

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)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
ADVOCATES - THE POLITICAL ARM OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4251 FOREST PARK AVENUE
 City or town, state or country, and ZIP + 4
ST. LOUIS, MO 63108

D Employer identification number
43-1699908

E Telephone number
(314) 531-7526

F Accounting method Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **SHOWMECHOICE.ORG**

J Organization type (check only one) ▶ 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **111,626.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ **N/A**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c	64,928.	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 62,928. noncash \$ 2,000.)	1e		64,928.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
		(B) Other	8b		
			8c		
		d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	46,505.		
b	Less: direct expenses other than fundraising expenses	9b	5,915.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1	40,590.	
10a	Gross sales of inventory, less returns and allowances	10a			
		b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11		193.	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		105,711.	
13	Program services (from line 44, column (B))	13		64,073.	
14	Management and general (from line 44, column (C))	14		10,141.	
15	Fundraising (from line 44, column (D))	15		16,926.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses Add lines 16 and 44, column (A)	17		91,140.	
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		14,571.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		28,511.	
20	Other changes in net assets or fund balances (attach explanation)	20		0.	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		43,082.	

9-10 24

**ADVOCATES - THE POLITICAL ARM OF PLANNED
PARENTHOOD OF THE ST. LOUIS REGION**

Form 990 (2006)

43-1699908 Page 2

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26				
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28				
29 Payroll taxes 29				
30 Professional fundraising fees 30				
31 Accounting fees 31	6,025.	4,236.	670.	1,119.
32 Legal fees 32				
33 Supplies 33	466.	327.	52.	87.
34 Telephone 34	790.	555.	88.	147.
35 Postage and shipping 35	2,050.	1,441.	228.	381.
36 Occupancy 36				
37 Equipment rental and maintenance 37				
38 Printing and publications 38	10,584.	7,441.	1,178.	1,965.
39 Travel 39	5,979.	4,204.	665.	1,110.
40 Conferences, conventions, and meetings 40				
41 Interest 41				
42 Depreciation, depletion, etc (attach schedule) 42				
43 Other expenses not covered above (itemize):				
a _____ 43a				
b _____ 43b				
c _____ 43c				
d _____ 43d				
e _____ 43e				
f _____ 43f				
g SEE STATEMENT 2 43g	65,246.	45,869.	7,260.	12,117.
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	91,140.	64,073.	10,141.	16,926.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ , and (iv) the amount allocated to Fundraising \$ _____

**ADVOCATES - THE POLITICAL ARM OF PLANNED
PARENTHOOD OF THE ST. LOUIS REGION**

Form 990 (2006)

43-1699908 Page 3

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 3</u>	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>SOCIAL WELFARE AND EDUCATION - INFORM THE PUBLIC OF THE ISSUES AND CHOICES REGARDING REPRODUCTIVE HEALTH CARE</u>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	64,073.
b	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	64,073.

Form 990 (2006)

ADVOCATES - THE POLITICAL ARM OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	18,516.	45	48,272.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	88,634.	47c	
	48 a Pledges receivable	10,000.		
	b Less: allowance for doubtful accounts	18,333.	48c	10,000.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment basis			
	b Less: accumulated depreciation		55c	
	56 Investments - other		56	
57 a Land, buildings, and equipment basis				
b Less: accumulated depreciation		57c		
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74). Add lines 45 through 58	125,483.	59	58,272.	
Liabilities	60 Accounts payable and accrued expenses	90,977.	60	866.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ DUE TO AFFILIATE)	5,995.	65	14,324.
66 Total liabilities. Add lines 60 through 65	96,972.	66	15,190.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	10,178.	67	33,082.
	68 Temporarily restricted	18,333.	68	10,000.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	28,511.	73	43,082.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	125,483.	74	58,272.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	115,060.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2	3,434.	
3 Recoveries of prior year grants	b3		
4 Other (specify): SPECIAL EVENT EXPENSES	b4	5,915.	
Add lines b1 through b4		b	9,349.
c Subtract line b from line a		c	105,711.
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12). Add lines c and d		e	105,711.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a	100,489.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1	3,434.	
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): SPECIAL EVENT EXPENSES	b4	5,915.	
Add lines b1 through b4		b	9,349.
c Subtract line b from line a		c	91,140.
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify)	d2		
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17). Add lines c and d		e	91,140.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
SEE STATEMENT 4		0.	0.	0.

ADVOCATES - THE POLITICAL ARM OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION

Form 990 (2006)

43-1699908 Page 6

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 36 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c X If "Yes," attach a statement that includes the information described in the instructions d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column (A).

Part VI Other Information (See the instructions) Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 77 X 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X b If "Yes," enter the name of the organization SEE STATEMENT 5 and check whether it is [] exempt or [] nonexempt 81 a Enter direct or indirect political expenditures (See line 81 instructions) 81a 0. b Did the organization file Form 1120-POL for this year? 81b X

Form 990 (2006)

ADVOCATES - THE POLITICAL ARM OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION

Form 990 (2006)

43-1699908 Page 7

Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		N/A
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	X	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		X
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> , section 4955 <u>N/A</u>			
b 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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed <u>NONE</u>			
b Number of employees employed in the pay period that includes March 12, 2006	90b		0
91 a The books are in care of <u>TOM HEMINGWAY</u> Telephone no. <u>(314) 531-7526</u> Located at <u>4251 FOREST PARK AVENUE, ST. LOUIS, MO</u> ZIP + 4 <u>63108</u>			
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X

ADVOCATES - THE POLITICAL ARM OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION

Form 990 (2006)

43-1699908 Page 8

Part VI Other Information (continued) Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	40,590.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a MISCELLANEOUS INCOME			01	193.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		40,783.	0.
105 Total (add line 104, columns (B), (D), and (E))					40,783.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CHARITY DINNER	46,505.		46,505.	5,915.	40,590.
TO FM 990, PART I, LINE 9	46,505.		46,505.	5,915.	40,590.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANKING FEES	504.	354.	56.	94.
OUTSIDE SERVICES	19,423.	13,655.	2,161.	3,607.
ORGANIZATIONAL DUES	4,780.	3,360.	532.	888.
MISSOURI LOBBYING EXPENSE	17,850.	12,549.	1,986.	3,315.
MANAGEMENT FEES	4,580.	3,220.	510.	850.
INSURANCE	340.	239.	38.	63.
CONTRACTED SERVICES	17,769.	12,492.	1,977.	3,300.
TOTAL TO FM 990, LN 43	65,246.	45,869.	7,260.	12,117.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

PROMOTE SOCIAL WELFARE AND EDUCATION AND ENCOURAGE, PROTECT, AND INSURE INFORMED INDIVIDUAL CHOICE REGARDING REPRODUCTIVE HEALTH CARE.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TED SANDITZ 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
BOB GULLER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
SALLY STRASSNER SCOTT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	CHAIR 0.40	0.	0.	0.
GEETHA SANT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	TREASURER 0.40	0.	0.	0.
STEPHANY J. KNIEP 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
BRADLEY STONER, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
JUDY PUTZEL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
SUSAN APPLETON 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	SECRETARY 0.40	0.	0.	0.
GARY BURGER, JR. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
ROCHELLE G. CATUS, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
JOHN L. BOWMAN, MBA 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.

ADVOCATES - THE POLITICAL ARM OF PLANNED

43-1699908

DAVID KIPNIS, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
JOHN MEYER, JR. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
POLLY O'BRIEN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	VICE CHAIR 0.40	0.	0.	0.
ILENE ORDOWER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
SHANTI PARIKH 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
ANDREW ROTHSCHILD 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
CRAIG KAMINER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
MOISY SHOPPER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
HENK VAN DER WERFF 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
ALAN MORRIS, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
MARK WEIL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
VIVIAN ZWICK 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR EMERITUS 0.40	0.	0.	0.
CYNTHIA WOOLSEY 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.

ADVOCATES - THE POLITICAL ARM OF PLANNED

43-1699908

MAUREEN PHALEN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	ASSISTANT TREASURER 0.40	0.	0.	0.
STEVE PLAX 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
JACKIE THOMAS 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
ANABETH WEIL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
RICHARD BARRON 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
JULIE BAUR 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
KIM OLSON 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
REV DR. ROBERT SCOTT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
NANCY SITEMAN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
ELIZABETH TUCKER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
CHARLES ALLEN, JR 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	HONORARY BOARD CHAIR 0.40	0.	0.	0.
TERRY CROW 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
CECILIA YOUNGER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.

ADVOCATES - THE POLITICAL ARM OF PLANNED

43-1699908

MARVIN CAMEL, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	MEDICAL DIRECTOR 0.40	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 5
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PLANNED PARENTHOOD OF THE ST. LOUIS REGION	X	
REPRODUCTIVE HEALTH SERVICES OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION	X	
VOTES - POLITICAL ACTION COMMITTEE OF ADVOCATES	X	

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization ADVOCATES - THE POLITICAL ARM OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION	Employer identification number 43-1699908
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions 4251 FOREST PARK AVENUE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ST. LOUIS, MO 63108	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **TOM HEMINGWAY**
Telephone No ▶ **(314) 531-7526** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions