

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

**2009**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**PRO-CHOICE RESOURCES, INC.**

**41-0971333**

Name and title of officer

**KAREN LAW  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> <u>333546</u>
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A. to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 41291212345  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 12/20/10

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <b>PRO-CHOICE RESOURCES, INC.</b>		D Employer identification number <b>41-0971333</b>		
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number	
		<b>250 3RD AVENUE NORTH</b>		<b>625</b>	<b>612-825-2000</b>	
		City or town, state or country, and ZIP + 4 <b>MINNEAPOLIS, MN 55401</b>		F Group Exemption Number ▶		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  
G Accounting method:  Cash  Accrual  
Other (specify) ▶

I Website: ▶ **WWW.PROCHOICERESOURCES.ORG**  
H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) -  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ **349,412.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue	
	1 Contributions, gifts, grants, and similar amounts received	1	268,463.
	2 Program service revenue including government fees and contracts	2	3,284.
	3 Membership dues and assessments	3	
	4 Investment income	4	82.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	69,340.
	b Less: direct expenses other than fundraising expenses	6b	15,866.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	53,474.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ SEE STATEMENT 4 )	8	8,243.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	333,546.
		Expenses	
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	299,616.
	13 Professional fees and other payments to independent contractors	13	85,092.
	14 Occupancy, rent, utilities, and maintenance	14	40,006.
	15 Printing, publications, postage, and shipping	15	9,805.
	16 Other expenses (describe ▶ SEE STATEMENT 1 )	16	128,971.
	17 Total expenses. Add lines 10 through 16	17	563,490.
		Net Assets	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-229,944.
	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	227,567.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-2,377.

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	76,525.	22	16,588.	
23	Land and buildings		23		
24	Other assets (describe ▶ SEE STATEMENT 2 )	260,731.	24	59,672.	
25	Total assets	337,256.	25	76,260.	
26	Total liabilities (describe ▶ SEE STATEMENT 3 )	109,689.	26	78,637.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	227,567.	27	-2,377.	



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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a</span> 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span> N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span> N/A		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span> N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶</span> 0.; section 4912 <span style="float:right">▶</span> 0.; section 4955 <span style="float:right">▶</span> 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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 <span style="float:right">▶</span> 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> 0.		
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		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ MN</span>		
42a	The organization's books are in care of <span style="float:right">▶ NIKI SARENPA</span> Telephone no. <span style="float:right">▶ 612-825-2000</span> Located at <span style="float:right">▶ 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN</span> ZIP + 4 <span style="float:right">▶ 55401</span>		
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)?		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43</span> N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

Table with 2 columns: Question (46-49b) and Yes/No. 46: Did the organization engage in direct or indirect political campaign activities... 47: Did the organization engage in lobbying activities... 48: Is the organization a school... 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."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Row 1 contains 'NONE'.

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."

NONE

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: KAREN LAW, EXECUTIVE DIRECTOR. Date: 12/20/10.

Paid Preparer's Use Only: Preparer's signature, Date: 12/20/10, Check if self-employed, Preparer's identifying number (See instr.), Firm's name (or yours if self-employed), address, and ZIP + 4: MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A., 30 EAST PLATO BOULEVARD, SAINT PAUL, MN 55107-1809, EIN, Phone no.: (651) 227-6695.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	460,600.	521,807.	332,360.	758,276.	268,463.	2,341,506.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	460,600.	521,807.	332,360.	758,276.	268,463.	2,341,506.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1,177,174.
6 <b>Public support.</b> Subtract line 5 from line 4.						1,164,332.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 .....	460,600.	521,807.	332,360.	758,276.	268,463.	2,341,506.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2,283.	2,624.	1,535.	1,454.	82.	7,978.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						2,349,484.
12 Gross receipts from related activities, etc. (see instructions) .....					12	380,651.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14	49.56 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 .....	15	47.22 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

PRO-CHOICE RESOURCES, INC.

Employer identification number

41-0971333

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

PRO-CHOICE RESOURCES, INC.

41-0971333

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EDUCATION MINNESOTA FOUNDATION 41 SHERBURNE AVENUE SAINT PAUL, MN 55103	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HERSEY FOUNDATION 408 ST. PETER STREET SAINT PAUL, MN 55102	\$ 43,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JAY AND ROSE PHILLIPS FOUNDATION 10 SECOND STREET NE, SUITE 200 MINNEAPOLIS, MN 55413	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NORTHERN STAR FOUNDATION 408 ST. PETER ST SAINT PAUL, MN 55102	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ANONYMOUS ANONYMOUS ANONYMOUS, MN 55416	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WOMEN'S REPRODUCTIVE HEALTH FUND OF THE WOMEN'S FOUNDATION OF MINNESOTA 155 FIFTH AVENUE SOUTH, SUITE 500 MINNEAPOLIS, MN 55401	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  PRO-CHOICE RESOURCES, INC.	<b>Employer identification number</b>  41-0971333
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ANONYMOUS  ANONYMOUS  ANONYMOUS, MN 55106	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	FIDELITY CHARITABLE GIFTS-BLUE HILLS FUND  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**PRO-CHOICE RESOURCES, INC.**

**41-0971333**

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>	<span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>	<span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>	<span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>	<span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>	<span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>	<span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ <span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>	<span style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></span>

Name of organization <b>PRO-CHOICE RESOURCES, INC.</b>	Employer identification number <b>41-0971333</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ART FOR CHOICE (event type)	BOWL A THON (event type)	NONE (total number)	
Revenue	1	Gross receipts	14,854.	54,486.	69,340.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	14,854.	54,486.	69,340.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	11,501.	4,365.	15,866.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 15,866 )
	11	Net income summary. Combine line 3, column (d), and line 10			53,474.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( _____ )	
	8	Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

**a** The organization's facility ..... **13a** %

**b** An outside facility ..... **13b** %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

	Yes	No
13a		
13b		
15a		
17a		

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MILEAGE & PARKING		6,802.	
STAFF & BOARD DEVELOPMENT		3,386.	
OFFICE EXPENSES		18,617.	
INSURANCE		5,178.	
ADVERTISING		2,358.	
MEETING EXPENSES		4,552.	
MEMBERSHIPS		3,911.	
BANK AND CREDIT CARD CHARGES		4,866.	
DEPRECIATION		3,408.	
FINANCIAL ASSISTANCE LOANS AND GRANTS		63,092.	
MISCELLANEOUS		5,202.	
OUTREACH FEES		7,190.	
COST OF GOODS SOLD		409.	
TOTAL TO FORM 990-EZ, LINE 16		128,971.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES RECEIVABLE	242,519.	42,961.	
PREPAID EXPENSES	8,757.	9,646.	
INVENTORY	1,075.	1,566.	
LOANS RECEIVABLE, NET	3,707.	4,234.	
OTHER DEPRECIABLE ASSETS	4,673.	1,265.	
TOTAL TO FORM 990-EZ, LINE 24	260,731.	59,672.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PAYABLES AND ACCRUED EXPENSES	77,878.	72,156.	
NOTES PAYALBE	31,811.	6,481.	
TOTAL TO FORM 990-EZ, LINE 26	109,689.	78,637.	

FORM 990-EZ

OTHER REVENUE

STATEMENT 4

DESCRIPTION

AMOUNT

MISCELLANEOUS  
LOAN REPAYMENTS

1,386.  
6,857.

TOTAL TO FORM 990-EZ, LINE 8

8,243.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
KAREN LAW, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN 55401	EXECUTIVE DIRECTOR 40.00	60,140.	1,902.	0.
KATHERINE BARRETT WIIK, 250 3RD AVENUE NORTH, SUITE 625,	MEMBER 2.00	0.	0.	0.
ANGELA M.HAEG, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN 55401	MEMBER 2.00	0.	0.	0.
GENA HOLLAND, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN 55401	MEMBER 2.00	0.	0.	0.
ROBIN BRESETTE, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN	SECRETARY 2.00	0.	0.	0.
JAMES LOCKWOOD, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN	MEMBER 2.00	0.	0.	0.
MIGDALIA LOYOLA-MELENDXZ, 250 3RD AVENUE NORTH, SUITE 625,	VICE CHAIR 2.00	0.	0.	0.
SARA BETH MUELLER, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN	MEMBER 2.00	0.	0.	0.
LISA NEEDHAM, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN 55401	MEMBER 2.00	0.	0.	0.
MS. MAKEDA NORRIS, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN	MEMBER 2.00	0.	0.	0.
CAROLYN PAYNE, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN 55401	MEMBER 2.00	0.	0.	0.
ELISABETH PLETCHER-HARINCAR, 250 3RD AVENUE NORTH, SUITE 625,	MEMBER 2.00	0.	0.	0.
JANE M. SKOGSTROM, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN	TREASURER 2.00	0.	0.	0.
BHARTI WAHI, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN 55401	CHAIR 2.00	0.	0.	0.

PATRICK WOODS, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN 55401	MEMBER 2.00	0.	0.	0.
FUE XIONG, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN 55401	MEMBER 2.00	0.	0.	0.
MEE XIONG, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN 55401	MEMBER 2.00	0.	0.	0.
PHOEBE CHASTAIN, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN	YOUTH BOARD MEMBER 2.00	0.	0.	0.
BRIANNA JORDAN, 250 3RD AVENUE NORTH, SUITE 625, MINNEAPOLIS, MN	YOUTH BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		60,140.	1,902.	0.

HERSEY ABORTION ASSISTANCE FUND (HAAF) AIMS TO DISMANTLE THE ECONOMIC RESTRICTIONS AND BARRIERS TO ABORTION AND PROVIDE EQUAL ACCESS FOR ALL WOMEN, ESPECIALLY YOUNG WOMEN, WOMEN OF COLOR, AND POOR WOMEN. BY PROVIDING FINANCIAL ASSISTANCE IN THE FORM OF INTEREST-FREE LOANS AND GRANTS AND ADVOCATING WITHIN THE REPRODUCTIVE HEALTH CARE SYSTEM ON BEHALF OF SAFE, ACCESSIBLE ABORTIONS, HAAF SEEKS TO HELP THOSE WHO CAN FIND NEITHER SOLACE NOR SUPPORT FROM OTHER SOURCES. PCR OFFERS RESOURCES AND REFERRALS REGARDING ALL REPRODUCTIVE HEALTH INFORMATION INCLUDING: MEDICAL AND SURGICAL ABORTION, ADOPTION, PARENTING, SEXUALLY TRANSMITTED DISEASES AND HIV TESTING, EMERGENCY CONTRACEPTION, AND MENTAL AND PHYSICAL HEALTH SERVICES.

THE BIRDS AND BEES PROJECT PROVIDES INFORMATION ABOUT REPRODUCTIVE HEALTH TO THE TWIN CITIES. EACH YEAR, THEY ADDRESS STUDENTS IN AREA HIGH SCHOOLS AND ALTERNATIVE LEARNING CENTERS. THE BIRDS AND BEES PROJECT GIVES YOUNG PEOPLE THE TOOLS THEY NEED TO MAKE HEALTHY DECISIONS ABOUT SEXUALITY. PCR GIVES CLASSROOM PRESENTATIONS, FACILITATES A WEB SITE AND PRODUCES RESOURCES FOR EDUCATORS AND OTHER COMMUNITY MEMBERS.

EMERGE IS A DISCUSSION AND SUPPORT GROUP FOR WOMEN WHO HAVE HAD AN ABORTION. WOMEN WHO PARTICIPATE IN THE GROUP MEET WEEKLY TO SHARE AND DISCUSS THEIR INDIVIDUAL EXPERIENCES IN A SAFE, RESPECTFUL AND SUPPORTIVE ENVIRONMENT WITH OTHER WOMEN. EMERGE INVITES WOMEN TO JOIN THE CONVERSATION, WHETHER THEIR ABORTION WAS 40 YEARS AGO OR YESTERDAY. THE GROUP IS OPEN AND WELCOMING TO WOMEN 18 AND OLDER, REGARDLESS OF RACE, RELIGION, MARITAL-STATUS, ECONOMIC CIRCUMSTANCES, AND SEXUAL ORIENTATION AND PROVIDES SUPPORT THAT IS RESPECTFUL OF RELIGIOUS AND POLITICAL DIVERSITY.

TO AID WOMEN IN REALIZING THEIR RIGHT TO MAKE DECISIONS ABOUT THEIR BODIES  
BY BREAKING DOWN THE BARRIERS TO REPRODUCTIVE HEALTH THAT KEEP WOMEN FROM  
FULLY EXPRESSING THEIR PERSONAL FREEDOM.

## BYLAWS OF PRO-CHOICE RESOURCES

### ARTICLE I – NAME AND PURPOSE

*Section 1 – Name:* The name of the organization shall be Pro-Choice Resources. It shall be a nonprofit organization incorporated under the laws of the State of Minnesota.

*Section 2 – Purpose:* Pro-Choice Resources is organized exclusively for charitable, scientific and education purposes.

The purpose of this corporation is to provide financial resources for women who choose abortion, but cannot afford one; to educate youth and the larger community about the full range of reproductive health issues; and to expand access to safe and legal abortion for all women.

### ARTICLE II- DEFINITIONS

*Section 1-Fiscal Year:* The Pro Choice Resources fiscal year shall be July 1 to June 30.

*Section 2-Quorum:* A quorum is defined as at least one-third of the board. A meeting must be attended by at least one-third of the board of directors for business transactions to take place and motions to pass.

*Section 3- Director:* The term “director” shall refer to those individuals elected to serve on PCR’s Board of Directors. The role and duties of the director are described more fully in the Pro Choice Resources Governance Policies of the Board of Directors.

### ARTICLE III – MEMBERSHIP

Membership shall consist of a board of directors and the Executive Director.

### ARTICLE IV – BOARD OF DIRECTORS

*Section 1 – Board role:* The Board is responsible for overall policy and direction of the association, and delegate’s responsibility of day-to-day operations to the Executive Director.

*Section 2- Board Size and Composition:* The Board shall have up to 20, but no fewer than 12 members.

*Section 2(a):* The Board is committed to PCR's service to youth. To reflect this commitment, the board shall utilize its best efforts to recruit an individual Age 20 or under to serve on the Board of Directors. One Board of Directors seat shall be reserved for an individual Age 20 and under.

*Section 2(b):* The Board is committed to the recipients of PCR's programs. To reflect this commitment, the Board shall utilize its best efforts to recruit a recipient of PCR's programs to serve on the Board of Directors. One Board of Directors seat shall be reserved for a recipient of PCR's programs.

*Section 2(c):* If the Board is unable to fill these dedicated Director positions, a vote of the full Board is required to fill these positions with an individual that does not meet the criteria identified in the dedicated Director positions.

*Section 3-Board Compensation:* The Board receives no compensation other than reimbursement for reasonable expenses.

*Section 4 – Terms:* Directors shall serve either a two or three-year term, but are eligible for re-election to serve up to three terms. The dedicated Director position for an individual age 20 and under shall serve a one-year term, but is also eligible for election to serve up to three one-year terms if they continue to meet the criteria for the dedicated position.

*Section 5 – Meetings and notice:* The board shall meet at least quarterly, at an agreed upon time and place. An official board meeting requires that each Director have written notice at least two weeks in advance.

*Section 6- Board elections:* During the last quarter of each fiscal year of the corporation, the Board of Directors shall elect Directors to replace those whose terms will expire at the end of the fiscal year. This election shall take place during a regular meeting of the Directors, called in accordance with the provisions of these bylaws.

*Section 7 – Election Procedures:* New Directors shall be elected by a majority of Directors present at such a meeting, provided there is a quorum present. Directors so elected shall serve a term beginning on the first day of the next fiscal year.

*Section 8 – Officers and Duties:* There shall be four officers of the board: a chair, vice-chair, secretary and treasurer.

*The chair* shall convene regularly scheduled board meetings, shall preside or arrange for other members of the Executive Committee to preside at each meeting in the following order: vice-chair, secretary, treasurer. The chair shall attend committee meetings or be briefed on the minutes of committee meetings. The chair is responsible for arranging the annual review of the Executive Director, and maintains the personnel file for the Executive Director. The chair and the Executive Director are responsible for each meeting agenda.

*The vice-chair* shall chair committees on special subjects as designated by the board, shall conduct training for new directors, and shall serve as chair in the absence of the chair. The vice chair will also perform other duties as assigned by the chair and the Board.

*The secretary* shall be responsible for keeping records of board actions, including overseeing the taking of minutes at all board meetings, noting the directors that are present for a meeting, distributing copies of the minutes to each board member, and assuring that corporate records are maintained.

*The treasurer* shall make a report at each board meeting. The treasurer shall chair the finance committee, assist in the preparation of the budget and make financial information available to the Directors and the public. The treasurer is responsible for overseeing compliance with the audit, and for other duties described in PCR's finance policies.

*Section 9 – Vacancies:* When a vacancy on the board exists mid-term, the chair must receive nominations for new Directors from present board members at least two weeks in advance of a board meeting. These nominations shall be sent out to the board with the regular board meeting announcement, to be voted upon at the next board meeting. These vacancies will be filled only to the end of the particular director's term.

*Section 10 – Resignation, termination and absences:* Resignation from the board must be in writing and received by the chair. A board member may be terminated from the board due to excess absences.

*Section 11 – Special meetings:* Special meetings of the board shall be called upon the request of the chair, or one-third of the board. Notices of special meetings shall be sent out by the chair or the secretary to each Director in advance.

*Section 12 – Actions without a meeting:* Decisions by the board, without a meeting shall be called upon the request of the Executive Committee, or one-third of the board. Written information must be sent to all board members. In order for the decision to be valid, two thirds of active board members must participate in voting.

#### ARTICLE V – COMMITTEES

*Section 1 – Committee formation:* The board may create committees as needed, such as the finance committee, the fundraising committee and the governance/board development committee. Ad hoc committees can also be created as needed.

*Section 2 – Executive Committee:* The four officers serve as members of the Executive Committee. Except for the power to amend the articles of incorporation and bylaws, the Executive Committee shall have all the powers and authority of the board of directors in the intervals between meetings of the board of directors, and is subject to the direction and control of the full board.

*Section 3- Board Governance Committee:* The Board Governance Committee is responsible for reviewing the by laws and the Board Governance policies and for ensuring these policies reflect the intent of the Board of Directors. Board Governance is also responsible for addressing governance issues as determined by the Board.

*Section 4 – Finance Committee:* The treasurer is the chair of the Finance Committee, which includes at least three other members. The Finance Committee is responsible for developing and reviewing fiscal procedures and annual budget with staff and other board members. The board must approve the budget and all expenditures must be within the budget. Annual reports are required to be submitted to the board showing income, expenditures, and pending income. The financial records of the organization are public information and shall be made available to board members and the public.

*Section 5- Fundraising/Special Events Committee:* The Fundraising Committee shall be responsible for raising funds to support PCR's mission, and shall identify potential areas for development.

#### ARTICLE VI – EXECUTIVE DIRECTOR

The Executive Director is hired by the Board. The Board is responsible for assuring that a succession plan is in place in the event of the departure of the Executive Director. The Executive Director has day-to-day responsibilities for the organization, including carrying

out the organization's goals and policies. The Executive Director will attend all board and Executive Committee meetings, report on the progress of the organization, answer questions of the Directors and carry out the duties described in the job description. The board can designate other duties as necessary.

#### ARTICLE VII - AMENDMENTS

These bylaws may be amended when necessary by two-thirds majority of the board of directors. Proposed amendments must be submitted to the secretary to be sent out with regular board announcements.

#### CERTIFICATION

These bylaws were approved at a meeting of the board of directors by a two-thirds majority vote on \_\_\_\_\_.

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date

Revised 04/06/2010



WELCOME TO THE OFFICE OF THE

**Minnesota****Secretary of State** Online Access[DA Home](#) [UCC](#) [Business Services](#) [Account](#) [Session Briefcase](#) [Help/FAQs](#) [About](#) [Login](#)**BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY**

<b>Filing Number:</b>	J-234	<b>Entity Type:</b>	Non-Profit Corporation
<b>Original Date of Filing:</b>	5/18/1971	<b>Entity Status:</b>	Active
<b>Duration:</b>	PERPETUAL	<b>Good Standing:</b>	2010
		<b>(date of last annual filing)</b>	
<b>Name:</b>	Pro-Choice Resources		
<b>Registered Office Address:</b>	250 3rd Ave N #625 Mpls, MN, 55401		
<b>Agent Name:</b>	No Agent Filed		

[Additional Entity Detail](#)[Return to Search List](#)[New Search](#)

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**STATE OF MINNESOTA**  
**CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM**

ATTORNEY GENERAL LORI SWANSON  
 SUITE 1200, BREMER TOWER  
 445 MINNESOTA STREET  
 ST. PAUL, MN 55101-2130  
 (651) 757-1311  
 (651) 296-1410 (TTY)  
 www.ag.state.mn.us

Annual Reporting     Initial Registration

**FEDERAL EIN NUMBER: 41-0971333**

**FOR YEAR ENDING: 06/30/2010**

**SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING**

1. *Legal Name of Organization:* PRO-CHOICE RESOURCES, INC.

If annual reporting, is this a new name since the organization's last filing?       Yes     No

If so, please state former name: \_\_\_\_\_

2. List all names under which the organization solicits contributions:  
PRO-CHOICE RESOURCES, INC.

3. <i>Mailing Address of Organization</i> <u>250 3RD AVENUE NORTH, SUITE 625</u> <u>MINNEAPOLIS, MN 55401</u>	<i>Physical Address of Organization</i> <u>SAME</u>
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4. <i>Contact Person</i> <u>KAREN LAW</u> <i>Tel. No.</i> <u>612-825-2000</u>	<i>E-mail</i> <u>karen@birdsandbees.org</u> <i>Fax No.</i> <u>612-825-0159</u>
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5. Complete the following for the most recent twelve-month accounting year. *While this information should reflect the financials on the IRS Form 990, this section is required to be completed even if an IRS Form 990 is attached. Before completing this section, please refer to the Instructions.*

<b>INCOME</b>	<b>For Year Ending: JUNE 30, 2010</b>
Contributions from the public	\$ <u>268,463.00</u>
Government Grants	\$ _____
Other revenue	\$ <u>65,083.00</u>
<b>TOTAL REVENUE</b>	<b>\$ <u>333,546.00</u></b>

<b>EXPENSES</b>	
Amount spent for program or charitable purposes	\$ <u>416,709.00</u>
Management/general expense	\$ <u>81,185.00</u>
Fund-raising expense	\$ <u>65,596.00</u>
<b>TOTAL EXPENSES</b>	<b>\$ <u>563,490.00</u></b>

EXCESS or DEFICIT	\$ <u>(229,944.00)</u>
TOTAL Assets	\$ <u>76,260.00</u>
TOTAL Liabilities	\$ <u>78,637.00</u>

**END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ (2,377.00)**

6. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?  
 Yes  No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. *Attach schedule if more than one.*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Compensation \_\_\_\_\_

7. Does this professional fund-raiser solicit or consult in Minnesota?  Yes  No
8. Month and day accounting year ends: JUNE 30
9. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions?  Yes  No

For Office Use Only: \$25 \$50 \$75 A/R/F SIG 990 EZ PF F/E/S B/D SAL Audit



**SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY**

*ALL organizations MUST complete questions 1-5.*

1. Has the organization's accounting year changed since the last report was filed?  Yes  No  
*If yes, provide the new year-end date:* \_\_\_\_\_
  
2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending.  None  Attached
  
3. List the **five** highest paid directors, officers and employees of the organization and its related organization(s) who receive total compensation of **\$50,000** or more, indicating their titles and total compensation paid to each. Total compensation includes salaries, fees, bonuses, fringe benefits, severance payments and deferred compensation paid by the organization and all related organizations. A "related organization" is an organization that controls, is controlled by or is under common control with another corporation. "Control" can exist through stock ownership or membership interests, the authority to appoint members, or the ability to direct the policies and management of other corporations. See Minn. Stat. § 317A.011, subd. 18.

	Name/Title	Compensation
1	KAREN LAW/EXECUTIVE DIRECTOR	62,042
2		
3		
4		
5		

4. **Attach** a list of organization's board of directors.  Attached  Included in IRS Return
  
5. **Attach a GAAP audit** if total revenue exceeds \$750,000.  Attached  
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).
  
6. Minnesota law requires that an organization file a copy of any IRS Form 990, 990-EZ, or 990-PF informational return that was filed with the IRS. Has the organization included with this annual report a copy of all IRS Form 990, 990-EZ or 990-PF informational returns that it filed with the IRS (excluding Schedule B or any other donor list required by the IRS)?  Yes  No

*NOTE: By answering YES to the above question, you are attesting that the IRS information return filed with this office is an exact copy, including all schedules and attachments, of the IRS information return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).*

7. The following organizations must complete and return the statement of functional expenses below:  
 1) organizations that do not file a return with the IRS; 2) organizations that file a 990-EZ or 990-PF; and 3) organizations that file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

<b>Statement of Functional Expenses</b>				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S.				
2 Grants and other assistance to individuals in the U.S.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	62042	34123	15511	12408
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	195142	147929	22520	24693
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	23536	16687	3368	3481
10 Payroll taxes	18896	13496	2698	2702
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5000	3450	1550	
d Lobbying				
e Professional fundraising services				
f Investment management fees				
g Other	80092	67579	6702	5811
12 Advertising and promotion	2358	339	1658	361
13 Office expenses	34836	22126	5663	7047
14 Information technology				
15 Royalties				
16 Occupancy	28539	20210	4226	4103
17 Travel	6802	5199	660	943
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7938	5900	1110	928
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3408	2194	805	409
23 Insurance	5178	3667	764	747
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SEE ATTACHED				
b				
c				
d All other expenses	89723	73810	13950	1963
25 <b>Total functional expenses.</b> Add lines 1 through 24d	563490	416709	81185	65596
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Must be prepared in accordance with generally accepted accounting principles.**