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Short Form
Return of Organization Exempt From Income TaxDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2008

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org.izations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

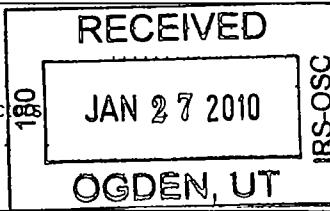
Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning Apr 1, 2008, and ending Mar 31, 2009

B Check if applicable	C Name of organization NARAL Pro-Choice Missouri	D Employer identification number 43-1044264
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 1210 S. Vandeventer	Room/suite
<input type="checkbox"/> Name change	City or town, state or country, and ZIP + 4 Saint Louis	MO 63110
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Termination		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
• 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►

I Website: ► www.prochoicemissouri.orgJ Organization type (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **48,568.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	48,249.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	8.
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) (att sch)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b Less: direct expenses other than fundraising expenses	6c	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less: cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	311.
8 Other revenue (describe ► <u>Misc.</u>)	9	48,568.
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	10	
10 Grants and similar amounts paid (attach schedule)	11	
11 Benefits paid to or for members	12	20,791.
12 Salaries, other compensation, and employee benefits	13	11,156.
13 Professional fees and other payments to independent contractors	14	18,830.
14 Occupancy, rent, utilities, and maintenance	15	9,803.
15 Printing, publications, postage, and shipping	16	15,486.
16 Other expenses (describe ► See Other Expenses Statement)	17	76,066.
17 Total expenses (add lines 10 through 16)	18	-27,498.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	33,960.
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)	20	-108.
20 Other changes in net assets or fund balances (attach explanation) See L-2Q Stmt	21	6,354.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 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	35,856.	22 14,611.
23 Land and buildings	0.	23 0.
24 Other assets (describe ► See L-24 Stmt)	6,013.	24 1,660.
25 Total assets	41,869.	25 16,271.
26 Total liabilities (describe ► See L-26 Stmt)	7,909.	26 9,917.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,960.	27 6,354.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? Guaranteeing reproductive choices for women

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 See schedule attached

(Grants \$

0 .) If this amount includes foreign grants, check here

28a

56,406.

29

(Grants \$

) If this amount includes foreign grants, check here

29a

30

(Grants \$

) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$

) If this amount includes foreign grants, check here

31a

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

32

56,406.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs)

(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 and deferred compensation	(e) Expense account and other allowances
Pamela Sumners c/o NARAL Pro-Choice MO St. Louis MO 63110	Exec. Dir. 20.00	14,230.	0.	
Eleanor Safe c/o NARAL Pro-Choice MO St. Louis MO 63110	President 4.00	0.	0.	
Jason Lane c/o NARAL Pro-Choice MO St. Louis MO 63110	Board member 1.00	0.	0.	
Jane Bogetto c/o NARAL Pro-Choice MO St. Louis MO 63110	Board member 1.00	0.	0.	
Susan Carlson c/o NARAL Pro-Choice MO St. Louis MO 63110	Board member 1.00	0.	0.	
Jennifer Garlich c/o NARAL Pro-Choice MO St. Louis MO 63110	Board member 3.00	0.	0.	
Teneil Kellerman c/o NARAL Pro-Choice MO St. Louis MO 63110	Board member 1.00	0.	0.	
Diane Modrell c/o NARAL Pro-Choice MO St. Louis MO 63110	Board member 1.00	0.	0.	
Lisa Pestronk c/o NARAL Pro-Choice MO St. Louis MO 63110	Board member 1.00	0.	0.	
Rose-Lynn Sokol c/o NARAL Pro-Choice MO St. Louis MO 63110	Board member 1.00	0.	0.	
Jim Schallom c/o NARAL Pro-Choice MO St. Louis MO 63110	Board member 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V | Other Information (Note the statement requirement in General Instruction 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	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34	X
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 your reason for not reporting the income on Form 990-T.	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35b	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	36	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	37a	0.
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
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 unpaid at the start of the period covered by this return?	38b	
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	39a	
39 501(c)(7) organizations. Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____; section 4955 ► _____	40b	X
b 501(c)(3) and (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,' complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	0.
d Enter amount of tax on line 40c reimbursed by the organization	40d	0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► _____		

42a The books are in care of ► Pamela Summers Telephone no ► (314) 531-8616
 Located at ► 1210 S. Vandeventer Louis MO ZIP + 4 ► 63110

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)? If 'Yes,' enter the name of the foreign country ► _____

	Yes	No
42b	X	
42c	X	

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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 ► 43 _____

	Yes	No
44	X	
45	X	

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 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		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

50 Complete this table for the 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'

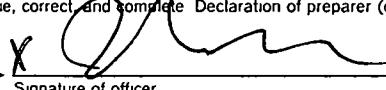
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
Total number of other employees paid over \$100,000 ►				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
Total number of other independent contractors 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

► 

Signature of officer

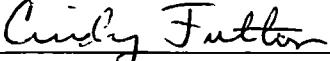
► 1-10-2010

Date

► 

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►  Date 01/01/10 Check if self-employed ► Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed).

address, and ZIP + 4

► Cindy Fulton C.P.A., P.C.

► 2260 S. Compton Ave.

St. Louis

MO 63104-1612

Phone no ► (314) 771-5572

EIN ►

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

► Yes No

BAA

Form 990-EZ (2008)

Name as Shown on Return NARAL Pro-Choice Missouri	Employer Identification No 43-1044264
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Line 24 - Other Assets:	Beginning of Year	End of Year
<u>Accounts Receivable</u>	<u>4,353.</u>	
<u>Sales tax deposit</u>	<u>360.</u>	<u>360.</u>
<u>Rent deposit</u>	<u>1,300.</u>	<u>1,300.</u>
Totals to Form 990-EZ, Part II, line 24	6,013.	1,660.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
<u>Accounts Payable & Accrued Expenses</u>	<u>7,909.</u>	<u>9,917.</u>
Totals to Form 990-EZ, Part II, line 26	7,909.	9,917.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Dues and subscriptions	500.
Computer/internet costs	2,123.
Bank & credit card chgs.	2,629.
Supplies	1,791.
Outreach	686.
Education	540.
Travel	2,621.
Direct program costs - various	1,418.
Other	2,338.
Loss on sale of investment	53.
Automated dialer fees	787.
Total	<u>15,486.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mary Buenger c/o NARAL Pro-Choice MO St. Louis MO 63110 Foreign city _____ Foreign country _____	Title Vice-Pres. Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Denise Lieberman c/o NARAL Pro-Choice MO St. Louis MO 63110 Foreign city _____ Foreign country _____	Title Secretary Hours/Week 3.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Fran Cohen c/o NARAL Pro-Choice MO St. Louis MO 63110 Foreign city _____ Foreign country _____	Title Board member Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Milly Cohn c/o NARAL Pro-Choice MO St. Louis MO 63110 Foreign city _____ Foreign country _____	Title Board member Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
<u>Unrealized loss on investment</u>	<u>-108.</u>
Total	<u>-108.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
Cash	13,664.
Stock - FMV at 3/31/09 - publicly-traded	947.
Total	<u>14,611.</u>

Supporting Statement of:

Form 990-EZ/Part IV, Compensation-1

Description	Amount
The executive director was paid by this organization a total of \$56,538 during 2008. NARAL Pro-Choice MO was reimbursed by another not-for-profit organization a total of \$42,308 for work done for that entity. The remainder, \$14,230, was expensed by NARAL Pro-Choice MO.	<u>14,230.</u>
Total	<u>14,230.</u>

NARAL Pro-Choice Missouri
Form 990, FYE 3/31/09
Part III—Statement of Program Accomplishments

- 1. Membership Outreach and Education.** NARAL Pro-Choice Missouri was very active this fiscal year with coalition events focused on contraceptive access and political barriers to them. Our executive director, a constitutional lawyer, gave talks to members on judicial construction of constitutional rights, judicial philosophy, the current state of the federal judiciary, legislative developments in Missouri, and spoke on these issues to various university and law school audiences as well.

Our staff spoke on various college campuses and organized “Talking About Choice” sessions for members and activists.

We kept our membership engaged and informed by sponsoring informational house parties to brief volunteers and members on pending legislative priorities and on proposed ballot initiatives that would have banned almost all abortions in Missouri. We published three membership newsletters and sent regular email alerts about topics of concern to our members and network of activists. We also tabled or marched at various parades and community fairs. We gathered thousands of petition signatures from our members and from concerned citizens about pharmacy-refusal laws, did crowd canvassing, and engaged in a variety of protest activities against anti-contraceptive policies.

Expenses - \$28,203

- 2. Legislative.** NARAL Pro-Choice Missouri is a constant resource for legislators and policymakers. We provided legislators with a comprehensive legal and policy analysis packet that included parsing of the language of each bill of concern to us, as well as health-related statistics and fact sheets. We testified on several bills of particular concern and procured witnesses for several hearings. We also made legislative visits on a constant basis from January through May and scheduled an annual day at the Capitol for our activists. Working with our allies, we strive to craft a strategy each year to advance pro-choice bills and to inhibit the progress of anti-choice bills. During this fiscal year, we proactively drafted and recruited Senate and House sponsors for the Conscientious Pharmacist Act, which would require Missouri pharmacists to fill legal birth-control prescriptions without hassles, lectures, or delays. We also co-hosted a Legislative Accountability session targeting a new state senator to persuade him to support a “Prevention First” legislative approach and to secure his promise to vote against anti-choice and anti-birth control measures. We presented legislators with thousands of petitions on a variety of bills and worked legislative phonebanks.

As a result of all of our legislative efforts, not a single piece of anti-choice legislation was passed.

Expenses - \$16,922

3. Trainings. We sponsored trainings in messaging about the issue of choice, the political threats to contraceptive access and access to abortion, and in grassroots action statewide. We trained canvassers, phone bankers, and writers of letters to the editor in how to talk most effectively about our issues.

Expenses - \$11,281

Total Program Expenses - \$56,406