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Form 990-EZ

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

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: NARAL VIRGINIA. Number and street (or P O box, if mail is not delivered to street address): 1156 15TH STREET NW NO 700. City or town, state or country, and ZIP + 4: WASHINGTON, DC 20005

D Employer identification number: 41-2051991. E Telephone number: (202) 973-3000. F Group Exemption Number

G Accounting method: [x] Cash [ ] Accrual [ ] Other (specify)

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.NARALVA.ORG

J Tax-Exempt status (check only one): [ ] 501(c)(3) [x] 501(c)(4) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 107,145

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

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 105,718 and total expenses is 104,608.

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	2,925	<b>22</b>	5,677
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	100	<b>24</b>	100
<b>25 Total assets</b> . . . . .	3,025	<b>25</b>	5,777
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	9,794	<b>26</b>	11,436
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	-6,769	<b>27</b>	-5,659

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?

TO DEVELOP AND SUSTAIN A CONSTITUENCY THAT USES THE POLITICAL PROCESS TO GUARANTEE EVERY WOMAN THE RIGHT TO MAKE PERSONAL DECISIONS REGARDING THE FULL RANGE OF REPRODUCTIVE CHOICES, INCLUDING PREVENTING UNINTENDED PREGNANCY, BEARING HEALTHY CHILDREN AND CHOOSING LEGAL ABORTION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> EDUCATE THE PUBLIC REGARDING THE BROAD RANGE OF ISSUES ENCOMPASSING A WOMAN'S RIGHT TO CHOOSE AMONG REPRODUCTIVE OPTIONS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	81,787
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	81,787

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	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 . . . . .		No
<b>34</b>	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) . . . . .		No
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
<b>35a</b>	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)?		No
<b>35b</b>	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>35c</b>	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 . . . . .		No
<b>36</b>	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 . . . . .		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> <input type="text" value="0"/>		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9 . . . . .		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40a</b>	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
<b>40b</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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 . . . . .		No
<b>40c</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="text" value="0"/>		
<b>40d</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="text" value="0"/>		
<b>40e</b>	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		No
<b>41</b>	List the states with which a copy of this return is filed <input type="checkbox"/> VA		
<b>42a</b>	The organization's books are in care of <input type="checkbox"/> NARAL VA Telephone no <input type="checkbox"/> (202) 973-3000 1156 15TH STREET NW SUITE 700 Located at <input type="checkbox"/> WASHINGTON, DC ZIP + 4 <input type="checkbox"/> 20005		
<b>42b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	Yes	No
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="text" value="43"/>		
<b>44a</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
<b>44b</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		No
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year?		No
<b>44d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>45b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the 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)		

**Yes** **No**

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

**46**  **Yes**  **No**

**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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

**Yes** **No**

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

**47**  **Yes**  **No**

**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**48**  **Yes**  **No**

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**49a**  **Yes**  **No**

**b** If "Yes," was the related organization a section 527 organization?

**49b**  **Yes**  **No**

**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"

(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

**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"

(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

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  **Yes**  **No**

**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.**

**Sign Here** Signature of officer: \*\*\*\*\* Date: 2012-10-24  
 Type or print name and title: TARINA KEENE EXECUTIVE DIRECTOR

**Paid Preparer's Use Only** Preparer's signature: JOHN SQUIRE Date:  Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: SQUIRE LEMKIN COMPANY LLP, 111 ROCKVILLE PIKE SUITE 475, ROCKVILLE, MD 20850  
 Preparer's taxpayer identification number (See instructions): P00308177  
 EIN: 52-2041603  
 Phone no: (301) 424-6800

May the IRS discuss this return with the preparer shown above? See instructions  **Yes**  **No**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-2051991  
**Name:** NARAL VIRGINIA

**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
TARINA KEENE 1156 15TH STREET NW SUITE 700 WASHINGTON,DC 20005	EXECUTIVE DIRECTOR 20 00	34,000	0	0
JENNIFER BROOKS 1156 15TH STREET NW SUITE 700 WASHINGTON,DC 20005	CHAIR EMERITUS 2 00	0	0	0
AIDA CARINI 1156 15TH STREET NW SUITE 700 WASHINGTON,DC 20005	SECRETARY 2 00	0	0	0
LIZ HOWARD 1156 15TH STREET NW SUITE 700 WASHINGTON,DC 20005	DIRECTOR 2 00	0	0	0
SASHA BARTOLF PUDELSKI 1156 15TH STREET NW SUITE 700 WASHINGTON,DC 20005	VICE CHAIR 2 00	0	0	0
JAMIE LOCKHART 1156 15TH STREET NW SUITE 700 WASHINGTON,DC 20005	DIRECTOR 2 00	0	0	0
SAMANTHA SEWELL 1156 15TH STREET NW SUITE 700 WASHINGTON,DC 20005	DIRECTOR 2 00	0	0	0
ANGELA GUZMAN 1156 15TH STREET NW SUITE 700 WASHINGTON,DC 20005	CHAIR 2 00	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
NARAL VIRGINIA

**Employer identification number**

41-2051991

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 4
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION OTHER INCOME AMOUNT 547
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BANK FEES AMOUNT 2,198 DESCRIPTION INSURANCE AMOUNT 1,240 DESCRIPTION INTEREST EXPENSE AMOUNT 804 DESCRIPTION LICENSES & PERMITS AMOUNT 410 DESCRIPTION MISC EXPENSE AMOUNT 187 DESCRIPTION OFFICE SUPPLIES AMOUNT 149 DESCRIPTION TRAVEL & ENTERTAINMENT AMOUNT 1,977 DESCRIPTION TELEPHONE AMOUNT 108 DESCRIPTION FUNDRAISING EXPENSE AMOUNT 589 DESCRIPTION OTHER PROGRAM EXPENSE AMOUNT 1,181 DESCRIPTION DUES, SUBSCRIPTIONS, AND FEES AMOUNT 1,401 DESCRIPTION PAYROLL TAXES AMOUNT 7,371 DESCRIPTION STAFF DEVELOPMENT AMOUNT 193 TOTAL TO FORM 990-EZ, LINE 16 17,808
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION DEPOSITS BEG OF YEAR AMOUNT 100 END OF YEAR AMOUNT 100
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION NARAL PROCHOICE AMERICA LOAN BEG OF YEAR AMOUNT 4,146 END OF YEAR AMOUNT 4,146 DESCRIPTION AMEX CREDIT CARD BEG OF YEAR AMOUNT 5,515 END OF YEAR AMOUNT 4,653 DESCRIPTION DUE TO NARAL PRO-CHOICE VA FOUNDATION BEG OF YEAR AMOUNT 133 END OF YEAR AMOUNT 2,637

**TY 2011 Transfers Personal Benefits  
Contracts Declaration****Name:** NARAL VIRGINIA**EIN:** 41-2051991**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.