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Form

990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 04-01-2013, and ending 03-31-2014

B 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 province, country, and ZIP or foreign postal code
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) **H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other **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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 31,921

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 | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 26,918 |
| | 2 | Program service revenue including government fees and contracts | 2 | 0 |
| | 3 | Membership dues and assessments | 3 | 0 |
| | 4 | Investment income | 4 | 0 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less cost or other basis and sales expenses | 5b | 0 |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 0 |
| | 6 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | 0 |
| | 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) | 6b | 4,934 |
| | c | Less direct expenses from gaming and fundraising events | 6c | 1,533 |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 3,401 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | |
| | b | Less cost of goods sold | 7b | 0 |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0 |
| | 8 | Other revenue (describe in Schedule O) | 8 | 69 |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 30,388 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 10,626 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 2,460 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 22,219 |
| | 15 | Printing, publications, postage, and shipping | 15 | 6,950 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 12,373 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 54,628 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -24,240 |
| | 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 | 3,977 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | -20,263 |

Part II

Balance Sheets (see the instructions for Part II)

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

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments | 35,130 | 22 | 44,688 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 2,602 | 24 | 2,034 |
| 25 Total assets | 37,732 | 25 | 46,722 |
| 26 Total liabilities (describe in Schedule O) | 33,755 | 26 | 66,985 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 3,977 | 27 | -20,263 |

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

36,269

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

36,269

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 title | (b) Average hours per week devoted to position | (c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|--|---|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V

Other Information (Note the Schedule A and personal benefit contract 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 |
| 35a | 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 Form 990-T 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 | 37a | 1,000 |
| 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 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, 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 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 | | |
| 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 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 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 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 and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | |
| | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | 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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 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? | | |
| 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 title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
| | | | | |
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| | | |
|---|---|--|
| 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 business address of each independent contractor | (b) Type of service | (c) Compensation |
| | | |
| | | |
| | | |
| | | |
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| | | |

| | | |
|---|--|--|
| 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 | | 2014-11-05 Date | | | | |
| | JASON LANE PRESIDENT Type or print name and title | | | | | | |
| Paid Preparer Use Only | Print/Type preparer's name CINDY FULTON | Preparer's signature | Date 2014-11-05 | Check <input checked="" type="checkbox"/> if self-employed | PTIN | | |
| | Firm's name <input type="checkbox"/> Cindy Fulton CPA LLC | | | Firm's EIN <input type="checkbox"/> | | | |
| | Firm's address <input type="checkbox"/> 3270 Ivanhoe Ave St Louis, MO 631392246 | | | Phone no (314) 644-2700 | | | |
| 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 |
|---|--|--|---|--|
| JASON LANE President | 3 00 | 0 | | |
| ELEANOR SAFE Board member | 1 00 | 0 | | |
| JANE BOGETTO Board member | 1 00 | 0 | | |
| DENISE LIEBERMAN Board member | 1 00 | 0 | | |
| KEVIN SELTZER Board member | 1 00 | 0 | | |
| CHRISTINE SHORE-FITZGERALD Board member | 3 00 | 0 | | |
| ROSE-LYNN SOKOL Board member | 1 00 | 0 | | |
| SUSAN CARLSON Board member | 1 00 | 0 | | |
| STACEY DELESTE Board member | 1 00 | 0 | | |
| LEAH BOERSIG Board member | 1 00 | 0 | | |
| ASHLEY HOUSTEN Board member | 1 00 | 0 | | |
| PAMELA SUMNERS SEE SCHO Executive Director | 20 00 | 55,000 | | |

2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization

NARAL Pro-Choice Missouri

Employer identification number

43-1044264

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Pt V, line 37b | A form 1120-POL was not required for this fiscal |
| Pt V, line 37b | year since the lesser of net investment income |
| Pt V, line 37b | (of which this organization had \$0) or the |
| Pt V, line 37b | exempt function expenditures (which totalled \$1,000) |
| Pt V, line 37b | was zero. The organization made the \$1000 contribution |
| Pt V, line 37b | to a separate 527 organization. |
| Pt I, line 12 | The organization shares staff, facilities, and some |
| Pt I, line 12 | overhead expenses with another tax-exempt |
| Pt I, line 12 | organization. Most of the expenses are paid by this |
| Pt I, line 12 | organization and is reimbursed by the other |
| Pt I, line 12 | organization for its share of expenses based on time |
| Pt I, line 12 | spent on projects or other reasonable method. This |
| Pt I, line 12 | organization paid and reported the salaries/wages |
| Pt I, line 12 | of the shared staff under its Federal ID number. The |
| Pt I, line 12 | expense listed on line 12 is only the organization's |
| Pt I, line 12 | portion of the shared staff expenses. |
| Pt IV | The executive director donated the majority of her |
| Pt IV | time again this year. Her compensation paid by the |
| Pt IV | organization in 2013 was \$55,000 (per Pt IV) while |
| Pt IV | all but \$2,326 was reimbursed by NARAL Pro-Choice Missouri. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| Pt IV | Foundation for work done on its behalf |
| Form 990EZ, Part I, Line 8 | MISCELLANEOUS 69 |
| Form 990EZ, Part I, Line 16 | INFORMATION TECHNOLOGY 2112 BANK & CREDIT CARD CHGS 1098 SUPPLIES 1230 TRAVEL AND MILE AGE REIMBURSEMENTS 3078 MEETINGS 2508 CONTRI TO/FOR NARAL P C MO PAC 1000 LOBBYING CO STS 323 DUES 225 OTHER 799 |
| Form 990EZ, Part II, Line 24 | ACCOUNTS RECEIVABLE 942 374 SALES TAX DEPOSIT 360 360 RENT DEPOSIT 1300 1300 |
| Form 990EZ, Part II, Line 26 | ACCOUNTS PAYABLE 765 1087 ACCRUED SALARIES 1661 1899 PAYROLL TAXES PAYABLE 3321 3246 DUE TO OTHER EXEMPT ORGANIZATION 28008 60753 |

NARAL PRO-CHOICE MISSOURI

PART III - STATEMENT OF PROGRAM ACCOMPLISHMENTS

FORM 990EZ – FYE MARCH 31, 2014

NARAL Pro-Choice Missouri has a thriving internship and young-adult outreach program. Drawing from diverse college campuses, NARAL in Missouri had a dozen summer interns. They are interested in politics, marketing, graphic design, social media, web design, communications, marketing, and grassroots activism. Working with staff, they managed a very impressive social network presence, made YouTube videos on issues of importance to Missourians, and educated Missourians about women's health and potential political threats. Staff, interns, and hundreds of volunteers organized against dozens of threats to women's reproductive rights and health in the last legislative session in Missouri. The organization helped to organize media campaigns and wrote op-ed pieces and editorials in support of a woman's right to choose continuing a pregnancy to term, having healthy babies, offering children for adoption and, within the limits of the law, terminating a pregnancy.

On a grassroots level, the organization gained hundreds of new activists. We held visibility events to heighten public awareness about judicial rulings affecting access to reproductive healthcare, on multiple occasions. We knew that at least three potential anti-choice laws might pass, and we alerted our grassroots activists and campus representatives and supplied them with messaging points. The organization also provided briefing papers to the public about pending legislation. Representatives on college campuses distributed safe sex, "No Means No" pamphlets, and condoms.

Over the past 10 years, the organization has advocated about matters regarding contraceptive access, rape survivors' access to emergency contraception in emergency rooms, access to Title X services, the efficacy of crisis pregnancy centers and the materials they choose to use, the landscape of sex ed in Missouri, and a host of other topics related to reproductive rights. This past year was not different, featuring a dozen educational forums and grassroots activities, in cooperation with our allies.

The organization has actively recruited young people and people of color. With some 25 organizational allies, all working for the health and safety of Missouri women and families, we sought to protect human and women's rights and the rights of families, worked with faith-community allies, and organized against threats posed by the legislature, policymakers, and in the community generally—to protect the women and families of Missouri, as our mission dictates.

Total Program Expenses - \$36,269