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Form 990-EZ

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.

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning 04-01-2009, and ending 03-31-2010****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 NARAL PRO-CHOICE MISSOURI
Number and street (or P O box, if mail is not delivered to street address)	Room/suite 1210 S VANDEVENTER
City or town, state or country, and ZIP + 4 SAINT LOUIS, MO 63110	

D	Employer identification number 43-1044264
E	Telephone number (314) 531-8616
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 prochoicemissouri.org**J Tax-Exempt status** (check only one) 501(c) (4) (insert no) 4947(a)(1) or 527**K 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 return****L 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 ► \$ 45,028**

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

<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and contracts</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p>5b Less cost or other basis and sales expenses</p> <p>5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</p> <p>6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►</p> <p>6a Gross revenue (not including \$ of contributions reported on line 1)</p> <p>6b Less direct expenses other than fundraising expenses</p> <p>6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p>7b Less cost of goods sold</p> <p>7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</p> <p>8 Other revenue (describe ►)</p> <p>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►</p>	<p>1 43,816</p> <p>2 0</p> <p>3 0</p> <p>4 26</p> <p>5c 164</p> <p>6c 0</p> <p>7c 0</p> <p>8 75</p> <p>9 44,081</p>
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 9,581
13 Professional fees and other payments to independent contractors	13 944
14 Occupancy, rent, utilities, and maintenance	14 18,384
15 Printing, publications, postage, and shipping	15 4,525
16 Other expenses (describe ►)	16 13,583
17 Total expenses. Add lines 10 through 16 ►	17 47,017
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -2,936
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 6,354
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 3,418

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	14,611	22 24,744
23 Land and buildings	23	
24 Other assets (describe ►)	1,660	24 3,790
25 Total assets	16,271	25 28,534
26 Total liabilities (describe ►)	9,917	26 25,116
27 Net assets or fund balances (line 25 of column (B) must agree with line 21)	6,354	27 3,418

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? Guaranteeing reproductive choices for women				
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, and other relevant information for each program title				
28 SEE SCHEDULE ATTACHED (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			28a 37,064
29 (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			29a
30 (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			30a
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			31a
32 Total program service expenses (add lines 28a through 31a)	. . . ►			32 37,064
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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		No	
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No	
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				
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?	35a		No	
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		No	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a			
b Did the organization file Form 1120-POL for this year?	37b		No	
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		No	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39 <i>Section 501(c)(7) organizations.</i> Enter	39a			
a Initiation fees and capital contributions included on line 9	39a			
b Gross receipts, included on line 9, for public use of club facilities	39b			
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____				
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		No	
c <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____				
d <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ► _____				
e <i>All organizations.</i> 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		No	
41 List the states with which a copy of this return is filed ► _____				
42a The organization's books are in care of ► PAMELA SUMMERS Telephone no ► (314) 531-8616 1210 S VANDEVENTER Located at ► 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 ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b		No	
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 ► _____	42c		No	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43				
44 Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>	44		No	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>	45		No	

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.

		Yes	No
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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
	b If "Yes," was the related organization a section 527 organization?	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."		

(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 & deferred compensation	(e) Expense account and other allowances

50(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."

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

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

Please Sign Here	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			
	***** Signature of officer DENISE LIEBERMAN TREASURER Type or print name and title	2011-01-17 Date		
Paid Preparer's Use Only	Preparer's signature CINDY FULTON	Date 2011-01-17	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)

Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 CINDY FULTON CPA PC 2260 S COMPTON AVE ST LOUIS, MO 631041612			EIN <input type="checkbox"/>
				Phone no <input type="checkbox"/> (314) 771-5572

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Additional Data

Software ID:
Software Version:
EIN: 43-1044264
Name: NARAL PRO-CHOICE MISSOURI

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PAMELA SUMNERS C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Exec Dir 10 00	807		
JASON LANE C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	President 4 00	0		
ELEANOR SAFE C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Board member 1 00	0		
JANE BOGETTO C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Board member 1 00	0		
HOPE WHITEHEAD C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Board member 1 00	0		
JENNIFER GARLICH C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Board member 2 00	0		
ELIZABETH SCHLESINGER C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Board member 1 00	0		
ROSE-LYNN SOKOL C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Board member 1 00	0		
JIM SCHALLOM C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Board member 1 00	0		
MARY BUENGER C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Vice-Pres 1 00	0		
DENISE LIEBERMAN C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Secretary 3 00	0		
FRAN COHEN C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Board member 1 00	0		
MILLY COHN C/O NARAL PRO-CHOICE MO ST LOUIS, MO 63110	Board member 1 00	0		

TY 2009 Other Assets Schedule

Name: NARAL PRO-CHOICE MISSOURI**EIN:** 43-1044264

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable		2,130
Sales tax deposit	360	360
Rent deposit	1,300	1,300

TY 2009 Other Expenses Schedule

Name: NARAL PRO-CHOICE MISSOURI**EIN:** 43-1044264

Description	Amount
Dues and subscriptions	1,205
Information technology	1,105
Bank & credit card chgs.	2,311
Supplies	2,476
Travel	1,922
Direct program costs - various	708
Conferences, meetings	3,848
Other	8

TY 2009 Other Liabilities Schedule

Name: NARAL PRO-CHOICE MISSOURI**EIN:** 43-1044264

Description	Beginning of Year Amount	End of Year Amount
Accounts payable	842	794
Accrued salaries	708	1,321
Payroll taxes payable	4,112	3,888
Due to organizations	4,255	19,113

TY 2009 Other Revenues Schedule

Name: NARAL PRO-CHOICE MISSOURI**EIN:** 43-1044264

Description	Amount
Misc.	75

NARAL Pro-Choice Missouri**Form 990, FYE 3/31/10****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 - \$18,532

- 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.

Expenses - \$11,119

- 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 - \$7,413

Total Program Expenses - \$37,064