific assistance to individuals (attach so	chedule) 23				
	Benefits paid to or for members (attach sch					
	Compensation of officers, director	• —		164,087.	80,913.	
	Other salaries and wages			392,659.	193,629.	
	Pension plan contributions			11,334.	5,589.	
	Other employee benefits			69,122.	34,085.	
29	Payroll taxes	29		42,187.	20,803.	
	Professional fundraising fees					
	Accounting fees			-		
3 Z	Legal fees	32				
3 A	Supplies	33		15.000		
35	Telephone	35			5,477.	
36	Occupancy	36		2,745.	1,097.	-
37	Equipment rental and maintenance	ce 37		5,777.	2,308.	
	Printing and publications			2,124.	849.	
	Travel			2,863.	1,161.	<u> </u>
	Conferences, conventions, and meetir					
41	Interest	41	20,513.	`	20,513.	
42	Depreciation, depletion, etc. (attach schedu	ule). 42	7,149.	5,261.	1,888.	
	Other expenses not covered above (itemize). \$ T		601,364.	510,824.	90,540.	
b	)					
C					-	
d	'	43c				
44	Total functional expenses (add lines 22 thro					
•	Total functional expenses (add lines 22 throi Organizations completing columns (B)-(D), c these totals to lines 13-15	carry 44	1,858,913.	1,400,061.	458,852.	
Join	nt Costs. Check ▶ if you are	e following	SOP 98-2.	1,100,001.	430,032.	NON
	any joint costs from a combined educa	_		citation reported in (B) Prog	ram services?	Yes X No
	es," enter (i) the aggregate amount of t					
	he amount allocated to Management a			; and (iv) the amount al		
	rt III Statement of Program S			ee page 25 of the ins	tructions.)	
What	at is the organization's primary exempt p	purpose?	STMT 5			Program Service Expenses
All d	organizations must describe their ex	empt purpo	se achievements in a cle	ear and concise manner.	State the number	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
or ci orda	elients served, publications issued, et anizations and 4947(a)(1) nonexempt	tc. Discuss charitable ti	achievements that are r rusts must also enter the	not measurable. (Section amount of grants and all	501(c)(3) and (4)	trusts; but optional for
	STMT 6			amount of granto and an		others.)
u 2	<u> </u>					
-						
-			(Grants a	nd allocations \$		206,569
b _						200,303
_						
_		. <b></b>				
_			(Grants a	nd allocations \$	)	38,160
-						
-						
-						
, -			(Grants a	nd allocations \$	)	629,610.
1 -		·				
-						
-			(Grants a	nd allocations \$		35 069
• C	Other program services (attach sch	hedule) si		nd allocations \$	175,818.)	35,068. 490,654.
	Total of Program Service Expense				<u> </u>	1,400,061.
20 1.00			,			Form <b>990</b> (2004)

2508-00

Fo	rm 990	(2004)	<u>. ^ /</u>		Page
F	art I\	Balance Sheets (See page 25 of the instructions.)		,	
_	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
	45	Cash - non-interest-bearing	446,266	. 45	205,173
	46	Savings and temporary cash investments	457,500	. 46	568,936
	Ь	Accounts receivable	101,166	. 47c	215,083
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts	782,750.	48c	384,750
	49	Grants receivable	88,347.	49	23,795
	50	Receivables from officers, directors, trustees, and key employees			
	51a	(attach schedule)		50	
ts		schedule)			
Assets		Less: allowance for doubtful accounts	3,392,645.		5,219,076
Ÿ	52			52	
	53 54	Prepaid expenses and deferred charges	2,500.		2,350
		Investments - securities (attach schedule) ▶ _ Cost FMV Investments - land, buildings, and		54	
		equipment: basis			
		schedule)		55c	
	56	Investments - other (attach schedule) STMT. 14 .	691,811.	56	367,044
		Land, buildings, and equipment: basis 57a 38,545.  Less: accumulated depreciation (attach			
		schedule)	16,990.	57c	15,824
	58	Other assets (describe	279,800.	58	218,072
	59	Total assets (add lines 45 through 58) (must equal line 74)	6,259,775.	59	7,220,103
	60	Accounts payable and accrued expenses	51,488.	60	81,685
	61	Grants payable		61	
	62	Deferred revenue		62	
abilities	63	Loans from officers, directors, trustees, and key employees (attach			
Ħ	C.A.	schedule)		63	
E:		Tax-exempt bond liabilities (attach schedule)		64a	
	65	Mortgages and other notes payable (attach schedule)	903,726.		981,733.
	00	Other liabilities (describe ►	215,332.	65	102,943.
	66	Total liabilities (add lines 60 through 65)	1,170,546.	66	1 166 261
_		nizations that follow SFAS 117, check here ▶ X and complete lines	1,170,546.	00	1,166,361.
	3	67 through 69 and lines 73 and 74.			
s	67	Unrestricted	3,005,990.	67	6,053,742.
S	68	Temporarily restricted	2,083,239.		0,033,742.
ala	69	Permanently restricted	2,003,233.	69	
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.			
F	70	Capital stock, trust principal, or current funds	Ī	70	
S	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
set	72	Retained earnings, endowment, accumulated income, or other funds		72	
As		Total net assets or fund balances (add lines 67 through 69 or lines			
ē		70 through 72;			
_		ı	r.		

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.

column (A) must equal line 19; column (B) must equal line 21) . . . . .

Total liabilities and net assets / fund balances (add lines 66 and 73) . . . .

6,259,775.

74

6,053,742.

7,220,103.

Pa	rt IV-A	Reconciliation of Revenu Financial Statements wit Return (See page 27 of the	e per Audited h Revenue per ne instructions.)		Pai	t IV-B	Reconciliation Financial Star Return	of Expense tements with	s pe ı Exp	er Audited penses per
a	Total rev	enue, gains, and other support			а	Total	expenses and	losses per		
	per audi	ted financial statements 🔒 🕨	a 2,868,9	926.		audited	l financial stateme	nts	a	1,904,413
b	Amount	s included on line a but not on			b		ts included on line			
	line 12,	Form 990:				on line	17, Form 990:			
(1)	Net unrea	alized gains			(1)	Donated	services			
	on invest	ments\$				and use	of facilities \$	45,500.		
(2)	Donated:	services			(2)		ar adjustments	····		
	and use o	of facilities \$ 45,500.				reported	on line 20,			
(3)	Recoverie	-					90 \$			
	year gran	ts \$			(3)		reported on			
(4)	Other (sp	ecify):				line 20,	Form 990 \$			
					(4)	Other (s	pecify):			
	STMT	18 \$ -980,167.					,			
		ounts on lines (1) through (4)		67.			\$			
					1	Add amo	ounts on lines (1) the	ough (4)	b	45,500
C	Line a m	inus line b	c 3,803,5	93.	င		minus line <b>b</b>		$\overline{}$	1,858,913.
d		s included on line 12,			d		ts included on line			4.8
	Form 99	00 but not on line a:				Form 9	90 but not on line	a:		
(1)	Investme	nt expenses			(1)	Investme	ent expenses			
	not includ	led on line			( )		ded on line			
	6b, Form	990 \$				6b. Form	n 990\$			
(2)	Other (sp				(2)	Other (sp				
` '		***			\_/		, , , , , , , , , , , , , , , , , , , ,			
							<b>s</b>			
	Add amo	ounts on lines (1) and (2) ▶	d			Add am	ounts on lines (1)	and (2) >	d	on the section of the contract of the contract of
e		enue per line 12, Form 990			e		penses per line 1			
		us line d)	e 3.803.5	93.			olus line d) · · · ·		e	1,858,913.
Pa		ist of Officers, Directors, 1								ed; see page 27 of
		ne instructions.)						·		
		(A) Name and address		ho	ours p	d average er week o position	(C) Compensation (If not paid, enter	(D) Contributio employee benefit deferred compen	plans &	(E) Expense account and other allowances
				deve	oted to	position	-0)	deletted compet	isation	allowances
SEI	E STATE	MENT 19-21		_	_		245,000	. 36,	840	. NONE
_				1						
_				-						
_				1						
				-						
				1						
				-						
				1						
_				-						
75	Did any of	fficer, director, trustee, or key emp	oloyee receive aggrega	ate cor	mpen	sation of n	nore than \$100,000 f	rom your		
		on and all related organizations, of		0,000	was	provided b	y the related organiza	ations?		Yes 🗶 No
	⊓ res,≃a	ttach schedule - see page 28 of the	INSTRUCTIONS.							
_										Form <b>990</b> (2004)

Forn	orm 990 (2004) 43 116	669		Page 5
Pa	Part VI Other Information (See page of the instructions.)			No
76	6 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed desc	cription of each activity 70		x
	Were any changes made in the organizing or governing documents but not reported to the IRS?			x
	If "Yes," attach a conformed copy of the changes.			
78 a	8 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	return? 78	a	x
	b If "Yes," has it filed a tax return on Form 990-T for this year?		b N/	-
	9 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a s		9	x
	o a Is the organization related (other than by association with a statewide or nationwide organization) through cor	50000.0		
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80	a X	
	b If "Yes," enter the name of the organization STMT 22			
	and check whether it is exempt or nonexempt.			
81 a	1 a Enter direct and indirect political expenditures. See line 81 instructions	NONE		
b	b Did the organization file Form 1120-POL for this year?	81	b N/	A
	2 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?		a X	
	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.)	45,500.		
83a	3 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83	a X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		b N/	A
	4 a Did the organization solicit any contributions or gifts that were not tax deductible?			
	b If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?		ь <b>и</b> /.	A
8 <b>5</b>	5 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85	a N/	A
b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85	b N/	A
	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.			
	c Dues, assessments, and similar amounts from members 85c	N/A		
d	d Section 162(e) lobbying and political expenditures	N/A		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A		
f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A		
g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		g N/	A
h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to i	its reasonable	1 !	
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	851	h N/	A
	5 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A		
	b Gross receipts, included on line 12, for public use of club facilities	N/A		
	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A		
	b Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)	N/A		pani
	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		x	sances hon
	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► <u>NONE</u> ; section 4912 ► <u>NONE</u> ; section 4955 ►	NONE	위하: 황	894 J.
	b 501(c)(3) and 501(c)(4) orgs. 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		1 1	
	a statement explaining each transaction	891	<u> </u>	_X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958	<b>-</b>		NONE
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	·	1	NONE
	a List the states with which a copy of this return is filed ▶NONE			
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		12	
	The books are in care of MR. RON KRAUS  Telegraphic Te		400	
		P+4 ► <u>63101</u>		
12	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			<u>-</u>
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶   92	N/A	

Note: Enter on	ross amounts unless otherwise	Unre	lated business inc	ome Fv	luded by se	ction 512, 513, or 514	(E)
indicated.		(A) Business code	(B) Amount	(	C) ion code	(D) Amount	Related or exempt function
•	LOPMENT FEES	·					income -33,161
	GEMENT FEES						82,100
	ULTING FEES					·	424,826
							121/020
e							
f Medicare	e/Medicaid payments						
g Fees and	d contracts from government agencies .						
94 Member	rship dues and assessments L						
	n savings and temporary cash investments •			1	4	79,593	,
	ds and interest from securities	32 (c.) 1.000e0e0e0e0e		000000000000000000000000000000000000000	500000000000000000000000000000000000000	: : : : : : : : : : : : : : : : : : :	
	tal income or (loss) from real estate:						72.1
	anced property						
	t-financed property						
	income or (loss) from personal property				_		
	vestment income				6	5,400.	
	oss) from sales of assets other than inventory ome or (loss) from special events.				<del></del>		
	ofit or (loss) from sales of inventory						
	evenue: a	-					<u> </u>
e							
04 Subtotal	(add columns (B), (D), and (E))			NONE		84,993.	473,765
	dd line 104, columns (B), (D), and (E)					· · · · · • ·	558,758
	5 plus line 1d, Part I, should equal the						
	Relationship of Activities to						
	xplain how each activity for which in					d importantly to the acc	complishment
<del></del>	of the organization's exempt purpose	s (other th	an by providing fur	nas for such pur	poses).		
<del></del>	STMT 23			<del></del>			
+		<del></del>					
							<del></del>
Part IX I	nformation Regarding Taxab	le Subsic	liaries and Dis	regarded E	ntities (S	See page 34 of th	e instructions )
	(A)		(B)	(C)		(D)	
	me, address, and EIN of corporation, partnership, or disregarded entity		Percentage of ownership interest	Nature of ac	tivities	Total income	(E) End-of-year assets
:	STMT 24		%		ľ	-974.767	1.151.837
	STMT 24					-974,767	. 1,151,837
	STMT 24		%			-974,767	. 1,151,837
			% % %				
	nformation Regarding Trans	fers Ass	% % %	ersonal Be	nefit Con		
Part X I			% % % ociated with P			tracts (See page	
Part X In  (a) Did the or  (b) Did the	nformation Regarding Trans rganization, during the year, receive any organization, during the year,	funds, directl pay premi	% % % ociated with P y or indirectly, to pay ums, directly of	premiums on a p	ersonal benef	tracts (See page	34 of the instructions.) Yes x No
Part X In  (a) Did the or  (b) Did the	nformation Regarding Trans rganization, during the year, receive any organization, during the year, es" to (b), file Form 8870 and For	funds, directl pay premi <i>m 4720 (s</i>	% % % ociated with P y or indirectly, to pay ums, directly or ee instructions).	premiums on a por r indirectly, o	ersonal benel	tracts (See page in the contract?	34 of the instructions.) Yes x No t? Yes x No
Part X In  (a) Did the or  (b) Did the	nformation Regarding Trans rganization, during the year, receive any organization, during the year, resist (b), file Form 8870 and For	funds, directlopay premiom 4720 (so that I have	% % % % ociated with F y or indirectly, to pay ums, directly or ee instructions).	premiums on a por indirectly, o	n a perso	tracts (See page : it contract? nal benefit contract	34 of the instructions.)  Yes X No t? Yes X No
Part X In  (a) Did the or  (b) Did the  Note: If "Ye	nformation Regarding Trans rganization, during the year, receive any organization, during the year, es" to (b), file Form 8870 and For	funds, directlopay premiom 4720 (so that I have	% % % % ociated with F y or indirectly, to pay ums, directly or ee instructions).	premiums on a por indirectly, o	n a perso	tracts (See page : it contract? nal benefit contract	34 of the instructions.)  Yes X No t? Yes X No
Part X In  (a) Did the or  (b) Did the  Note: If "Ye	rganization, during the year, receive any organization, during the year, reserve any organization, during the year, reserve to (b), file Form 8870 and For Under penalties of perjury. I declare and belief, it is true, correct, and co	funds, directlopay premiom 4720 (so that I have	% % % % ociated with F y or indirectly, to pay ums, directly or ee instructions).	premiums on a por indirectly, o	n a perso	tracts (See page in it contract?	34 of the instructions.)  Yes X No t? Yes X No
Part X In  (a) Did the of  (b) Did the  Note: If "Ye  Please  Sign	nformation Regarding Trans rganization, during the year, receive any organization, during the year, resist (b), file Form 8870 and For	funds, directlopay premiom 4720 (so that I have	% % % % ociated with F y or indirectly, to pay ums, directly or ee instructions).	premiums on a por indirectly, o	n a perso	tracts (See page : it contract? nal benefit contract	34 of the instructions.)  Yes X No Yes X No
Part X In  (a) Did the of  (b) Did the  Note: If "Ye  Please  Sign	rganization, during the year, receive any organization, during the year, receive any organization, during the year, pes" to (b), file Form 8870 and For Under penalties of perjury, I declare and belief, it is true, correct, and co	funds, directlopay premiom 4720 (so that I have	% % % % ociated with F y or indirectly, to pay ums, directly or ee instructions).	premiums on a por indirectly, o	n a perso	tracts (See page in it contract?	34 of the instructions.)  Yes X No t? Yes X No
Part X In  (a) Did the of  (b) Did the  Note: If "Ye  Please  Sign	rganization, during the year, receive any organization, during the year, reserve any organization, during the year, reserve to (b), file Form 8870 and For Under penalties of perjury. I declare and belief, it is true, correct, and co	funds, directlopay premiom 4720 (so that I have	% % % % ociated with F y or indirectly, to pay ums, directly or ee instructions).	premiums on a pro- r indirectly, o including accome (other than officer)	ersonal benet n a perso panying scheet is based on	tracts (See page in it contract?	34 of the instructions.)  Yes X No Yes X No d to the best of my knowledge reparer has any knowledge.
Part X In  (a) Did the or  (b) Did the  Note: If "Ye  Please  Sign  Here	regarding Trans regarding Tran	funds, directlopay premiom 4720 (so that I have	% % % % ociated with F y or indirectly, to pay ums, directly or ee instructions).	premiums on a por indirectly, o	n a perso panying scheet is based on	tracts (See page in it contract?	34 of the instructions.)  Yes X No t? Yes X No
Part X In  (a) Did the or  (b) Did the  Note: If "Ye  Please Sign Here	rganization, during the year, receive any organization, during the year, receive any organization, during the year, res" to (b), file Form 8870 and For Under penalties of perjury. I declare and belief, it is true, correct, and co	funds, directloay premi m 4720 (s that I have mplete. Dec	% % % % ociated with F y or indirectly, to pay ums, directly or ee instructions). examined this return, laration of preparer	premiums on a pro- r indirectly, o including accome (other than officer)	n a perso banying sched is based on	tracts (See page it contract?	34 of the instructions.)  Yes X No Yes X No No d to the best of my knowledge reparer has any knowledge.
Part X In  (a) Did the or  (b) Did the  Note: If "Ye  Please Sign  Here  Paid  Preparer's	rganization, during the year, receive any organization, during the year, reserve any organization, during the year, reserve to (b), file Form 8870 and For Under penalties of perjury. I declare and belief, it is true, correct, and co	funds, directlopay premi m 4720 (s that I have mplete. Dec	% % % % ociated with F y or indirectly, to pay ums, directly or ee instructions). examined this return, laration of preparer	premiums on a pro- r indirectly, o including accome (other than officer)	n a perso banying sched is based on	tracts (See page it contract?	34 of the instructions.)  Yes X No Yes X No do to the best of my knowledge reparer has any knowledge.
Part X In  (a) Did the or  (b) Did the  Note: If "Ye  Please Sign Here	rganization, during the year, receive any organization, during the year, reserve any organization, during the year, reserve to (b), file Form 8870 and For Under penalties of perjury, I declare and belief, it is true, correct, and co	funds, directlopay premi m 4720 (s that I have mplete. Dec	% % % ociated with P y or indirectly, to pay ums, directly or ee instructions). examined this return, laration of preparer	premiums on a promited in directly, of including accomplication officer, other than officer, pate	n a perso banying sched is based on	tracts (See page it contract?	34 of the instructions.)  Yes X No Yes X No No d to the best of my knowledge reparer has any knowledge.

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