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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No. 1545-1150

2011

Open to Public Inspection

ΑI	For the 2	2011 calenda	ar year, or tax year beginning, 2011, and end	ing		, 20
В	Check if app	plicable	C Name of organization		D Employer	identification number
	Address ch	nange	NARAL Pro-Choice Ohio Foundation			31-1212322
_	Name char	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/su	ırte	E Telephone	number
=	Initial return Terminated		12000 Shaker Blvd.			216 283 2180
ᇊ	Amended r	_	City or town, state or country, and ZIP + 4		F Group E	xemption
==	Application		Cleveland, OH 44120-1926		Number	▶ 5065
G	Accounti	ing Method:	☐ Cash	Н	Check ▶ □	If the organization is not
1 1	Website	e: ▶			required to a	attach Schedule B
J T	ax-exem	pt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 52	7	(Form 990, 9	990-EZ, or 990-PF).
K	Check ►	☐ If the	e organization is not a section 509(a)(3) supporting organization or a section 527 organization	nızatıc	n and its gro	oss receipts are normally
	not more	than \$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcar	d) ma	y be require	d (see instructions). But if
t	he orgar	nization choo	ses to file a return, be sure to file a complete return.			
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets	(Part II,	
lı	ne 25, co	olumn (B) belo	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		>	\$ 74,692
P	art f	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the	instruction	ns for Part I.)
		Check if	the organization used Schedule O to respond to any question in this F	art I	<u>.</u>	
	1	Contributio	ons, gifts, grants, and similar amounts received		1	74,692
	2	Program se	ervice revenue including government fees and contracts		2	0
	3	Membersh	ip dues and assessments		3	0
	4	Investment	t income		4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a			
	Ь	Less: cost	or other basis and sales expenses			
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	. 0
	6	Gaming an	d fundraising events			
		Gross inc	ome from gaming (attach Schedule G if greater than			
Ē	i	\$15,000) .				
Revenue	b	Gross inco	ome from fundraising events (not including \$of contrib	oution	s	
æ		from fundr				
	1	sum of suc	ch gross income and contributions exceeds \$15,000)			}
	С		t expenses from gaming and fundraising events 6c			
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b an	d sub	otract	ł
	l	line 6c) .			· · 6d	0
	7a	Gross sale	s of inventory, less returns and allowances			
	Ь		of goods sold			
	С	•	it or (loss) from sales of inventory (Subtract line 7b from line va) C.E.I.V.E	D.	70	
	8		nue (describe in Schedule O)		$\frac{8}{1}$	
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		Ø 9	_
	10		d similar amounts paid (list in Schedule O)	4.	있 10	
	11	Benefits pa	aid to or for members	<u></u>	8 11	
es	12	Salaries, o	ther compensation, and employee benefits	Τ.	= 12	
ë	13	riolession	lai lees and other payments to independent contractors		. 13	
Expenses	14	•	y, rent, utilities, and maintenance			 _
ш	,		ublications, postage, and shipping			
	16	•	enses (describe in Schedule O)			
	17	Total expe	enses. Add lines 10 through 16	<u>· ·</u>	. ▶ 17	
ţ	18		(deficit) for the year (Subtract line 17 from line 9)			(27,952)
šše	19		s or fund balances at beginning of year (from line 27, column (A)) (must		-	
Ą		•	ar figure reported on prior year's return)		<u> </u>	
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			
_	21		or fund balances at end of year. Combine lines 18 through 20		. ▶ 21	
Fo	r Papen	work Reduct	tion Act Notice, see the separate instructions. Cat. No. 1064	21		Form 990-EZ (2011)

Par	Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to ar	y question in this	Part II		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[16,359	22	11,627
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)		[50,000	24	0
25	Total assets		[66,359	25	11,627
26	Total liabilities (describe in Schedule O)		[36,792	26	10,012
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	29,567	27	1,615
Part				Part III.)		F
	Check if the organization used Schedule				/Pag	Expenses juired for section
What	is the organization's primary exempt purpose?	Provide information				c)(3) and 501(c)(4)
	be the organization's program service accompli	ehments for each of	ite three largest r	rogram services		nizations and section
as m	easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the ach program title.	services provided	d, the number of		7(a)(1) trusts, optional others.)
28	Inform the general public about issues related to wo	men's reproductive r	ghts. Engage in iss	ue-related		
	research. Publish research reports. Issue press rel	eases. Contribute co	ntent to a web site n	naintained		
	by an affiliate. Publish newsletters.					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	85,940
29						
	(Grants \$) If this amount	includes foreign gra	nts, check here	▶ 🗆	29 a	
30						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	30a	· i
	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	31a	
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	85,940
Part	V List of Officers, Directors, Trustees, and Ke	y Employees. List eac	h one even if not cor	npensated. (see the ir	ıstru	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗸
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)		6	Estimated amount of other compensation
	BA-O-III BA		"	Goldfied demperiodisc	+	
Y-	nan McCall Marnecheck	President and				0
	Julia Drive, North Royalton, OH 44123	director, 1		0	<u> </u>	
	W. Mathews	Treasurer and				•
	6 Beech Creek Trail, Strongsville, OH 44149	director, 2	<u> </u>	0	<u> </u>	0
	M. Miranda	Secretary and			اـ	
	Clifton Avenue, Cleveland, OH 44102	director, 1		<u>D</u>	<u> </u>	0
	Kurtz	Director, 1			_	_
	Cheshire Road, Shaker Heithts, OH 44120			0	<u> </u>	0
	Studamire-Rosado	Director, 1				_
	y Matters, 3631 Perkins Ave., Cleveland, OH 44114		· · · · · · · · · · · · · · · · ·	0	<u> </u>	0
Kelli	Copeland	Executive Director,	1			
1200	0 Shaker Blvd., Cleveland, OH 44120-1926	see Sch. O		0	<u> </u>	0
		_				
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	<u> </u>			age 🔾
Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
ь	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:]		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		_	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
C	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶ NONE			
42a		216 28	3 218	0
	Located at ▶ 12000 Shaker Blvd., Cleveland, OH ZIP + 4 ▶	44120	-1926	, _
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶	j '	<u> </u>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	42c		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	+2C	L	▼
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here)	▶ □
43	and enter the amount of tax-exempt interest received or accrued during the tax year		•	_
	and office the amount of tax oxempt interest resource of account at any and any part of the first part of tax oxempt interest resource of account of tax oxempt interest resource		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Γ		
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1	l	1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

										Yes	No
		ne organization engage, directly or in noticates for public office? If "Yes," of the contract							46		√
Part V		Section 501(c)(3) organizations									
		501(c)(3) organizations and section			rusts mu	ıst an	swer qu	estion	s 47	7–49l)
		and 52, and complete the tables									_
		Check if the organization used Sch	edule O to respond	to any question in	this Par	t VI	<u> </u>	<u> </u>	<u></u>		<u> </u>
47	ריי די	o organization angage in John dae	antivition or hove o	naction EO1/h) alas	lion in off			.		Yes	No
,	year?	If "Yes," complete Schedule C, Part	11	a section 501(h) election in effect during the tax					1		
		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									1
		ne organization make any transfers to	•	•	nızation?			_ <u></u>	49a		✓
	If "Yes," was the related organization a section 527 organization?										L
		olete this table for the organization's byees) who each received more than									d key
-	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu		employee d deferred			d amou	
None											
										_	
					1						
			·								
							ĺ				
			·								
f	Total	number of other employees paid over	er \$100,000	. ▶							
		plete this table for the organization's 000 of compensation from the organ			nt contra	ctors v	who each	recei	ved	more	thar
(a) N	Name ar	nd address of each independent contractor pai	d more than \$100,000	(b) Type of s	ervice		(c)	Compe	nsatı	on -	
None											
				1							
]		- 1					
			·	ļ							
				4		İ					
								-			
				4		- 1					
	Total	number of other independent contra	ctore each receiving	Over \$100,000							
		ne organization complete Schedule A			ns and 49	147(a)(1)				
		xempt charitable trusts must attach		, , , , <u>-</u>			•	▶ 🗸	Yes		No
Under pe	enalties	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	etum, including accompan	ying schedules and state	ments, and er has any k	to the b	est of my kr	nowledg	e and	d belief	, it is
		1 16 W/ MATON	1/4.4	proper			DV 7	7	7	>	
Sign		Signature of officer	1/54			Date	1/	, u	<u> </u>		
Here		Keith W. Mathews, Treasurer Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date		Chast:	P	TIN		
Paid		Time 13he biobaid 2 liana			Check ∐ if self-employed			11			
Prepa		Firm's name ▶	.l			Firm's	EIN ►				
Use C	July	Firm's address ▶	<u> </u>			Phone					
May th	e IRS	discuss this return with the preparer	shown above? See	instructions					Yes	Пī	No

Form 990-EZ (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2011 Open to Public

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

NAF	(AL P	ro-Choice Onic								31-121			
Pa	rt I	Reason for	or Public Char	rity Status (All orga	nizations	must c	omplete	this par	rt.) See i	nstructio	ns.		
The	orga	nization is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)				
1				nes, or association of			ed in sec	tion 170((b)(1)(A)(i).			
2		A school desci	ribed in section	170(b)(1)(A)(ii). (Attac	h Schedu	ıle E.)							
3		A hospital or a	cooperative hos	spital service organiza	ition desc	ribed in s	section 1	70(b)(1)((A)(iii).				
4				n operated in conjunc	ction with	a hospita	al descrit	oed in se	ction 170	D(b)(1)(A)(iii). Ente	er the	
		hospital's nam	e, city, and state) :									
5			n operated for t	the benefit of a collect plete Part II.)	ge or univ	versity ov	vned or	operated	by a go	vernmenta	al unit o	describ	oed in
6		A federal, state	e, or local govern	nment or governmenta	al unit des	scribed in	section	170(b)(1)(A)(v).				
7		An organizatio	n that normally	receives a substantia (A)(vi). (Complete Par	l part of					nit or from	the ge	neral	public
8				section 170(b)(1)(A)	•	n ple te Pa	rt II.)						
9				receives: (1) more tha									
				I to its exempt functi									
			•	nt income and unrel						n 511 tax	() from	busin	esses
			=	fter June 30, 1975. Se					-				
10				operated exclusively									
11				d operated exclusive									
				licly supported organ lescribes the type of s								3ee se	ection
				- •				-	ite iiiles i			III	
		a ☐ TypeI	b 🔲		☐ Type		•	•			Type		
•	. L.	By checking th	nis box, I certify	that the organization is and other than one	IS NOT COI	ntrollea a	rectly or	indirecti	y by one	or more c	ılsquallı in sooti	iea pe	ersons
		or section 509		rs and other than one	e or more	publicly	aupporte	o organi	izations t	Jeschbed	III SECI	OH JU	3(a)(1)
				written determination	n from t	ho IDS t	hat it is	a Typo	1 Type I	l or Type	a III au	nnorti	20
1		organization, o		whiten determinate				a Type	i, type i		- III Su		
				ne organization accep	nted anv	aift or co	ontributio	n from a	nv of the	•			
,		following pers		to organization accept	J. J. J. J.	g c. c.			,				
		• •		ndirectly controls, eith	her alone	or togetl	her with	persons	describe	d in (ii) an	d	Yes	No
				ody of the supported of							11g(<u></u>	\vdash
		• •	•	on described in (i) abo	_						11g(i		
			-	a person described in							11g(i	-	\vdash
ı	1			on about the support							<u> </u>		<u> </u>
		e of supported	(ii) EIN	(iii) Type of organization	(iv) is the o		(v) Did v	ou notify	(vi)	ls the	(vii)	Amount	of
,		ganization	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(described on lines 1-9	in col (i) lis	ited in your	the organ	nization in	n in organization in col. support				
				above or IRC section (see instructions))	governing	oocumentr		of your port?		S.?			
				(See Instance Inst	Yes	No	Yes	No	Yes	No			
/A\													
(A)		··					· ·-				_		
(B)													
(C)													
					ļ			 	-				
(D) —–													
(E)													
													

Page 2 Schedule A (Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ (e) 2011 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by (other person governmental unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2010 (f) Total Calendar year (or fiscal year beginning in) (a) 2007 **(b)** 2008 (c) 2009 (e) 2011 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 9 10 11 12 13 Se 15 16 17

	sources				İ			
)	Net income from unrelated business activities, whether or not the business is regularly carried on							
)	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support. Add lines 7 through 10					<u> </u>	<u> </u>	
2	Gross receipts from related activities, etc					12		
}	First five years. If the Form 990 is for the							3)
	organization, check this box and stop he	re	<u> </u>	<u> </u>		· · · · ·	<u>></u>	
ctic	on C. Computation of Public Support							
ŀ	Public support percentage for 2011 (line	6, column (f) di	ivided by line 1	1, column (f))		14		<u>%</u>
5	Public support percentage from 2010 Sci					15		<u>%</u>
ia i	331/3% support test-2011. If the organi				d line 14 ıs 33	1/3% or more	e, check this	
	box and stop here. The organization qua		•	-		. .	▶	
b	331/3% support test—2010. If the organicheck this box and stop here. The organic					e 15 is 33 ¹ /3	3% or more, ►	
7a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization	ets the "facts-	and-circumsta	inces" test, ch	eck this box a	nd stop he r	e. Explain in	
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the	facts-and-c	ircumstances"	' test, check t	his box and	stop here.	
3	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17	a, or 17b, che	ck this box a	and see	
	instructions						🕨	
		<u>.</u>				hedule A (For	n 990 or 990-EZ)

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, , , , , , , , , , , , , , , , , , , ,		··/	
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	128,150	164,397	149,241	175,017	74,692	691,497
2	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	0	o	o	o	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	o	o	0	o	0
4	Tax revenues levied for the		-,				
	organization's benefit and either paid					1	
	to or expended on its behalf	o	О	o	0	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	О	o	0	0	0
6	Total. Add lines 1 through 5	128,150	164,397	149,241	175,017	74,692	691,497
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	320	5,612	2,035	11,435	2,425	21,827
b	Amounts included on lines 2 and 3	ĺ		ĺ		1	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
_	Add lines 7a and 7b	320	5,612	2,035	11,435	2,425	21,827
8	Public support (Subtract line 7c from						
	line 6.)					l	669,670
	on B. Total Support		# 1 0000 I			() 00 ()	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	128,150	164,397	149,241	175,017	74,692	691,497
10a	Gross income from interest, dividends,			J			
	payments received on securities loans, rents, royalties and income from similar sources.	0	o	o	0	o	0
_	·	-			- 0	- 4	
b	Unrelated business taxable income (less section 511 taxes) from businesses		İ				
	acquired after June 30, 1975	o	o	اه	o	0	0
С	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	o	ol	o	o	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	o	O	0	0	o	0
13	Total support (Add lines 9, 10c, 11,						
	and 12.)	128,150	164,397	149,241	175,017	74,692	691,497
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	<u> </u>	<u></u>			<u>.</u> . ▶ □
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2011 (line 8					15	97 %
16	Public support percentage from 2010 Sch			<u> </u>	<u></u> .	16	96 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (17	0 %
18	Investment income percentage from 2010	Schedule A, F	Part III, line 17			18	0 %
19a	331/3% support tests-2011. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organiz						
	line 18 is not more than 331/3%, check this i						
20	Private foundation. If the organization di	a not check a	oox on line 14,	, 19a, or 19b, c	neck this box	and see instruc	ctions 🕨 🔲

ci iedale A (i	FOITH 990 OF 990-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
· · · <u></u>		
******	***************************************	*******

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2011

pen to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

• Complete if the organization is described below. • Attach to Form 990 or Form 990-EZ.

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	ction 501(c)(4), (5), or (6) orga	nizations: Complete Part III.				
	of organization	•		Employer is	dentification number	
	Pro-Choice Ohio Foundati				31-1212322	
Part		organization is exempt unde				
1	•	he organization's direct and indire	•	~	¢	
2 3	•				D	
3	Volunteer hours					
Part	Complete if the	organization is exempt unde	er section 501(d	c)(3).		
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	1 4955 ▶	\$	
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶	\$	
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No	
4a						
<u> </u>	If "Yes," describe in Part					
Part		e organization is exempt unde			01(c)(3).	
1		y expended by the filing organiz		· · · · · · · · · · · · · · · · · · ·	A	
•					\$	
2 Enter the amount of the filing organization's funds contributed to other organizations for se					¢	
527 exempt function activities						
3					\$	
4					Yes No	
5		ganization file Form 1120-POL for this year?				
•	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing org	anization's funds. Also enter	
	the amount of political co	ontributions received that were pro-	mptly and directly	delivered to a separat	e political organization, such	
	as a separate segregated	fund or a political action committee	e (PAC). If additio	nal space is needed, p	ovide information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate	
					political organization. If none, enter -0-	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Pa	t II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	l Form 5768 (ele	ction under				
A		Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check 🕨 🗌 if the filing organization che	cked box A and "limited control" provisions a	pply.					
	Limits on Lobby	ring Expenditures	(a) Filmg	(b) Affiliated				
	(The term "expenditures" mea	ans amounts paid or incurred.)	organization's totals	group totals				
1	Total lobbying expenditures to influence p	public opinion (grass roots lobbying)	0					
	 Total lobbying expenditures to influence a 	a legislative body (direct lobbying)	0	·				
	c Total lobbying expenditures (add lines 1a	and 1b)	0	· 				
	d Other exempt purpose expenditures	102,644						
	e Total exempt purpose expenditures (add	102,644						
	F Lobbying nontaxable amount. Enter the columns.	ne amount from the following table in both	20,529					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e.		i J				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		ĺ				
	Over \$17,000,000	\$1,000,000.						
	g Grassroots nontaxable amount (enter 259		5,132					
	h Subtract line 1g from line 1a. If zero or les	ss, enter -0	0					
	Subtract line 1f from line 1c. If zero or less		0					
_	If there is an amount other than zero or reporting section 4911 tax for this year?	on either line 1h or line 1i, did the organization	file Form 4720	Yes No				

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbyir	ng Expenditures D	uring 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount	33,593	31,093	29,762	20,529	114,977
b	Lobbying ceiling amount (150% of line 2a, column (e))					172,465
С	Total lobbying expenditures	10,044	11,684	10,730	0	32,458
d	Grassroots nontaxable amount	8,398	7,773	7,441	5,132	28,744
е	Grassroots ceiling amount (150% of line 2d, column (e))					43,116
f	Grassroots lobbying expenditures	3,512	5,491	7,394	0	16,397

Schedule C (Form 990 or 990-EZ) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

NARAL Pro-Choice Ohio Foundation

Employer identification number 31-1212322

990-EZ, Part I, Line 16, Other expenses: Management fee paid to NARAL Pro-Choice Ohio, a 501c4 affiliate, \$78,456; travel reimbursements,
\$4,514; and miscellaneous, \$3,437, total \$86,407. The management fee amount includes \$60,940 for staff compensation at cost based on
detailed time reports, and \$17,516 of office expenses at cost allocated on the basis of the time reports.
990-EZ, Part II, Line 24, Other assets: \$50,000 grants receivable at beginning of year.
990-EZ, Part II, Line 26, Other liabilities:
Beginning of year, term loan \$15,000 and accounts payable \$21,792, total 36,792.
End of year, term loan \$7.000 and accounts payable \$3,012, total \$10 ,012.
990-EZ Part IV, Key employees: The 501c4 affiliate, NARAL Pro-Choice Ohio, pays all of the Executive Director's compensation.

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