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**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2001 calendar year, or tax year period beginning **APR 1, 2001** and ending **MAR 31, 2002**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>52-1100361</b>	
		Number and street (or P O box if mail is not delivered to street address) <b>1156 15TH STREET, NW</b>		Room/suite <b>700</b>	<b>E</b> Telephone number <b>(202) 973-3000</b>
		City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20005</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates \_\_\_\_\_

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit GEN \_\_\_\_\_

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**G** Web site **WWW.NARAL.ORG**

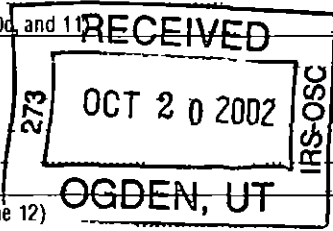
**J** Organization type (check only one)  501(c) ( 03 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **22,566,443.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	19,155,584.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ <u>19,155,584.</u> noncash \$ _____)	1d	19,155,584.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	137,358.		
5	Dividends and interest from securities	5	29,312.		
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		2,994,283.	8a		
b	Less cost or other basis and sales expenses	2,872,796.	8b		
c	Gain or (loss) (attach schedule)	121,487.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	121,487.	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ <u>856,854.</u> of contributions reported on line 1a)	9a	249,906.		
b	Less direct expenses other than fundraising expenses	9b	339,380.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 2	9c	<89,474.>	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c		
11	Other revenue (from Part VII, line 103)		11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	19,354,267.	
13	Program services (from line 44, column (B))		13	15,079,202.	
14	Management and general (from line 44, column (C))		14	539,740.	
15	Fundraising (from line 44, column (D))		15	640,383.	
16	Payments to affiliates (attach schedule)		16		
17	Total expenses (add lines 16 and 44, column (A))		17	16,259,325.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	3,094,942.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	9,428,493.	
20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3	20	<35,087.>	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	12,488,348.	



SCANNED OCT 29 2002

3 914

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

**Part II Statement of Functional Expenses**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	375,515.	242,085.	82,345.	51,085.
26 Other salaries and wages	1,452,498.	936,391.	318,513.	197,594.
27 Pension plan contributions	23,054.	12,394.	8,571.	2,089.
28 Other employee benefits	205,620.	110,546.	76,446.	18,628.
29 Payroll taxes	153,303.	82,419.	56,995.	13,889.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	52,649.	18,313.	28,730.	5,606.
34 Telephone	98,553.	75,613.	20,167.	2,773.
35 Postage and shipping	202,784.	162,335.	7,118.	33,331.
36 Occupancy	236,643.	38,607.	182,905.	15,131.
37 Equipment rental and maintenance	101,730.	3,422.	91,837.	6,471.
38 Printing and publications	595,816.	526,098.	978.	68,740.
39 Travel	306,490.	220,040.	58,276.	28,174.
40 Conferences, conventions, and meetings	695,530.	538,654.	26,769.	130,107.
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	10,812.		10,812.	
43 Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e <b>SEE STATEMENT 4</b>	11,748,328.	12,112,285.	<430,722.>	66,765.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	16,259,325.	15,079,202.	539,740.	640,383.

**Joint Costs** Check  if you are following SOP 98-2  Yes  No  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose?	Program Service Expenses
<b>EDUCATION ON MATTERS RELATED TO REPRODUCTIVE RIGHTS.</b> <small>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</small>	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<b>a COMMUNICATIONS</b>	
(Grants and allocations \$ _____)	10,244,001.
<b>b LEGISLATIVE</b>	
(Grants and allocations \$ _____)	646,577.
<b>c RESEARCH AND SPECIAL PROJECTS-LEGAL COALITION WORK, REPRODUCTIVE RIGHTS RESEARCH, ANALYZING LEGISLATION, DRAFTING TESTIMONY, AND GENERAL LEGAL RESEARCH.</b>	
(Grants and allocations \$ _____)	965,293.
<b>d CONSTITUENCY DEVELOPMENT</b>	
(Grants and allocations \$ _____)	3,223,331.
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ _____)	15,079,202.
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	

**Part IV Balance Sheets**

**Note** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	45 Cash - non-interest-bearing		45			
	46 Savings and temporary cash investments		5,435,184.	46	2,991,194.	
	47 a Accounts receivable	47a	423.			
	b Less allowance for doubtful accounts	47b		108.	47c	423.
	48 a Pledges receivable	48a	4,570,000.			
	b Less allowance for doubtful accounts	48b		3,034,411.	48c	4,570,000.
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees				50	
	51 a Other notes and loans receivable	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			306,412.	53	210,150.
	54 Investments - securities <b>STMT 5</b>		<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	714,709.	54	8,479,228.
	55 a Investments - land, buildings, and equipment basis	55a				
	b Less accumulated depreciation	55b			55c	
56 Investments - other				56		
57 a Land, buildings, and equipment basis	57a	43,976.				
b Less accumulated depreciation <b>STMT 6</b>	57b	23,667.	20,358.	57c	20,309.	
58 Other assets (describe <input type="checkbox"/> )			125,700.	58		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>			<b>9,636,882.</b>	<b>59</b>	<b>16,271,304.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		188,139.	60	3,035,006.	
	61 Grants payable			61		
	62 Deferred revenue		20,250.	62	205,900.	
	63 Loans from officers, directors, trustees, and key employees			63		
	64 a Tax-exempt bond liabilities			64a		
	b Mortgages and other notes payable			64b		
	65 Other liabilities (describe <input type="checkbox"/> <b>DUE TO AFFILIATE</b> )				65	542,050.
<b>66 Total liabilities (add lines 60 through 65)</b>			<b>208,389.</b>	<b>66</b>	<b>3,782,956.</b>	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		2,161,937.	67	3,743,620.	
	68 Temporarily restricted		7,266,556.	68	8,744,728.	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	<b>73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>			<b>9,428,493.</b>	<b>73</b>	<b>12,488,348.</b>
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>			<b>9,636,882.</b>	<b>74</b>	<b>16,271,304.</b>	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 columns (a-e) for revenue reconciliation. Row a: Total revenue, gains, and other support per audited financial statements \$19,658,560. Row b: Amounts included on line a but not on line 12, Form 990. (1) Net unrealized gains on investments \$ <35,087.>. (2) Donated services and use of facilities \$ . (3) Recoveries of prior year grants \$ . (4) Other (specify) \$ . Add amounts on lines (1) through (4) b <35,087.>. Row c: Line a minus line b c 19,693,647. Row d: Amounts included on line 12, Form 990 but not on line a. (1) Investment expenses not included on line 6b, Form 990 \$ . (2) Other (specify) STMT 8 \$ <339,380.>. Add amounts on lines (1) and (2) d <339,380.>. Row e: Total revenue per line 12, Form 990 (line c plus line d) e 19,354,267.

Table with 5 columns (a-e) for expense reconciliation. Row a: Total expenses and losses per audited financial statements \$16,598,705. Row b: Amounts included on line a but not on line 17, Form 990. (1) Donated services and use of facilities \$ . (2) Prior year adjustments reported on line 20, Form 990 \$ . (3) Losses reported on line 20, Form 990 \$ . (4) Other (specify) STMT 7 \$ 339,380. Add amounts on lines (1) through (4) b 339,380. Row c: Line a minus line b c 16,259,325. Row d: Amounts included on line 17, Form 990 but not on line a. (1) Investment expenses not included on line 6b, Form 990 \$ . (2) Other (specify) \$ . Add amounts on lines (1) and (2) d 0. Row e: Total expenses per line 17, Form 990 (line c plus line d) e 16,259,325.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

Table with 5 columns: (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. Row 1: SEE STATEMENT 9, (C) 375,515., (D) 6,057., (E) 0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule [X] Yes [ ] No STMT 10 Form 990 (2001)

20 20 10 150671

Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and compliance.

91 The books are in care of THE ORGANIZATION Telephone no 202-973-3000 Located at 1156 15TH STREET, NW, WASHINGTON, DC ZIP + 4 20005

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Membership dues, Interest on savings, Dividends, Net rental income, and Subtotal.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Table with 2 columns: Line No, Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Signature and information block containing officer signature (John M. Botts), preparer signature (Patricia Heughebaert), date, EIN (52-1392008), and address (GELMAN, ROSENBERG & FREEDMAN).

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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions )**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE FOUNDATION, INC.** Employer identification number **52 1100361**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(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
LISA HORTWITZ C/O NARAL FOUNDATION	DIRECTOR 40+	84,862.	1,568.	
STEPHAINE KUSHNER	DEVELOP. DIR. 40+	50,080.	1,444.	
Total number of other employees paid over \$50,000	▶ 0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HICKMAN BROWN RESEARCH 1350 CONNECTICUT AVE, NW, #206, WASHINGTON, DC	PUBLIC OPINION RESEARCH	865,957.
ELGIN DDB COMMUNICATIONS 1008 WESTERN AVE, STE 601, SEATTLE, WA 98104	ADVERTISING CONSULTANT	307,301.
TERRIS & BARNES 400 MONTGOMERY ST, #900, SAN FRANCISCO, CA 94104	DIRECT MAIL CONSULTANTS	141,052.
Total number of others receiving over \$50,000 for professional services	▶ 0	

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

Schedule A (Form 990 or 990-EZ) 2001



**Part III Statements About Activities** (See page 2 of the instructions )

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶ \$ _____ \$ 646,577.</b> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) <b>VI-A, LINE 38B</b> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶ \_\_\_\_\_**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	17,857,324.	12,532,376.	4,567,524.	1,949,996.	36,907,220.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose				16,409.	16,409.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	662,413.	400,915.	135,288.	74,954.	1,273,570.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		14,150.	SEE STATEMENT 13		14,150.
23 Total of lines 15 through 22	18,519,737.	12,947,441.	4,702,812.	2,041,359.	38,211,349.
24 Line 23 minus line 17	18,519,737.	12,947,441.	4,702,812.	2,024,950.	38,194,940.
25 Enter 1% of line 23	185,197.	129,474.	47,028.	20,414.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 763,899.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 22,503,184.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 38,194,940.
d Add Amounts from column (e) for lines	18 1,273,570.	19	22 14,150.	26b 22,503,184.	26d 23,790,904.
e Public support (line 26c minus line 26d total)					26e 14,404,036.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 37.7119%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year				N/A
(2000)	(1999)	(1998)	(1997)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					N/A
(2000)	(1999)	(1998)	(1997)		
c Add Amounts from column (e) for lines	15	16	17	20	21
d Add Line 27a total and line 27b total					27c N/A
e Public support (line 27c total minus line 27d total)					27d N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27e N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f N/A
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g N/A %
28 Unusual Grants	For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15				NONE

NATIONAL ABORTION AND REPRODUCTIVE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
	_____		
	_____		
	_____		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
	_____		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

NATIONAL ABORTION AND REPRODUCTIVE

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	646,577.
38	Total lobbying expenditures (add lines 36 and 37)	38	646,577.
39	Other exempt purpose expenditures	39	15,952,128.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	16,598,705.
41	Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500 000		20% of the amount on line 40	
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	
Over \$17 000 000		\$1 000 000	
41		41	979,935.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	244,984.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0.

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

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 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total	
45	Lobbying nontaxable amount	979,935.	980,902.	905,237.	509,399.	3,375,473.
46	Lobbying ceiling amount (150% of line 45(e))					5,063,210.
47	Total lobbying expenditures	646,577.	674,803.	264,612.	259,460.	1,845,452.
48	Grassroots nontaxable amount	244,984.	245,226.	226,309.	127,350.	843,869.
49	Grassroots ceiling amount (150% of line 48(e))					1,265,804.
50	Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h )			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h )			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

**NATIONAL ABORTION AND REPRODUCTIVE  
RIGHTS ACTION LEAGUE FOUNDATION, INC.**

Employer identification number

**52-1100361**

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(03) (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 box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8) or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

**NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE FOUNDATION, INC.**

Employer identification number

**52-1100361**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 7,648,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 3,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 900,000.	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)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MANAGEMENT AND GENERAL											
1	DATABASE	090197SL		5.00	16	600.			600.	430.		120.
2	COMPUTER EQUIPMENT	020199SL		3.00	16	1,758.			1,758.	1,270.		484.
3	COMPUTER EQUIPMENT	020199SL		3.00	16	1,758.			1,758.	1,270.		484.
4	PRINTER/FAX	030199SL		3.00	16	321.			321.	222.		107.
5	LAPTOP	090199SL		3.00	16	1,595.			1,595.	842.		532.
6	COMPUTER EQUIPMENT	090199SL		3.00	16	1,052.			1,052.	556.		351.
7	PRINTER	090199SL		3.00	16	180.			180.	95.		60.
8	SOFTWARE DEVELOPMENT	110199SL		3.00	16	4,625.			4,625.	2,184.		1,542.
9	SOFTWARE DEVELOPMENT	120199SL		3.00	16	9,844.			9,844.	4,375.		3,281.
10	OTHER ASSETS	VARIABLES		5.00	16	11,480.			11,480.	1,611.		2,746.
11	DATABASE	083101SL		5.00	16	229.			229.			31.
12	DATABASE	083101SL		5.00	16	1,040.			1,040.			121.
13	DATABASE	093001SL		5.00	16	252.			252.			29.
14	FURNITURE & FIXTURES	103101SL		5.00	16	431.			431.			43.
15	DATABASE	103101SL		5.00	16	4,687.			4,687.			469.
16	DATABASE	103101SL		5.00	16	4,124.			4,124.			412.
	* 990 PAGE 2 TOTAL					43,976.		0.	43,976.	12,855.	0.	10,812.
	MANAGEMENT AND GENERAL											

(D) Asset disposed



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	* GRAND TOTAL 990 PAGE 2 DEPR					43,976.		0.	43,976.	12,855.	0.	10,812.

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS				
	2,994,283.	2,872,796.	0.	121,487.
TOTAL TO FM 990, PART I, LN 8	2,994,283.	2,872,796.	0.	121,487.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CHICAGO EVENT	164,725.	127,530.	37,195.	36,547.	648.
NEW YORK EVENT	274,445.	212,475.	61,970.	89,470.	<27,500.>
WASHINGTON DC EVENT	194,021.	150,211.	43,810.	140,056.	<96,246.>
SAN FRANCISCO	395,015.	305,821.	89,194.	18,154.	71,040.
LOS ANGELES	18,225.	14,110.	4,115.	21,782.	<17,667.>
PENSACOLA	16,520.	12,790.	3,730.	5,552.	<1,822.>
FLORIDA	35,570.	27,538.	8,032.	23,114.	<15,082.>
SEATTLE	8,239.	6,379.	1,860.	4,705.	<2,845.>
TO FM 990, PART I, LINE 9	1,106,760.	856,854.	249,906.	339,380.	<89,474.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<35,087.>
TOTAL TO FORM 990, PART I, LINE 20	<35,087.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES AND CONTRACTORS	1,852,081.	1,469,348.	180,686.	202,047.
MEDIA	8,931,595.	8,892,496.	85.	39,014.
TAXES & LICENSES	20,617.		20,522.	95.
MISCELLANEOUS	154,312.	47,828.	88,373.	18,111.
LOBBYING	646,577.	646,577.		
PROGRAM SUPPORT ALLOCATION	0.	600,129.	<726,768.>	126,639.
SPECIAL EVENTS COSTS: SEE PAGE 1	<339,380.>			<339,380.>
MAILING SERVICES	337,753.	320,693.		17,060.
LIST RENTAL & EXCHANGE	137,522.	135,214.	179.	2,129.
GRANTS & HONORARIUM	7,251.		6,201.	1,050.
<b>TOTAL TO FM 990, LN 43</b>	<b>11,748,328.</b>	<b>12,112,285.</b>	<b>&lt;430,722.&gt;</b>	<b>66,765.</b>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
STOCK				8,005,349.	8,005,349.
MONEY MARKET FUNDS				373,879.	373,879.
CERTIFICATES OF DEPOSIT				100,000.	100,000.
<b>TO 990, LN 54 COL B</b>				<b>8,479,228.</b>	<b>8,479,228.</b>

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
DATABASE	600.	550.	50.
COMPUTER EQUIPMENT	1,758.	1,754.	4.
COMPUTER EQUIPMENT	1,758.	1,754.	4.
PRINTER/FAX	321.	329.	<8.>
LAPTOP	1,595.	1,374.	221.
COMPUTER EQUIPMENT	1,052.	907.	145.
PRINTER	180.	155.	25.
SOFTWARE DEVELOPMENT	4,625.	3,726.	899.
SOFTWARE DEVELOPMENT	9,844.	7,656.	2,188.
OTHER ASSETS	11,480.	4,357.	7,123.
DATABASE	229.	31.	198.
DATABASE	1,040.	121.	919.
DATABASE	252.	29.	223.
FURNITURE & FIXTURES	431.	43.	388.
DATABASE	4,687.	469.	4,218.
DATABASE	4,124.	412.	3,712.
TOTAL TO FORM 990, PART IV, LN 57	43,976.	23,667.	20,309.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSES	339,380.
TOTAL TO FORM 990, PART IV-B	339,380.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSES	<339,380.>
TOTAL TO FORM 990, PART IV-A	<339,380.>

FORM 990

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

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAGMAR DOLBY ALL IN C/O THE ORGANIZATION	2ND VICE CHAIR 5+	0.	0.	0.
G. ANGELA HENRY	BOARD MEMBER 5+	0.	0.	0.
MICHELE HAGANS	SECRETARY/TREASURER 5+	0.	0.	0.
ANNA QUINDLEN	BOARD MEMBER 5+	0.	0.	0.
BARBARA SILBY	BOARD MEMBER 5+	0.	0.	0.
JAMES TRUSSELL	BOARD MEMBER 5+	0.	0.	0.
SAUNDRA WHITNEY	BOARD MEMBER 5+	0.	0.	0.
COLE WILBUR	BOARD MEMBER 5+	0.	0.	0.
JUDY KOVLER	BOARD MEMBER 5+	0.	0.	0.
CAROL PENSKY	BOARD MEMBER 5+	0.	0.	0.
BLAIR HULL	BOARD MEMBER 5+	0.	0.	0.

NATIONAL ABORTION AND REPRODUCTIVE RIGHT

52-1100361

SALLY J. PATTERSON	BOARD MEMBER 5+	0.	0.	0.
LISA PERRY	BOARD MEMBER 5+	0.	0.	0.
FELICIA H. STEWART, MD	BOARD MEMBER 5+	0.	0.	0.
RICHARD GROSS	BOARD MEMBER 5+	0.	0.	0.
NANCY SILVERMAN	1ST VICE CHAIR 5+	0.	0.	0.
CAROL PENCKE	CHAIR 5+	0.	0.	0.
KATE MICHELMAN	PRESIDENT 40+	123,014.	2,826.	0.
ALICE GERMOND	EXECUTIVE VICE PRESIDENT 40+	78,598.	1,357.	0.
ELIZABETH CAVENDISH	VICE PRESIDENT/LEGAL DIR. 40+	119,610.	1,874.	0.
JOHN BOTTS	CHIEF FINANCIAL OFFICER 40+	54,293.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		375,515.	6,057.	0.

FORM 990 PART V - OFFICER COMPENSATION FROM RELATED ORGANIZATIONS STATEMENT 10

OFFICER'S NAME	NAME OF RELATED ORGANIZATION	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KATE MICHELMAN	NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE, INC.	103,560.	2,379.	0.
ALICE GERMOND	NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE, INC.	66,168.	1,142.	0.
JOHN BOTTS	NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE, INC.	45,707.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 11  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE, INC.	X	

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 12  
PART VI, LINE 90

- STATES
- ALABAMA
  - ARIZONA
  - ARKANSAS
  - CALIFORNIA
  - CONNECTICUT
  - FLORIDA
  - GEORGIA
  - HAWAII
  - ILLINOIS
  - KANSAS
  - MAINE
  - MARYLAND
  - MASSACHUSETTS
  - MICHIGAN
  - MINNESOTA
  - MISSISSIPPI
  - MISSOURI

NEBRASKA  
 NEW HAMPSHIRE  
 NEW JERSEY  
 NEW MEXICO  
 NEW YORK  
 NORTH CAROLINA  
 OHIO  
 OKLAHOMA  
 OREGON  
 PENNSYLVANIA  
 RHODE ISLAND  
 SOUTH CAROLINA  
 TENNESSEE  
 UTAH  
 VIRGINIA  
 WASHINGTON  
 WEST VIRGINIA  
 WISCONSIN  
 WASHINGTON, D.C.

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
MISCELLANEOUS	0.	14,150.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	14,150.	0.	0.



# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II on page 2 of this form

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <b>NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE FOUNDATION, INC.</b>	Employer identification number <b>52-1100361</b>
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P O box, see instructions <b>1156 15TH STREET, NW, NO. 700</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>WASHINGTON, DC 20005</b>	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990 T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 month, for 990-T corporation) extension of time until NOVEMBER 15, 2002 to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning APR 1, 2001 and ending MAR 31, 2002

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ CPA Date ▶ 8/1/02

LHA For Paperwork Reduction Act Notice, see instruction