

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Short Form 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)

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.

OMB No. 1545-1150

2009

Open to Public Inspection

Inti	Internal Revenue Service		► The organization may have to use a copy of this return to satisfy state reporting requirements.								
Ā	A For the 2009 calend		ar vear.	or tax year beginning	. 200	9. and	ending		, 20		
_	B Check if applicable:		Ploggo	C Name of organization					identification number		
Ĕ	Address change			$1 \dots 1 \dots 1$	mployer identification number						
<u> </u>	i	-	use IRS label or						72-1553703		
<u> </u>	Name ch	•	print or	Number and street (or P.O. box, if mail is no		i) Ro	om/suite E Te	elephone	number		
⊢		ittal return type. PO Bis x 10894						541-345-5702			
닏	Amended return Specific City or town, state or country, and ZIP + 4										
닏							Group Exemption				
Application pending tions. Eugene Oregon 97440 - 2894							Number ▶ 9255				
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting M								l: ☑ Cash ☐ Accrual		
	a completed Schedule A (Form 990 or 990-EZ). Other (specify)										
_							H Check D	7 15 100	the organization is not		
	14/a b _=	4-15	31.3 1	VROPTIONS, ORG				•			
	Websi -	···		<u>.</u>			-	attach Schedule B (Form 990,			
<u>J</u>	Tax-ex	empt status (d	check or	nly one) — 🗹 501(c) (3) ◀ (insert ne	o.) 4947(a)(1) or	527	990-EZ, or	390-PF).			
K	Check	if the	e organiz	ration is not a section 509(a)(3) supportir	ng organization and its gro	oss rec	eipts are normal	ly not m	ore than \$25,000. A		
	Form 9	90-EZ or Form	1 990 ret	um is not required, but if the organizati	ion chooses to file a retur	n, be s	sure to file a con	iplete re	eturn.		
Ē				9 to determine gross receipts; if \$500,000				▶ §			
	art I			enses, and Changes in Net As							
	_					ices (Oee ale ilisa				
	1		_	s, grants, and similar amounts rece				1	106056		
	2	Program se	ervice r	evenue including government fees a	and contracts			2	102		
	3	Membershi	ip dues	and assessments				3			
	4	Investment	-			1.7		4	78		
	5a			n sale of assets other than inventor	v	. 1					
					· —						
	þ			r basis and sales expenses							
	C		n or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
ž	6	Special events									
2010 Revenue	a	Gross rever	nue (no	tររាំcluding \$	of contributions						
2,6	1	reported or	•		1	1			i I		
	Ь	•	•	ses other than fundraising expense			·····				
e			-	_ · ·				13490E-2	1		
N	C			s) from special events and activities	· ·	1	ia)	6c			
₩.	7a	Gross sales	s of inve	entory, less returns and allowances	<u>7-a</u>						
APR	b	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)									
	С										
SCANNED	8	Other reven	nue (des	scribe > House Parties +	Wihe-Tarkhy Eve	nt a	١	8	4443		
9	9				- 			9	110679		
Z -		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							3240		
⋖				7				10			
Ö	11	•				·		11	3597		
(A) 8	12			npensation, and employee benefits				12	43829		
Ĕ	13	Professiona	al fees a	and other payments to independent	contractors A.P.P. (P. &	1560	1749A .	13	3088		
хрөл	14	Occupancy	, rent, ι	tilities, and maintenance			6	14	6337		
ũ	15				1 1	n . n		15	4002		
	16	Other exper	nses (cl	ns, postage, and shipping escribe ▶ <u>WIN FUND Pay</u>		<u>W</u> . #		16	56597		
	17	Total expo	neon A	dd lines 10 through 16	11011 119 40 2310						
	18				0			17	120690		
Net Assets				or the year (Subtract line 17 from lin				18	(9991)		
38	19			balances at beginning of year (fro				无好. 2007年	10 115		
Ä		end-of-year figure reported on prior year's return)						19	18667		
<u> </u>	20	Other chang	ges in n	et assets or fund balances (attach e	explanation)			20			
	21	Net assets	or fund	balances at end of year. Combine li	ines 18 through 20		>	21	8676		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or me											
				(See the instructions for Part II.)			(A) Beginning of		(B) End of year		
22	· ·	eh eavinee	and i	•	#, .;)						
	- Ca	an, savings,	and inv	estments	<i>\$</i> } · · · · · · ·	.	1866		2 8676		
23						.			23		
24	Otl	ner assets (d	escribe			_) _			24		
25	To	tal assets .				. [1866	<u> </u>	5 8676		
26	T-	A-1 1:-4:11:41		be >		, [2	26		
27	Ne.	t assets or f	hind ha	James /line 27 of column (P) must	agree with line 21)	— ·	1011		7 00 50		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Cat. No 106421

Network for Reproductive Options 72-1553703

rorm :	990-62 (2009)					Page Z		
Par	t III Statement of Program Service Accom	plishments (See the instri	uctions for Part II	1)		Expenses		
Wha	t is the organization's primary exempt purpose? T	o assist women in	reproductive her	1th orre	(Requ	ired for section		
	nd concise	501(c)(3) and 501(c)(4)						
	manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.							
	· · · · · · · · · · · · · · · · · · ·	1 .0			for ot	1013 /		
28	Aid : finding regarding reproductive	health care via	a "Women ih l	<u>() </u>				
	hottine, which gives theorementon & refer	rals to women se	ekils bealth	assistrace.				
	The find pays for medical services	± 250 wo	men served			55770		
	(Grants \$) If this amount				28a			
29	Grassroots Herlich Education Program	Dresents workshop	s and mark	tc.45				
	Grassmots Herlih Education Program a library to assist women in	learn by Mare	clant their	bodoec				
		Carroll	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2000				
	reproductive health, and health (Grants \$ 5000) If this amount	y sexuality.			امما	827		
	(Grants \$ 5000) If this amount	includes foreign grants, che	eck nere	. 🕨 🗀	29a			
30								
					i i			
	(Grants \$) If this amount	includes foreign grants, chi	eck here .	. ▶ 🗆	30a			
31	Other program services (attach schedule) .							
•	(Grants \$) If this amount	includes foreign grants, che	ack here	. ▶ □	31a			
32	Total program service expenses (add lines 28a				32	56597		
Par								
Fai	List of Officers, Directors, Trustees, and Key		 					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit		(e) Expense account and		
		devoted to position	enter -0)	deferred comper	sation	other allowances		
Je	nniker Webster	office Marier	18.50					
0	Box 10894 Eugene Oregon 97440	23 hrs. per week	perhour	פרו		na		
			-					
	•••••••••••••••••••••••	1			-			
m	and: Black		420		-			
1.10	arti Black	Fundamise	ger hour	2.		No		
	as above	13 hrs gerwede	700 700	20				
K	ate Weck	Board President						
	as above	5 hrs. per week	0	No		00		
		2						
		i						
~	111 00 00110	0 4						
<u>()e</u>	rald Morsello	Secritiens. a his/wk.		00		no		
	as above	4 hrs/wk.	0	710		1,70		
]						
_								
Sv	Ivia Hart as above	Bund Member						
. y.	Q C Obassa	Board Member 3 hrs./wk.	<u>ي</u>	<i>~</i> 3		20		
	<u> </u>	3 K/3./ &.C.						
		{						
$\overline{}$	11 00 17-5							
ro	.lly Molden as above	Board Member				-		
	as above	2 hrs./wk.	0	70		<u> </u>		
		·						
				<u> </u>				
		1						
								
		l i						
						· · · · · · · · · · · · · · · · · · ·		
] .						
				-				
				Ì				

Form 990-EZ (2009)

Page 3

				aye
Part	Other Information (Note the statement requirements in the instructions for Part V.)			1
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	NC
.34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	 	
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.	1.3	C 4.)	, ,
а	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?	35a	اللحد مدر	· · ·
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	 	
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	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		<u></u>
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		\ \rac{1}{2}
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	. 7 . 6	4	Š,
39	Section 501(c)(7) organizations. Enter:	, ,	. # 1	- ^
а	Initiation fees and capital contributions included on line 9	1,50	9.1	3
b	Gross receipts, included on line 9, for public use of club facilities		3.	£ 3
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	هٔ ر		, ga
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	3.4		# c
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	40b		V
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 4	40D	الأناتي	4 6
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1. A. A.	18 6 T	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			200
е	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		<u>````</u>
41	List the states with which a copy of this return is filed. ► CREGON 541-			
42a	The organization's books are in care of \triangleright $\frac{1}{1}$	5-5	, , , , ,	<u> </u>
	Located at ► PO Dox (0894 Eusens Oreson ZIP+4 ► 974	40-	289	4
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	,	 _	<u> </u>
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		
	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		. 👌	, 44
	and Financial Accounts.	- A		ا ومعادي
_		ا معقسا	-	(رائست
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
70	and enter the amount of tax-exempt interest received or accrued during the tax year			
		F	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			3
	Form 990-EZ	44		<u>~</u>
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		/

Form 990-EZ (2009) 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 No 46 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 Did the organization make any transfers to an exempt non-charitable related organization? . . . 49a 49a If "Yes," was the related organization a section 527 organization? b 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 50 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Title and average (c) Compensation (d) Contributions to (e) Expense employee benefit plans & deferred compensation (a) Name and address of each employee paid more hours per week devoted to position account and than \$100,000 other allowances Total number of other employees paid over \$100,000 . . . 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." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Under penalities 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 2010 Here Signature of officer Secretary Type or print name and title

Preparer's

signature

Firm's name (or

yours if self-employed), address, and ZIP + 4

Paid

Preparer's

Use Only

Date

Check if self-employed ▶ □

EIN

Phone no. ▶

Preparer's identifying number (See instructions)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name	: OI 1	ne organization	Network	Le Reprodu	Ale o	Opton	۱5			/553	TO 3
Pa	τI	Reason	for Public Ch	arity Status (All org				ete this i			
The 1 2		A church, co	nvention of chu	dation because it is (rches, or association on 170(b)(1)(A)(ii). (Att	of church	nes descr		•	-		
3 4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6			-	ernment or governme				=			
7	4	-		receives a substantia		its suppo	rt from a	governm	iental uni	t or from	the general public
8	г			(1)(A)(vi). (Complete P d in section 170(b)(1) (-	complete	Part II)				
9		An organizat receipts from support from	ion that normally n activities relate n gross investm	receives (1) more that ed to its exempt funct ent income and unrel a after June 30, 1975	an 331/3 % tions—su lated bus	of its sup bject to d siness tax	oport froi certain ex cable inc	ceptions ome (les	, and (2) s section	no more	than 331/3 % of its
10 11 e		An organizate purposes of 509(a)(3). Cha Type By checking persons other	tion organized a one or more pulneck the box that I b	tify that the organization managers and other	rely for the nizations of supportion is not to the nization is not the nization is not the nization is not the nization is nization.	ne benefit described rting orga se III-Fund ot control	t of, to point of the point of	perform to on 509(a) and com integrated tly or inc	he function (1) or sections of the line of the function of the line of the line of the	ons of, oction 509(es 11e through the contraction) one or	(a)(2) See section rough 11h Type III-Other more disqualified
f		organization	, check this box					-	-		III supporting
g		following pe	rsons?	the organization acce	•				•		[<u>v [</u>
			•	r indirectly controls, ϵ ning body of the supp		_		h persor	ns describ	oed in (ii)	Yes No
				erson described in (i) a							11g(ii) ~
		• •	•	of a person described		• •					[11g(iii)]
<u>h</u>		e of supported ganization	(n) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o	organization sled in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organizat	Is the tion in col zed in the S?	(vii) Amount of support
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No	
				,							
]]

Total

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) (e) 2009 (f) Total Gifts, grants, contributions, and 110746 112130 110387 membership fees received (Do not 109594 553458 110601 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 110746 109594 112130 110387 55345B 110601 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or 77748 15476 publicly supported organization) included 18590 5920 9845 27917 on line 1 that exceeds 2% of the amount shown on line 11, column (f) 475710 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 109594 110746 112/30 110387 110601 553458 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, 454 66 78 310 rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 553912 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage from 2008 Schedule A, Part II, line 14 16a 33%% support test-2009. If the organization did not check the box on line 13, and line 14 is and stop here. The organization qualifies as a publicly supported organization

14	Public support	percentage for	2009 (line 6	6, column (1	i) divided by I	line 11, column (f))
----	----------------	----------------	--------------	--------------	-----------------	----------------------

	ᆫ	10		_0_0	·		/0
s	331/3 %	or	more,	check	this	box	
						•	

- 331/3 % support test 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
 - b 10%-facts-and-circumstances test 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶