

ENVELOPE POSTMARK DATE JAN 14 2009

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

## 2007

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

**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)

**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**

**G** Website: **SHOWMECHOICE.ORG**

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

**H(c)** Are all affiliates included? **N/A**  Yes  No  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**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.

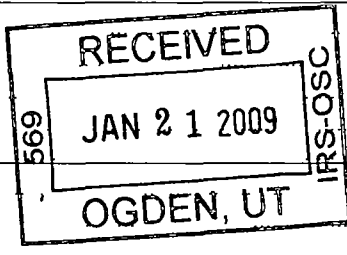
**I** Group Exemption Number **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **63,461.**

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

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

Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>			
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	<b>38,807.</b>		
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b>	Total (add lines 1a through 1d) (cash \$ <b>38,807.</b> noncash \$ _____ )	<b>1e</b>		<b>38,807.</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6 a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b>	Other investment income (describe _____ )	<b>7</b>			
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>			
<b>8d</b>					
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1b)	<b>9a</b>	<b>24,530.</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>6,960.</b>		
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>	<b>SEE STATEMENT 1</b>	<b>17,570.</b>	
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<b>124.</b>	
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<b>56,501.</b>	
<b>Expenses</b>					
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>33,174.</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>7,601.</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>14,992.</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses Add lines 16 and 44, column (A)	<b>17</b>		<b>55,767.</b>	
<b>Net Assets</b>					
<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>		<b>734.</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>43,082.</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>0.</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<b>43,816.</b>	



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

Form 990 (2007)

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**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part 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	4,499 .	2,676 .	613 .	1,210 .
32 Legal fees 32				
33 Supplies 33	735 .	437 .	100 .	198 .
34 Telephone 34	1,159 .	689 .	158 .	312 .
35 Postage and shipping 35				
36 Occupancy 36				
37 Equipment rental and maintenance 37				
38 Printing and publications 38	4,487 .	2,669 .	612 .	1,206 .
39 Travel 39	4,163 .	2,477 .	567 .	1,119 .
40 Conferences, conventions, and meetings 40				
41 Interest 41				
42 Depreciation, depletion, etc (attach schedule) 42				
43 Other expenses not covered above (itemize)				
a <b>BANKING FEES</b> 43a	323 .	192 .	44 .	87 .
b <b>OUTSIDE SERVICES</b> 43b	3,601 .	2,142 .	491 .	968 .
c <b>ORGANIZATIONAL DUES</b> 43c	2,430 .	1,446 .	331 .	653 .
d <b>MISSOURI LOBBYING</b> 43d				
e <b>EXPENSE</b> 43e	18,474 .	10,990 .	2,518 .	4,966 .
f <b>MANAGEMENT FEES</b> 43f	3,464 .	2,061 .	472 .	931 .
g <b>CONTRACTED SERVICES</b> 43g	12,432 .	7,395 .	1,695 .	3,342 .
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	55,767 .	33,174 .	7,601 .	14,992 .

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 \$ \_\_\_\_\_

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**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.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 2</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
<b>a SOCIAL WELFARE AND EDUCATION - INFORM THE PUBLIC OF THE ISSUES AND CHOICES REGARDING REPRODUCTIVE HEALTH CARE</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>33,174.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>33,174.</b>

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**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	
<b>Assets</b>	45	Cash - non-interest-bearing	48,272.	45	52,804.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable			
		b Less allowance for doubtful accounts		47c	
	48 a	Pledges receivable			
		b Less allowance for doubtful accounts	10,000.	48c	
	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		54a	
		b Investments - other securities		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	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	58,272.	59	52,804.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	866.	60	1,655.
	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 <b>DUE TO AFFILIATE</b> )	14,324.	65	7,333.
66	<b>Total liabilities.</b> Add lines 60 through 65	15,190.	66	8,988.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	33,082.	67	43,816.
	68	Temporarily restricted	10,000.	68	0.
	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	<b>Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	43,082.	73	43,816.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	58,272.	74	52,804.

**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	63,461.
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	Recoveries of prior year grants	b3		
4	Other (specify) <b>SPECIAL EVENT EXPENSES</b>	b4	6,960.	
	Add lines b1 through b4		b	6,960.
c	Subtract line b from line a		c	56,501.
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	56,501.

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

a	Total expenses and losses per audited financial statements		a	62,727.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) <b>SPECIAL EVENT EXPENSES</b>	b4	6,960.	
	Add lines b1 through b4		b	6,960.
c	Subtract line b from line a		c	55,767.
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	55,767.

**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 3		0.	0.	0.
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<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float:right">▶ <u>33</u></span>		
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	<b>X</b>
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"  If "Yes," attach a statement that includes the information described in the instructions	75c	<b>X</b>
d	Does the organization have a written conflict of interest policy?	75d	<b>X</b>

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (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.)				
(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
NONE				
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<b>Part VI Other Information</b> <i>(See the instructions)</i>		<b>Yes</b>	<b>No</b>
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	<b>X</b>
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	<b>X</b>
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<b>X</b>
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	<b>X</b>
b	If "Yes," enter the name of the organization ▶ <u>SEE STATEMENT 4</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures (See line 81 instructions)	81a	<u>0.</u>
b	Did the organization file Form 1120-POL for this year?	81b	<b>X</b>

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<b>Part VI Other Information</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
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? 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 )	82a		X
82b	N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83a	X	
83b	N/A		
84 a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84a		X
84b	N/A		
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? 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	85a	X	
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 b Gross receipts, included on line 12, for public use of club facilities	86a		N/A
86b	N/A		
87 501(c)(12) organizations Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	87a		N/A
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 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	88a		X
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 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? f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 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?	89b		X
89c			
89d			
89e			X
89f			X
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, 2007	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

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**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 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)

	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	17,570.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS INCOME			01	124.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		17,694.	0.
105 Total (add line 104, columns (B), (D), and (E))					17,694.

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)



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

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**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

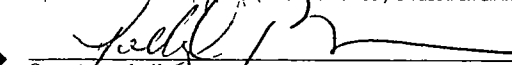
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
<b>Totals</b>						

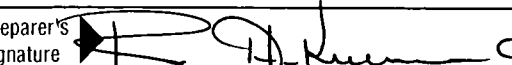
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here:  Date: 1/7/09  
 Signature of officer: Kelly O'Brien Board Chair  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 1/5/09 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X): P0040510  
 Firm's name (or yours if self-employed), address, and ZIP + 4: BROWN SMITH WALLACE, L.L.C.  
 1050 N. LINDBERGH BLVD.  
 ST. LOUIS, MO 63132-2912  
 EIN: Phone no: 314.983.1200

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
CHARITY DINNER	24,530.		24,530.	6,960.	17,570.
TO FM 990, PART I, LINE 9	24,530.		24,530.	6,960.	17,570.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2  
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 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
SALLY STRASSNER SCOTT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	CHAIR 0.40		0.	0. 0.
STEPHANY J. KNIEP 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40		0.	0. 0.
SUSAN APPLETON 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 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.

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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.
SHANTI PARIKH 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	SECRETARY 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.
MAUREEN PHALEN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 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.

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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	TREASURER 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.
JEFFREY PEIPERT, MD 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	MEDICAL DIRECTOR 0.40	0.	0.	0.
C. DAVID GOERISCH 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
KATHY JONES 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
KENNETH KING 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
DAVID KIPNIS, MD 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
LISA LANGENECKERT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.

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LINDA L. RACLIN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
GEETHA R. SANT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	ASSISTANT TREASURER 0.40	0.	0.	0.
REV. SUSAN SKINNER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
MARY TRULASKE 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0.40	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 4  
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)

A corporation 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 a corporation 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>ADVOCATES - THE POLITICAL ARM OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION</b>	Employer identification number <b>43-1699908</b>
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 <b>4251 FOREST PARK AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ST. LOUIS, MO 63108</b>	

**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 corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, 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, 2007**, and ending **JUN 30, 2008**

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	<b>3a</b>	\$
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	<b>3b</b>	\$
c <b>Balance Due.</b> 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	<b>3c</b>	\$ <b>N/A</b>

**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