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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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

- 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): 901 N WASHINGTON STREET NO 603. City or town, state or country, and ZIP + 4: ALEXANDRIA, VA 22314

D Employer identification number: 41-2051991. E Telephone number: (757) 287-3356. 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

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. \$ 130,947

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 21 rows for Revenue (lines 1-9) and Expenses (lines 10-17), and 4 rows for Net Assets (lines 18-21). Includes columns for description, line number, and amount.

**Part II Balance Sheets** (see the instructions for Part II)

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

|  | (A) Beginning of year | (B) End of year  |
|--|-----------------------|------------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 5,677                 | <b>22</b> 20,970 |
| <b>23</b> Land and buildings . . . . .   |                       | <b>23</b>        |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  | 100                   | <b>24</b> 26,750 |
| <b>25 Total assets</b> . . . . .   | 5,777                 | <b>25</b> 47,720 |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   | 11,436                | <b>26</b> 15,669 |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | -5,659                | <b>27</b> 32,051 |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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<br>(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> | 64,369 |
| <b>29</b><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>29a</b> |        |
| <b>30</b><br>(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)<br>(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) <input type="checkbox"/>   | <b>32</b>  | 64,369 |

**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 title        | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|--|--|---|--|
| See Additional Data Table |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

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
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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b 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, section 4912, section 4955
40b 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?
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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?
42c At any time during the calendar year, did the organization maintain an office outside the U S ?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

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

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

b 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 title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

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"

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.

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

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 (2013-10-25), Type or print name and title (TARINA KEENE MPA EXECUTIVE DIRECTOR)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature (JOHN SQUIRE), Date, Check self-employed, PTIN (P00308177), Firm's name (SQUIRE LEMKIN COMPANY LLP), Firm's EIN (52-2041603), Firm's address (111 ROCKVILLE PIKE SUITE 475, ROCKVILLE, MD 20850), Phone no (301) 424-6800

May the IRS discuss this return with the preparer shown above? See instructions

**Additional Data**

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

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

| <b>(a) Name and title</b>                  | <b>(b) Average hours per week devoted to position</b> | <b>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</b> | <b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b> | <b>(e) Estimated amount of other compensation</b> |
|--|---|---|--|---|
| TARINA KEENE<br>EXECUTIVE DIRECTOR         | 12 00   | 20,400  | 0  | 0   |
| JENNIFER BROOKS LASSITER<br>CHAIR EMERITUS | 2 00  | 0   | 0  | 0   |
| AIDA CARINI<br>SECRETARY                   | 2 00  | 0   | 0  | 0   |
| LIZ HOWARD<br>DIRECTOR                     | 2 00  | 0   | 0  | 0   |
| SASHA BARTOLF PUDELSKI<br>VICE CHAIR       | 2 00  | 0   | 0  | 0   |
| JAMIE LOCKHART<br>DIRECTOR                 | 2 00  | 0   | 0  | 0   |
| SAMANTHA SEWELL<br>DIRECTOR                | 2 00  | 0   | 0  | 0   |
| ANGELA GUZMAN<br>CHAIR                     | 2 00  | 0   | 0  | 0   |
| AMY ECKERT<br>DIRECTOR                     | 2 00  | 0   | 0  | 0   |
| MARY JANE GALLAGHER<br>DIRECTOR            | 2 00  | 0   | 0  | 0   |
| HELAINA WEISSMAN<br>DIRECTOR               | 2 00  | 0   | 0  | 0   |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury Internal Revenue Service

Name of the organization NARAL VIRGINIA

Employer identification number

41-2051991

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |  | (a) Event #1                           | (b) Event #2 | (c) Other events           | (d) Total events              |
|--|--|--|--------------|----------------------------|-------------------------------|
|  |  | <b>POWER OF CHOICE</b><br>(event type) | (event type) | <b>4</b><br>(total number) | (add col (a) through col (c)) |
| <b>Revenue</b>   | <b>1</b> Gross receipts . . . . .  | 15,268                                 |              | 10,943                     | 26,211                        |
|  | <b>2</b> Less Contributions . . . . .  |  |              |                            |                               |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 15,268                                 |              | 10,943                     | 26,211                        |
| <b>Direct Expenses</b>   | <b>4</b> Cash prizes . . . . .   |  |              |                            |                               |
|  | <b>5</b> Noncash prizes . . . . .  |  |              |                            |                               |
|  | <b>6</b> Rent/facility costs . . . . .   | 578                                    |              |                            | 578                           |
|  | <b>7</b> Food and beverages . . . . .  | 3,517                                  |              |                            | 3,517                         |
|  | <b>8</b> Entertainment . . . . .   |  |              |                            |                               |
|  | <b>9</b> Other direct expenses . . . . .   | 415                                    |              | 1,360                      | 1,775                         |
|  | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |  |              |                            |                               |
| <b>11</b> Net income summary Combine line 3, column (d), and line 10 . . . . . ▶ |  |  |              |                            | 20,341                        |

**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)) |
|--|--|---|---|---|--|
|  |  | <b>1</b> Gross revenue . . . . .                            |   |   |  |
| <b>Direct Expenses</b>   | <b>2</b> Cash prizes . . . . .           |   |   |   |  |
|  | <b>3</b> Non-cash prizes . . . . .       |   |   |   |  |
|  | <b>4</b> Rent/facility costs . . . . .   |   |   |   |  |
|  | <b>5</b> Other direct expenses . . . . . |   |   |   |  |
|  | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |  |   |   |   |  |
| <b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |  |   |   |   |  |

**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? . . . . .  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

Does the organization operate gaming activities with nonmembers?  Yes  No

**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

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

|                                      |            |  |
|--------------------------------------|------------|--|
| <b>a</b> The organization's facility | <b>13a</b> |  |
| <b>b</b> An outside facility         | <b>13b</b> |  |

**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?  Yes  No

**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?  Yes  No

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

**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

**2012**

**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 5  |
| OTHER REVENUE           | FORM 990-EZ, PART I, LINE 8   | DESCRIPTION OTHER INCOME AMOUNT 3,224  |
| OTHER EXPENSES          | FORM 990-EZ, PART I, LINE 16  | DESCRIPTION BANK FEES AMOUNT 2,507 DESCRIPTION LIABILITY INSURANCE AMOUNT 1,346 DESCRIPTION INTEREST EXPENSE AMOUNT 493 DESCRIPTION LICENSES & PERMITS AMOUNT 334 DESCRIPTION MISC EXPENSE AMOUNT 177 DESCRIPTION OFFICE SUPPLIES AMOUNT 446 DESCRIPTION TRAVEL & ENTERTAINMENT AMOUNT 355 DESCRIPTION TELEPHONE AMOUNT 296 DESCRIPTION FUNDRAISING EXPENSE AMOUNT 17,128 DESCRIPTION OTHER PROGRAM EXPENSE AMOUNT 1,725 DESCRIPTION DUES, SUBSCRIPTIONS, AND FEES AMOUNT 520 DESCRIPTION PAYROLL TAXES AMOUNT 4,139 DESCRIPTION STAFF DEVELOPMENT AMOUNT 458 TOTAL TO FORM 990-EZ, LINE 16 29,924 |
| OTHER ASSETS            | FORM 990-EZ, PART II, LINE 24 | DESCRIPTION DEPOSITS BEG OF YEAR AMOUNT 100 END OF YEAR AMOUNT 100 DESCRIPTION DUE FROM NARAL PRO-CHOICE VA FOUNDATION BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 26,650  |
| OTHER LIABILITIES       | FORM 990-EZ, PART II, LINE 26 | DESCRIPTION NARAL PROCHOICE AMERICA LOAN BEG OF YEAR AMOUNT 4,146 END OF YEAR AMOUNT 3,196 DESCRIPTION AMEX CREDIT CARD BEG OF YEAR AMOUNT 4,653 END OF YEAR AMOUNT 700 DESCRIPTION DUE TO NARAL PRO-CHOICE VA FOUNDATION BEG OF YEAR AMOUNT 2,637 END OF YEAR AMOUNT 0 DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 11,773   |

## TY 2012 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.