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Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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)

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

A For the 2005 calendar year, or tax year beginning 10/01, 2005, and ending 09/30/2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: NARAL PRO-CHOICE AMERICA. D Employer identification number: 13-2630359. E Telephone number: (202) 973-3000. F Accounting method: Accrual.

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? Yes No

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

I Group Exemption Number

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

G Website: WWW.PROCHOICEAMERICA.ORG

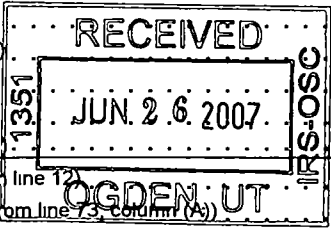
J Organization type (check only one) 501(c) (4) 4947(a)(1) or 527

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 12,076,429.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

99-13

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SCANNED JUL 26 2007

**Part II Statement of Functional Expenses**

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 (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 256,732. noncash \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	256,732.	256,732.	STMT 3	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				STMT 9
25 Compensation of officers, directors, etc	382,029.	222,451.	107,637.	51,941.
26 Other salaries and wages	2,038,070.	988,867.	548,081.	501,122.
27 Pension plan contributions	106,458.	86,786.	7,785.	11,887.
28 Other employee benefits	257,554.	95,496.	78,324.	83,734.
29 Payroll taxes	335,079.	200,393.	75,859.	58,827.
30 Professional fundraising fees	410,868.			410,868.
31 Accounting fees				
32 Legal fees				
33 Supplies	69,936.	44,081.	9,093.	16,762.
34 Telephone	1,469,780.	230,029.	2,573.	1,237,178.
35 Postage and shipping	1,905,203.	141,553.	3,483.	1,760,167.
36 Occupancy	57,532.	45,265.	363.	11,904.
37 Equipment rental and maintenance	26,092.	16,885.	4,087.	5,120.
38 Printing and publications	2,367,577.	289,040.	50.	2,078,487.
39 Travel	385,589.	223,542.	38,548.	123,499.
40 Conferences, conventions, and meetings	192,852.	172,475.	19,786.	591.
41 Interest				
42 Depreciation, depletion, etc (attach schedule)				
43 Other expenses not covered above (itemize)				
a STMT 10	2,321,406.	3,749,800.	859,544.	-2,287,938.
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	12,582,757.	6,763,395.	1,755,213.	4,064,149.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 3,444,674. ; (ii) the amount allocated to Program services \$ 2,506,450.  
 (iii) the amount allocated to Management and general \$ 614,048. , and (iv) the amount allocated to Fundraising \$ 324,176.

**Part III Statement of Program Service Accomplishments** *(See the instructions.)*

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.

What is the organization's primary exempt purpose? <b>▶ SEE STATEMENT 11</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a THE POLITICS, CAMPAIGN AND STRATEGY PROGRAM WORKS TO ENSURE THE ELECTION OF PRO-CHOICE CANDIDATES ON THE FEDERAL LEVEL. USING POLLING, VOTER IDENTIFICATION, PERSUASION, AND GET-OUT-THE-VOTE TECHNIQUES, WE WORK WITH CAMPAIGNS, CANDIDATES, AND OUR AFFILIATES TO IDENTIFY, PERSUADE AND TURN OUT PRO-CHOICE VOTERS IN ELECTIONS THROUGHOUT THE NATION. (Grants and allocations \$ 256,732 ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,047,070.
b SEE FOOTNOTE 1 _____ _____ _____ _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,860,749.
c THROUGH OUR GOVERNMENT RELATIONS DEPT. WE LOBBY ON PRO-CHOICE ISSUES AND EDUCATE POLICY MAKERS, THE MEDIA AND OTHER ACTIVISTS ON ISSUES PERTAINING TO CHOICE. _____ _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,278,151.
d SEE FOOTNOTE 2 _____ _____ _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	577,425.
e Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	6,763,395.

**Part IV Balance Sheets (See the instructions.)**

**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>	<b>45</b> Cash - non-interest-bearing	679,917.	<b>45</b>	482,751.
	<b>46</b> Savings and temporary cash investments	1,150,194.	<b>46</b>	500,000.
	<b>47a</b> Accounts receivable	<b>47a</b> 83,034.		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	188,133.	<b>47c</b> 83,034.
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges		653,917.	<b>53</b> 314,376.
	<b>54</b> Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54</b>
	<b>55a</b> Investments - land, buildings, and equipment, basis	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>
<b>56</b> Investments - other (attach schedule)			<b>56</b>	
<b>57a</b> Land, buildings, and equipment, basis	<b>57a</b> 1,615,371.			
<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b> 905,521.	843,084.	<b>57c</b> 709,850.	
<b>58</b> Other assets (describe <input type="checkbox"/> STMT 12)		143,973.	<b>58</b> 171,282.	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58		3,659,218.	<b>59</b> 2,261,293.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		1,752,234.	<b>60</b> 895,539.
	<b>61</b> Grants payable			<b>61</b>
	<b>62</b> Deferred revenue		160,609.	<b>62</b> 322,206.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule)			<b>64b</b>
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 13)		1,270,833.	<b>65</b> 1,145,910.
<b>66 Total liabilities.</b> Add lines 60 through 65		3,183,676.	<b>66</b> 2,363,655.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted		475,542.	<b>67</b> -102,362.
	<b>68</b> Temporarily restricted			<b>68</b>
	<b>69</b> Permanently restricted			<b>69</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		475,542.	<b>73</b> -102,362.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.		3,659,218.	<b>74</b> 2,261,293.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

a	Total revenue, gains, and other support per audited financial statements . . . . .	a	12,004,853.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments . . . . .	b1	
2	Donated services and use of facilities . . . . .	b2	
3	Recoveries of prior year grants . . . . .	b3	
4	Other (specify) -----	b4	
	Add lines b1 through b4 . . . . .	b	
c	Subtract line b from line a . . . . .	c	12,004,853.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify) -----	d2	
	Add lines d1 and d2 . . . . .	d	
e	<b>Total revenue (Part I, line 12) Add lines c and d.</b> . . . . .	e	12,004,853.

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

a	Total expenses and losses per audited financial statements . . . . .	a	12,582,757.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities . . . . .	b1	
2	Prior year adjustments reported on Part I, line 20 . . . . .	b2	
3	Losses reported on Part I, line 20 . . . . .	b3	
4	Other (specify) -----	b4	
	Add lines b1 through b4 . . . . .	b	
c	Subtract line b from line a . . . . .	c	12,582,757.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify) -----	d2	
	Add lines d1 and d2 . . . . .	d	
e	<b>Total expenses (Part I, line 17) Add lines c and d.</b> . . . . .	e	12,582,757.

**Part V Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)**

(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 plans	(E) Expense account and other allowances
SEE STATEMENT 14		334,371.	47,658.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 28

Yes No

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .

75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations SEE STATEMENT 15

75c X

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy? . . . . .

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions )

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: KATE MICHELMAN, NONE, 67,000, NONE, NONE.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes

77 X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

78b N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .

79 X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? . . . . .

80a X

b If "Yes," enter the name of the organization NARAL PRO-CHOICE AMERICA FOUNDATION and check whether it is [X] exempt or [ ] nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions) . . . . . 81a 1,896,061.

b Did the organization file Form 1120-POL for this year? . . . . .

81b X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82 b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	X	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		X
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86 a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86 b	Gross receipts, included on line 12, for public use of club facilities		
87 a	501(c)(12) orgs Enter a Gross income from members or shareholders		
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A		
89 b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a	List the states with which a copy of this return is filed SEE STATEMENT 16		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		76
91 a	The books are in care of THE ORGANIZATION Telephone no 202.973.3000 Located at 1156 15TH STREET, NW WASHINGTON, DC ZIP + 4 20005		
91 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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
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		N/A



**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> LOBBY SVC INCOME					414,228.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .			14	8,565.	
<b>96</b> Dividends and interest from securities . . . . .			14	56,690.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .					438,729.
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue:					
<b>a</b>					
<b>b</b> ROYALTIES			15	185,358.	
<b>c</b> MISC INCOME					9,696.
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				250,613.	862,653.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					1,113,266.

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 the instructions.)**

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 (other than by providing funds for such purposes)
▼	STMT 17

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(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
STMT 18	%		NONE	8,241.
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

**Please Sign Here**

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.

Signature of officer: *John M. Botts* Date: *6/6/07*

Type or print name and title: *JOHN M. BOTTS, CFO*

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**Paid Preparer's Use Only**

Preparer's signature: *JM Aquin* Date: *5/11/07* Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. W): P00308177

Firm's name (or yours if self-employed), address, and ZIP + 4: *SQUIRE, LEMKIN + O'BRIEN, LLP* EIN: *52-2041603*

*111 ROCKVILLE PIKE, SUITE 475* Phone no: *301-424-6800*

*ROCKVILLE, MD 20850*

NARAL PRO-CHOICE AMERICA  
EIN 13-2630359  
Contributors over \$5,000  
For the Year Ended 9/30/2006

\$10,000 00
\$12,500 00
\$10,000 00
\$15,090 00
\$33,225 00
\$5,000 00
\$5,000 00
\$10,000 00
\$5,000 00
\$10,000 00
\$20,000 00
\$5,000 00
\$6,947 85
\$25,000 00
\$35,468 31
\$25,000 00
\$8,000 00
\$10,000 00
\$22,500 00
\$5,000 00
\$15,000 00
\$10,000 00
\$6,000 00
\$10,000 00
\$5,000 00
\$5,000 00
\$5,000 00
\$10,010 04
\$7,500 00
\$5,000 00
\$7,000 00
\$6,500 00
\$5,965 00
\$5,000 00
\$35,000 00
\$14,000 00
\$7,500 00
\$10,000 00
\$7,500 00
\$10,000 00
\$29,000 00
\$10,000 00
\$10,000 00
\$6,046 13
\$10,000 00
\$10,000 00
\$6,492 56
\$6,000 00
\$5,000 00
\$20,796 81
\$8,000 00
\$50,000 00
\$5,650 00
\$10,000 00
\$5,000 00
\$5,000 00
\$5,000 00
\$8,000 00
\$50,095 16
\$5,000 00
\$10,026 60
\$5,000 00
\$10,000 00
\$6,323 00
\$27,077 93
\$5,200 00
\$11,082 00
\$11,500 00
\$7,500 00
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\$10,000 00
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\$7,500 00
\$6,710 00
\$10,000 00
\$40,000 00
\$10,000 00
\$6,000 00
\$10,000 00
\$5,000 00
\$5,000 00
\$50,000 00
\$23,000 00
\$17,754 09
\$10,000 00
\$5,100 00
\$10,000 00
\$6,000 00
\$12,500 00

FORM 990, PART I - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION -----	AMOUNT -----
NY POWER OF CHOICE LUNCH	129,349.
SAN FRAN POWER OF CHOICE LUNCH	47,126.
DC ROE V. WADE DINNER	2,160.
OTHER EVENTS	159,437.
	-----
TOTAL	338,072.
	=====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID =====		
AMERICA VOTES 888 16TH STREET NW WASHINGTON, DC 20006	DONATION	75,000.
CAMPAIGN FOR TEEN SAFETY 555 CAPITOL MALL, STE 510 SACRAMENTO, CA 95814	DONATION	79,142.
CATHERINE CRIER 600 THIRD AVENUE 2ND FLOOR NEW YORK, NY 10016	HONORARIUM	2,750.
HUMAN RIGHTS CAMPAIGN 1640 RHODE ISLAND AVE. NW WASHINGTON, DC 20036	DONATION	3,000.
NARAL PRO-CHOICE CO 1905 SHERMAN ST, SUITE 80 DENVER, CO 80203	GRANT	1,800.
NARAL PRO-CHOICE MD 8121 GEORGIA AVE SUITE 501 SILVER SPRING, MD 20910	GRANT	1,600.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NARAL PRO-CHOICE MD 8121 GEORGIA AVE SUITE 501 SILVER SPRING, MD 09010	AFFILIATE	CAMPUS OUTREACH	1,800.
NARAL PRO-CHOICE MA 41 WINTER STREET, SUITE 65 BOSTON, MA 02108	AFFILIATE	GRANT	1,600.
NARAL PRO-CHOICE MN 550 RICE STREET ST PAUL, MN 55103	AFFILIATE	GRANT	1,800.
NARAL PRO-CHOICE MN 550 RICE STREET ST PAUL, MN 55103	AFFILIATE	CAMPUS OUTREACH	900.
NARAL PRO-CHOICE MO 4144 LINDELL, SUITE 505 ST LOUIS, MO 50613	AFFILIATE	GRANT	1,800.
NARAL PRO-CHOICE MO 4144 LINDELL, SUITE 505 ST LOUIS, MO 50613	AFFILIATE	CAMPUS OUTREACH	900.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NARAL PRO-CHOICE MT P.O. BOX 279 HELENA, MT 59624	AFFILIATE	GRANT AND CAMPUS OUTREACH	2,500.
NARAL PRO-CHOICE NH FNDN 18 LOW AVENUE CONCORD, NH 03301	AFFILIATE	GRANT	1,300.
NARAL PRO-CHOICE NM P.O. BOX 97 ALBUQUERQUE, NM 87103	AFFILIATE	GRANT	1,600.
NARAL PRO-CHOICE NY 470 PARK AVENUE SOUTH, 7TH FLOOR NEW YORK, NY 10016	AFFILIATE	GRANT AND CAMPUS OUTREACH	1,300.
NARAL PRO-CHOICE OREGON FNDN P.O. BOX 40472 PORTLAND, OR 97240	AFFILIATE	GRANT AND CAMPUS OUTREACH	2,700.
NARAL PRO-CHOICE OHIO FNDN 12000 SHAKER BLVD CLEVELAND, OH 44120	AFFILIATE	GRANT AND CAMPUS OUTREACH	2,500.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS  
-----  
PURPOSE OF GRANT OR CONTRIBUTION  
-----  
AMOUNT  
-----

NARAL PRO-CHOICE TEXAS/FNDN  
P.O. BOX 684602  
AUSTIN, TX 78768  
AFFILIATE  
GRANT AND CAMPUS OUTREACH  
3,400.

NARAL PRO-CHOICE VA  
1011 ARLINGTON BLVD, SUITE 310  
ARLINGTON, VA 22209  
AFFILIATE  
GRANT  
2,760.

NARAL PRO-CHOICE WA/FNDN  
811 FIRST AVE., SUITE 456  
SEATTLE, WA 98104  
AFFILIATE  
GRANT AND CAMPUS OUTREACH  
2,500.

NARAL PRO-CHOICE WI/FNDN  
122 STATE STREET, SUITE 201  
MADISON, WI 53703  
AFFILIATE  
GRANT AND CAMPUS OUTREACH  
2,500.

OREGONIANS FOR CHOICE  
921 SW WASHINGTON, STE 810  
PORTLAND, OR 97205  
NONE  
DONATION  
25,000.

SD CAMPAIGN FOR HEALTHY FAMILIES  
P.O. BOX 1484  
SIOUX FALLS, SD 57101  
NONE  
DONATION  
30,000.



FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

WOMEN'S CAMPAIGN FUND  
734 15TH STREET NW, SUITE 500  
WASHINGTON, DC 20005

NONE

DONATION

1,500.

WOMEN'S INFORMATION NETWORK  
2850 CONNECTICUT AVE NW, SUITE 100  
WASHINGTON, DC 20008

NONE

ANNUAL AWARDS

2,000.

CAMPAIGN FOR AMERICA'S FUTURE  
1730 M STREET, NW, SUITE 801  
WASHINGTON, DC 20036

NONE

DONATION

780.

TARA DEBARTOLO  
2239 KNAPP STREET  
AMES, IA 50014

NONE

STIPEND

300.

ELIZABETH FAHRLANDER  
830 E BURLINGTON  
IOWA CITY, IA 52240

NONE

STIPEND

150.

SARAH HANIFY  
2900 UNIVERISTY AVENUE  
DES MOINES, IA 50311

NONE

STIPEND

250.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
RACHEL HEUERTZ 2005 CAMPUS STREET, BENDER HALL CEDAR FALLS, IA 50613	STIPEND	100.
GILLIAN MEGAN 590 BENTLEY DRIVE #17 MARION, IA 52302	HONORARIUM	200.
NARAL PRO-CHOICE AZ P.O BOX 45452 PHOENIX, AZ 85064	GRANT	700.
PROKANDO P.O. BOX 8249 WICHITA, KS 67208	DONATION	500.
US HOUSE SOFTBALL LEAGUE 2800 S. WAKEFIELD STREET ARLINGTON, VA 22206	DONATION	100.
TOTAL CONTRIBUTIONS PAID		256,732.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
NY POWER OF CHOICE LUNCH	141,686.	9,987.	131,699.
SAN FRAN POWER OF CHOICE LUNCH	140,843.	9,456.	131,387.
DC ROE V. WADE DINNER	99,339.	33,743.	65,596.
OTHER EVENTS	128,437.	18,390.	110,047.
TOTALS	510,305.	71,576.	438,729.

FORM 990, PART II, LINE 25 - OFFICER COMPENSATION SCHEDULE

OFFICER NAME AND TYPE OF COMPENSATION	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
NANCY KEENAN			
COMPENSATION:	91,398.	27,956.	28,484.
PENSION PLAN CONTRIBUTIONS:	12,817.	2,381.	2,337.
EXPENSE ACCOUNT:	NONE	NONE	NONE
JENNIFER RAY			
COMPENSATION:	61,112.	18,693.	19,046.
PENSION PLAN CONTRIBUTIONS:	8,664.	2,045.	2,074.
EXPENSE ACCOUNT:	NONE	NONE	NONE
JOHN BOTTS			
COMPENSATION:	37,209.	50,473.	NONE
PENSION PLAN CONTRIBUTIONS:	11,251.	6,089.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
TOTALS	222,451.	107,637.	51,941.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL FEES/CONTRACT SVC	1,249,001.	570,104.	174,713.	504,184.
EMPLOYEE TRAINING	1,044.	547.	49.	448.
INSURANCE	4,011.	3,069.		942.
LOCK BOX, BANK CHGS	319,906.	4,873.	141,926.	173,107.
PROGRAM SUPPORT	975,875.	572,646.	254,947.	148,282.
RECRUITMENT	87,815.	87,075.	160.	580.
STORAGE	421.	421.		
TAXES AND LICENSES	5,927.	2,053.		3,874.
MISCELLANEOUS	5,548.	2,562.	1,843.	1,143.
M & G ALLOCATION			-328,142.	
JOINT COST ALLOCATION	-328,142.	2,506,450.	614,048.	-3,120,498.
TOTALS	2,321,406.	3,749,800.	859,544.	-2,287,938.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

PROMOTION OF SOCIAL WELFARE AND EDUCATION OF THE PUBLIC ON MATTERS  
RELATED TO REPRODUCTIVE RIGHTS.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
LOANS TO STATE AFFILIATES DEPOSITS	60,559. 110,723.
TOTALS	171,282.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
CAPITAL LEASES	152,361.
DEFERRED LEASE BENEFIT	190,540.
DUE TO NARAL FOUNDATION	803,009.
TOTALS	1,145,910.



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NANCY KEENAN 1156 15TH STREET, NW WASHINGTON, DC 20005	PRESIDENT 25	147,838.	17,535.	NONE
JENNIFER RAY 1156 15TH STREET, NW WASHINGTON, DC 20005	CHIEF OP OFFICER 25	98,851.	12,783.	NONE
JOHN BOTTS 1156 15TH STREET NW WASHINGTON, DC 20005	CHIEF FIN OFFICER 25	87,682.	17,340.	NONE

SEE ATTACHED LIST  
1156 15TH STREET, NW, SUITE 700  
WASHINGTON, DC 20005

GRAND TOTALS 334,371. 47,658. NONE

NARAL PRO-CHOICE AMERICA  
13-2630359  
BOARD OF DIRECTORS

ALL BOARD MEMBERS WORK ON A PART TIME BASIS AS NEEDED,  
RECEIVE NO COMPENSATION AND MAY BE REACHED AT:

1156 15<sup>TH</sup> STREET, NW, SUITE 700  
WASHINGTON, DC, 20005

OFFICERS:

Rosalyn Levy Jonas

*Chair*

Maria T. Vullo

*Vice Chair*

Vivian Shimoyama

*Secretary*

Janet L. Denlinger

*Treasurer*

Coni Batlle

Linda Binder

Betsy Cohn

Karen Cooper

Lucy Dayton

Diane Dillingham

Rick Gross

Melissa Gellman

Elizabeth Hager

Amy B. Harris

Edward Howard

Susan M. Hyatt

Ruth J. Katz, JD, MPH

Richard Licht

Lisa Lindelef

Kathy Love

Marcie Love

Amy Madigan

Rev. Dr. Katherine H. Ragsdale

René Redwood

Angela Walker Riemer

Helen Rosenthal

Barbara Silby

Jill Swid

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NARAL PRO-CHOICE AMERICA FOUNDATION 52-1100361 NANCY KEENAN 1156 15TH STREET, NW WASHINGTON, DC 20005	82,101.	10,080.	NONE
NARAL PRO-CHOICE AMERICA FOUNDATION 52-1100361 JENNIFER RAY 1156 15TH STREET, NW WASHINGTON, DC 20005	56,903.	7,358.	NONE
NARAL PRO-CHOICE AMERICA FOUNDATION 52-1100361 JOHN BOTTS 1156 15TH STREET NW WASHINGTON, DC 20005	50,473.	9,981.	NONE
<b>GRAND TOTALS</b>	<b>189,477.</b>	<b>27,419.</b>	<b>NONE</b>

FORM 990, PART VI, LINE 90A - STATES  
=====

AZ, AR, CA, CT, DC, FL, GA,  
IL, KS, ME, MD, MA, MI, MN, MS, MO, NE, NH, NJ,  
NY, NC, OH, OR, PA, RI, SC, TN, TX, VA, WA, WV, WI,

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	REIMB. FR. RELATED ORG. FOR LOBBYING SVCS RELATED TO EXEMPT PURPOSE UNDER CONTRACT.
103C	MISC. INCOME RELATING TO EDUCATING MEMBERS OF THE PUBLIC ABOUT PRO-CHOICE ISSUES.
101	EVENTS SERVING TO EDUCATE MEMBERS OF THE PUBLIC ABOUT PRO CHOICE ISSUES.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
CHOICE CONTRIBUTORS, INC. 1156 15TH STREET, NW WASHINGTON, DC 20005 52-1400991	79.000000		NONE	8,241.

TOTAL INCOME

NONE	8,241.
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FEDERAL FOOTNOTES  
=====

THE COMMUNICATIONS DEPT. CRAFTS THE PRO-CHOICE MESSAGE AND ENSURES CONSISTENT AND EFFECTIVE PUBLIC ADVOCACY BY THE ORGANIZATION AND ITS AFFILIATES. WE CREATE AND LEVERAGE MEDIA OPPORTUNITIES AND ONLINE COMMUNICATIONS TO: EFFECT POLICY AND POLITICAL DEBATES; GROW AND MOBILIZE THE PRO-CHOICE MOVEMENT; REACH OUT TO TARGETED CONSTITUENCIES; AND ENSURE THAT NARAL PRO-CHOICE AMERICA MAINTAINS ITS LEADERSHIP AND VISIBILITY AS THE POLITICAL ARM OF THE PRO-CHOICE MOVEMENT.

FEDERAL FOOTNOTES  
=====

THE LEGAL AND POLICY RESEARCH DEPT. TRACKS LEGISLATION, CASE LAW, AND REGULATIONS AT THE STATE AND FEDERAL LEVELS AND CONDUCTS A VARIETY OF PUBLIC POLICY AND PUBLIC HEALTH RESEARCH TO SUPPORT THE POLICY DEVELOPMENT, PUBLIC EDUCATION, COMMUNICATIONS, AND ADVOCACY EFFORTS OF NARAL PRO-CHOICE AMERICA AND ITS STATE AFFILIATES. THE LEGAL AND POLICY RESEARCH DEPT. AUTHORS "WHO DECIDES, THE STATUS OF WOMEN'S REPRODUCTIVE RIGHTS IN THE UNITED STATES", WHICH IS PRODUCED ANNUALLY IN A PRINT VERSION AND IS CONTINUOUSLY UPDATED IN AN ONLINE VERSION. THE DEPT. MAINTAINS AN ONLINE STATE LEGISLATION TRACKER, WHICH TRACKS ALL LEGISLATION INTRODUCED IN THE 50 STATES AND THE DISTRICT OF COLUMBIA RELATING TO REPRODUCTIVE RIGHTS. THE DEPT. ALSO PRODUCES NUMEROUS FACT SHEETS AND REPORTS ON PUBLIC POLICY, LEGISLATION, CASE LAW AND JUDICIAL NOMINATIONS.



Application for Extension of Time To File an Exempt Organization Return

Rev. December 2004

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

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

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)

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

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Row 1: NARAL PRO-CHOICE AMERICA, 13-2630359. Address: 1156 15TH STREET, NW, WASHINGTON, DC 20005

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

- Form 990 [X], Form 990-BL [ ], Form 990-EZ [ ], Form 990-PF [ ]
Form 990-T (corporation) [ ], Form 990-T(sec 401(a) or 408(a) trust) [ ], Form 990-T (trust other than above) [ ], Form 1041-A [ ]
Form 4720 [ ], Form 5227 [ ], Form 6069 [ ], Form 8870 [ ]

The books are in the care of [ ]

Telephone No. [ ] FAX No. [ ]

- 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-months for a Form 990-T corporation) extension of time until 05/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for [ ] calendar year [ ] or [X] tax year beginning 10/01, 2005, and ending 09/30, 2006

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 \$ [ ]

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions

Form 8868 (Rev. 12-2004)

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  
 \* If you are filing for an Automatic 3-Month Extension complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>NARAL PRO-CHOICE AMERICA</b>	Employer identification number <b>13-2630359</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1156 15TH STREET, NW</b>	For IRS use only
	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 (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of \_\_\_\_\_  
Telephone No \_\_\_\_\_ FAX No \_\_\_\_\_
- 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 is for.

4 I request an additional 3-month extension of time until 08/15/2007

5 For calendar year \_\_\_\_\_, or other tax year beginning 10/01/2005 and ending 09/30/2006

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

7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN

8a 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 \$ NONE

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ NONE

c Balance Due. Subtract line 8b from line 8a. 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 \$ NONE

**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 EPA Date 5/1/07

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>SQUIRE, LEMKIN + O'BRIEN, LLP</b>	<b>LMS-53027</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>111 ROCKVILLE PIKE, SUITE 475</b>	
	City or town, province or state, and country (including postal or ZIP code) <b>ROCKVILLE, MD 20850</b>	