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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? <u>Guaranteeing reproductive choices for women</u>			
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 VOther 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	
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	Section 501(c)(7) organizations. Enter		
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	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ PAMELA SUMNERS 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.	Yes	No
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 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", Form 990 must be completed instead of Form 990-EZ.	Yes	No
44			No
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.	Yes	No
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.

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	If "Yes," was the related organization a section 527 organization?		

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 *****		Date 2011-01-17		
Paid Preparer's Use Only	Preparer's signature CINDY FULTON		Date 2011-01-17	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	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 ▶
					Phone no ▶ (314) 771-5572
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> 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