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SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury  
Internal Revenue Service

Employer Identification Number  
23-7440830

Name of the organization  
MARAL Pro-Choice Washington

Part VI, Section B, Line 11A: This form has been reviewed by the organization's Executive Director and distributed to the Board of Directors.

Part VI, Section B, Line 12C: The employment of all board members is well known to the Executive Director and to other Board members. No Board member is compensated or reimbursed for any time spent on the organization's activities.

Part VI, Section B, Lines 16A and B: Salaries for the Executive Director and staff are based on an completed with the Wage and Benefit Survey of King, Pierce, and Snohomish County Non-Profit Organizations, published semi-annually by the United Way of King County.

Part VI, Section C, Lines 18 and 19: MARAL Pro-Choice Washington makes its Form 990 and all governing documents, certified of interest policy and financial documents available to the public upon request.

Part X, Line 5, Total \$83,189

Payroll Liability Correction

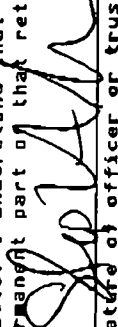
Miscellaneous \$83,189

0425874017  
Jan. 11, 2013 LTR 2694C O R  
23-7440830 201112 67 00016221

NARAL PRO-CHOICE WASHINGTON  
811 1ST AVE STE 456  
SEATTLE WA 98104

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.



\_\_\_\_\_  
Signature of officer or trustee

1/30/2013  
Date

\_\_\_\_\_  
Office Administrator  
Title