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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2011 calendar year, or tax year beginning 04-01-2011 , and ending 03-31-2012**

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

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

►

G Accounting method

☐ Cash

☒ Accrual

Other (specify) ►

I Website:►

www.prochoicemissouri.org

J Tax-Exempt status (check only one) —

☐ 501(c)(3)

☒ 501(c)( 4)

☐ (insert no )

☐ 4947(a)(1) or

☐ 527

H Check ►

☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ☒ \$ 43,989

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See the instructions for Part I )

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	34,433
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	0
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	0
	<b>4</b>	Investment income . . . . .	<b>4</b>	4
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	0
	<b>b</b>	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	9,475
Expenses	<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	312
	<b>d</b>	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	<b>6d</b>	9,163
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	0
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0
	<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	77
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	43,677
	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	15,492
Net Assets	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1,339
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	5,076
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	6,193
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	10,450
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	38,550
	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	5,127
	<b>19</b>	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) . . . . .	<b>19</b>	-1,913
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	<b>21</b>	3,214

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

Cat No 10642I

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	15,871	22	29,091
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	6,146	24	3,457
25	Total assets . . . . .	22,017	25	32,548
26	Total liabilities (describe in Schedule O) . . . . .	23,930	26	29,334
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	-1,913	27	3,214

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose? Guaranteeing reproductive choices for women		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 STATEMENT ATTACHED (Grants \$ ) If this amount includes foreign grants, check here . . . . .	28a	26,755
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 (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . .	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .	32	26,755

Part IV

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

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c		No
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 <input type="checkbox"/> 37a 5,244			
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 . . . <input type="checkbox"/> _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____			
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 <input type="checkbox"/> _____			
42a	The organization's books are in care of <input type="checkbox"/> PAMELA SUMNERS Telephone no <input type="checkbox"/> (314) 531-8616 1210 S VANDEVENTER Located at <input type="checkbox"/> LOUIS, MO ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	Yes	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 <input type="checkbox"/> _____	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> _____ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> 43 _____			
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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

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

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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	2012-11-20 Date				
	JASON LANE PRESIDENT Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	CINDY FULTON	Date 2012-11-26	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	CINDY FULTON CPA LLC 3270 IVANHOE AVE ST LOUIS, MO 631392246			EIN	
					Phone no (314) 644-2700	
May the IRS discuss this return with the preparer shown above? See instructions						Yes No

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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2011

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If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NARAL PRO-CHOICE MISSOURI	Employer identification number  43-1044264
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$ 5,244
3	Volunteer hours	0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV		

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$	817
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$	4,427
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$	5,244
4	Did the filing organization file Form 1120-POL for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) NARAL PC MO PAC	1210 S VANDEVENTER ST LOUIS, MO 63110	000000000	4,427	

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Yes
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i  
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Pt I-A Line 1		The organization provided to the PAC a minimal amount
		OF ADMINISTRATIVE SUPERVISION DURING THE YEAR BUT, SINCE IT WAS NOT AN IMMEDIATE ELECTION SEASON, DID NOT PROVIDE SUBSTANTIVE ADVICE OR VOLUNTEER HOURS UNTIL THE SUMMER MONTHS OF 2012



SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization NARAL PRO-CHOICE MISSOURI	Employer identification number 43-1044264
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Identifier	Return Reference	Explanation
Pt V, line 37b		A form 1120-POL was not required for this fiscal
		year since the lesser of net investment income
		(of which this organization had \$4) or the
		exempt function expenditures (which totalled \$5,244)
		was zero
Sch C, Pt 1-C, line 5		There is no Federal ID number in column c since this
		is a state PAC only and is not required to file any
		Federal or state returns requiring an ID number
Pt I, line 12		The organization shares staff, facilities, and some
		overhead expenses with another tax-exempt
		organization. Most of the expenses are paid by this
		organization and is reimbursed by the other
		organization for its share of expenses based on time
		spent on projects or other reasonable method. This
		organization paid and reported the salaries/wages
		of the shared staff under its Federal ID number. The
		expense listed on line 12 is only the organization's
		portion of the shared staff expenses.
Form 990EZ, Part I, Line 8		MISC 77
Form 990EZ, Part I, Line 16		INFORMATION TECHNOLOGY 230 BANK & CREDIT CARD CHGS 1267 SUPPLIES 218 TRAVEL AND MILEAGE REIMBURSEMENTS 846 MEETINGS 1544 CONTRI TO/FOR NARAL P C MO PAC 5244 OTHER 1101

Identifier	Return Reference	Explanation
Form 990EZ, Part II, Line 24		ACCOUNTS RECEIVABLE 4486 1797 SALES TAX DEPOSIT 360 360 RENT DEPOSIT 1300 1300
Form 990EZ, Part II, Line 26		ACCOUNTS PAYABLE 18507 25447 ACCRUED SALARIES 1788 1496 PAYROLL TAXES PAYABLE 3635 2391

**NARAL Pro-Choice Missouri**  
**Form 990, FYE 3/31/12 – 43-1044264**  
**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. We worked with coalition partners to get the word out about the Blunt Amendment and its state counterpart, S.B. 749.

Our staff spoke on various college campuses and organized informational sessions for members and activists.

We published 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 petition signatures from our members and from concerned citizens about medical-refusal laws, did crowd canvassing, and engaged in a variety of protest activities against anti-contraceptive policies and policies detrimental to women's health care.

Expenses - \$13,378

- 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 bills 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 Compassionate Assistance for Rape Emergencies (C.A.R.E. Act), which would require Missouri emergency rooms to offer a rape victim the option of emergency contraception in the emergency room. The bill had never been accorded a hearing until 2011, and it received another this year. We testified, provided witnesses, and shared our research with a legislative committee. We also were successful in obtaining media coverage about the fact that over 50% of hospital emergency rooms in Missouri do not offer rape survivors the option of receiving emergency contraception that could prevent becoming pregnant as a result of sexual assault.

Expenses - \$8,027

- 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 numerous volunteers in how to talk most effectively about our issues.

Expenses - \$5,350

**Total Program Expenses - \$26,755**

Additional Data

Software ID:

Software Version:

EIN: 43-1044264

Name: NARAL PRO-CHOICE MISSOURI

Form 990-EZ, Special Condition Description:

Special Condition Description
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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	3,694		
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 3 00	0		
HOPE WHITEHEAD C/O NARAL PRO-CHOICE MO ST LOUIS,MO 63110	Board member 1 00	0		
FRAN COHEN C/O NARAL PRO-CHOICE MO ST LOUIS,MO 63110	Board member 2 00	0		
MARY BUENGER C/O NARAL PRO-CHOICE MO ST LOUIS,MO 63110	Vice-pres 1 00	0		
KATHERINE JECKLIN C/O NARAL PRO-CHOICE MO ST LOUIS,MO 63110	Board member 1 00	0		
DENISE LIEBERMAN C/O NARAL PRO-CHOICE MO ST LOUIS,MO 63110	Secretary 3 00	0		
MAUREEN MCGRATH C/O NARAL PRO-CHOICE MO ST LOUIS,MO 63110	Board member 1 00	0		
PAM MARTIN C/O NARAL PRO-CHOICE MO ST LOUIS,MO 63110	Board member 1 00	0		
KEVIN SELTZER C/O NARAL PRO-CHOICE MO ST LOUIS,MO 63110	Board member 1 00	0		
CHRISTINE SHORE-FITZGERALD 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		
ELIZABETH SCHLESINGER C/O NARAL PRO-CHOICE MO ST LOUIS,MO 63110	Board member 1 00	0		