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# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

2011

Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning a	nd ending							
В	Check if applicable	C Name of organization		D Employer identifie	D Employer identification number					
Г	Addres	NATIONAL ABORTION FEDERATION								
	Name change	Doing Business As		43-1	097957					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r					
	Termin-	1660 L STREET, NW	450	202-	667-5881					
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,321,082.					
	Applica tion	WASHINGTON, DC 20030-2123		H(a) Is this a group re	eturn					
	pendin	F Name and address of principal officer VICKI SAPORTA		for affiliates?	Yes X No					
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No					
1	Tax-exe	mpt status X 501(c)(3)	(1) or 527	If "No," attach a	list (see instructions)					
J	Website	e: ► WWW.PROCHOICE.ORG		H(c) Group exemptio	n number 🕨					
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1977	State of legal domicile: MO					
		Summary			·					
_	1 1	Briefly describe the organization's mission or most significant activities. ${f SEE}$	PART ]	III, LINE 1.						
Governance		·								
rna	2	Check this box   if the organization discontinued its operations or dis	posed of mor	e than 25% of its net as	sets					
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	18					
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1	b)	4	18					
Activities &	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	28					
/ite	1	Total number of volunteers (estimate if necessary)		6	18					
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
⋖	ы	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
				Prior Year	Current Year					
Revenue	8 (	Contributions and grants (Part VIII, line 1h)		2,319,904.	2,528,650.					
	9 1	Program service revenue (Part VIII, line 2g)		1,159,565.	725,186.					
eve	10	lnvestment income (Part VIII, column (A), lines 3, 4 高句 7如し 。 2 2 2012	ŏ	11,563.	11,757.					
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9d, 10c, and 11e)	ါတ် □	0.	55,489.					
	I	Total revenue - add lines 8 through 11 (must equal Pa <del>rt VIII, column (A), line 1</del> 2	ا اعالد	3,491,032.	3,321,082.					
	13 (	Grants and similar amounts paid (Part IX, column (A), line GODEN, UT	- [	0.	0.					
	14 1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	1,807,425.	1,718,168.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
g	b	Total fundraising expenses (Part IX, column (D), line 25) $ ightharpoonup 164$ ,	328.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,228,103.	1,004,034.					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,035,528.	2,722,202.					
	19	Revenue less expenses Subtract line 18 from line 12		455,504.	598,880.					
208	3		Ве	eginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		4,496,729.	5,079,880.					
Net Assets or	21	Total liabilities (Part X, line 26)		676,487.	660,758.					
S.E.	22	Net assets or fund balances Subtract line 21 from line 20		3,820,242.	4,419,122.					
P	art II	Signature Block								
<sub>≥</sub> tJno	der pena	Ities of perjury, I declare that I have examined this return, including accompanying sched	dules and staten	nents, and to the best of m	y knowledge and belief, it is					
₹rue	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of	f which prepare	r has any knowledge.						
		Vichi / trando		8-15-	12_					
ي Siو_	jn	Signature of officer		Date						
He		VICKI SAPORTA, PRESIDENT AND CEO								
		Type or print name and title								
<i></i> -		Print/Type preparer's name		Dag Check	PO1003787					
Pai	d	VVIIA		Sissiz Check if self-employ	· ·					
_	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008					
ŹIJse	Only	Firm's address 4550 MONTGOMERY AVE SUITE 6501	J							
3		BETHESDA, MD 20814-2930		Phone no. (	<u>301) 951-9090</u>					
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					
	001 01-2		ctions.		Form <b>990</b> (2011)					

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4d Other program services (Describe in Schedule O)

693,364. including grants of \$

) (Revenue

4e Total program service expenses ► 2,458,433.

Form 990 (2011) NATIONAL ABORTION FEDERATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
٠	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u>-</u> -		
7	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<b></b> -
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<u> </u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			<b></b>
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b				1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_X_	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		!	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	99U (	2011)

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			I I	T
^4	Did the examination report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04		Х
00	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С	any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	<u> 240</u>		
<b>2</b> 0a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
<b>h</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	ļ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	<b>990</b> (	2011)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response to any question in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ					
	(gambling) winnings to prize winners?	1c	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 28								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
4a	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)?	4a	Х	-					
b	If "Yes," enter the name of the foreign country ► <u>CANADA</u>			l					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u>_</u>		х					
	any contributions that were not tax deductible?	6a		^_					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6h							
7	Organizations that may receive deductible contributions under section 170(c).	6b							
		7a		х					
b	<ul> <li>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</li> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> </ul>								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b							
Ŭ	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting $N/A$								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?  N/A	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		-					
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]								
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders  N/A   11a								
a	Gross income from members or shareholders  N/A  Gross income from other sources (Do not net amounts due or paid to other sources against								
b	amounts due or received from them)								
12a		12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12.0							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а		13a							
-	Note. See the instructions for additional information the organization must report on Schedule O								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b		14b							
		Form	990 (	2011)					

Form 990 (2011) NATIONAL ABORTION FEDERATION 43-1097957 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response to any question in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 18										
	If there are material differences in voting rights among members of the governing body, or if the governing	l									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	ĺ									
b	Enter the number of voting members included in line 1a, above, who are independent 18										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ĺ									
2	officer, director, trustee, or key employee?	2		х							
•	Did the organization delegate control over management duties customarily performed by or under the direct supervision		<b></b>								
3	of officers, directors, or trustees, or key employees to a management company or other person?	ا ،		Х							
		4		X							
4											
5	•										
6	Did the organization have members or stockholders?	6	X	<del></del>							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a	X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b	X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			i							
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ĺ									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ļ	X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u></u>	X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		İ								
9	The organization's CEO, Executive Director, or top management official	15a	х	1							
h	Other officers or key employees of the organization	15b	X								
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100	- 23								
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	!									
ioa	· · · · · · · · · · · · · · · · · · ·	46-	İ	Х							
	taxable entity during the year?	16a									
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401									
	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure		-								
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	avaılat	le								
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website X Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	ncial								
	statements available to the public during the tax year										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨									
	<u>VICKI SAPORTA - 202-667-5881</u>										
	1660 L STREET, NW, NO. 450, WASHINGTON, DC 20036-2123										

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	(C) POSITION (do not check more than one box, unless person is both an officer and a director/trustee)					h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CASSING HAMMOND CHAIR	4.00	x		х				0.	0.	0.
(2) BEVERLY WINIKOFF										
VICE CHAIR	4.00	Х		Х				0.	0.	0.
(3) BEVERLY WHIPPLE										
TREASURER	4.00	Х		X	L	<u> </u>		0.	0.	0.
(4) CAROL BALL										
SECRETARY	4.00	Х		Х	_			0.	0.	0.
(5) MARGARET BEAL					}					
DIRECTOR	4.00	X			ļ	ļ		0.	0.	0.
(6) PAUL BLUMENTHAL						1			_	
DIRECTOR	4.00	Х	-				<u> </u>	0.	0.	0.
(7) CAITLIN BORGMANN	4 00	3,								_
DIRECTOR	4.00	X	_	<u> </u>				0.	0.	0.
(8) SUE CARLISLE	4.00	X						0.	0.	0.
DIRECTOR	4.00	Λ	-			├		0.		0.
(9) BILL CROWDEN	4.00	x						0.	0.	0.
DIRECTOR	4.00	Δ.				<del>                                     </del>		0.		0.
(10) CHRISTOPHER DOTSON	4.00	x						0.	0.	0.
DIRECTOR (11) SHEILA DUNN	1.00							<u> </u>		
DIRECTOR	4.00	x			İ			0.	0.	0.
(12) SAVITA GINDE										
DIRECTOR	4.00	X						0.	0.	0.
(13) CAROLE JOFFE										
DIRECTOR	4.00	X			_			0.	0.	0.
(14) SHARON A. LEWIS										
DIRECTOR	4.00	X	ļ	<u>L</u> .	<u> </u>	<u> </u>		0.	0.	0.
(15) DIANA MARACICH					ļ					_
DIRECTOR	4.00	X	ļ		<u> </u>	1	ļ	0.	0.	0.
(16) RENEE MITCHELL										
DIRECTOR	4.00	X	<u> </u>	ļ	_		$\vdash$	0.	0.	0.
(17) CELIA POSYNIAK	4 00							_		
DIRECTOR	4.00	<u>X</u>		<u> </u>	L	<u> </u>	<u> </u>	0.	0.	0 . Form <b>990</b> (2011)

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Part VII Section A. Officers, Directors, Tru	<u>ıstees, Key Eı</u>	mple	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average	(C) Position				า		(D) Reportable	(E) Reportable		E:	(F) stimate	ed
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)					h an	compensation	compensati	on	l	nount	of
	week (describe				Jirtius	iee)	from the	from relate organization	-		other		
	hours for	director				8		organization	(W-2/1099-MI		I	ipensa rom th	
	related	trustee or	rustee			ensat		(W-2/1099-MISC)	,	,	org	janizat	tion
	organizations in Schedule	al tru	onal tr		ployee	0 a					i .	d relat	
	O)	hdividual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anızatı	ions
(18) ANN SCHUTT-AINE	4.00							0.		0.			^
DIRECTOR (19) VICUL CAROPINA	4.00	^				<del> </del>	-	0.	·	0.			0.
(19) VICKI SAPORTA PRESIDENT & CEO	40.00			x				268,988.		0.	2	8.9	26.
(20) SHARON LEVIN												<u> </u>	
VP & GENERAL COUNSEL	40.00			Х				130,840.		0.	1	4,0	41.
(21) SUZANNE STONE													
CHIEF FINANCIAL OFFICER	0.00			Х			_	0.	132,7	62.	1	<u>7,1</u>	11.
											·		
					_								
1b Sub-total		l	<u> </u>		I		l	399,828.	132,7	62.	6	0.0	78.
c Total from continuation sheets to Part V	II. Section A					•		0.	1027.	0.		<u> </u>	0.
d Total (add lines 1b and 1c)	,					<b>&gt;</b>		399,828.	132,7	62.	6	0,0	78.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) wi	no r	eceived more than \$100	,000 of reportab	le			
compensation from the organization												Yes	2 No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	auch individual									İ	3		X
4 For any individual listed on line 1a, is the si									the organization				
and related organizations greater than \$15										:	4	X	
5 Did any person listed on line 1a receive or	•				•		elat	ted organization or indivi	dual for services	5	_		v
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Schedul	e J i	OF S	ucn	pers	SOII					5_		<u> </u>
Complete this table for your five highest co										npens	ation 1	rom	
the organization Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthıı		year				
(A) Name and business	address	N	INC	E				(B) Description of s	ervices	С	ompe	nsatio	n
	<del></del>						_						
2 Total number of independent contractors (	-	not li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	zation 📂					0		•••	<u> </u>		Form	990 (	(2011)

Pai	rt VIII	Statement of Rever	iue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributed all other contributions, gifts, grant similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f  MEETING REVENUE MEMBERSHIP DUES GROUP PURCHASIN PUBLICATION FEE  All other program service reve	is, and ve 1f 1f 1s 1s 1s 1s 1s 1s 1s 1s 1s 1s 1s 1s 1s	57,873. 488,547.  1982230. 11,200.  Business Code 900099 900099 900099	2528650.  361,144. 243,096. 117,724. 3,222.	361,144. 243,096. 117,724. 3,222.		
	g	Total. Add lines 2a-2f		<b>&gt;</b>	725,186.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		▶	11,757.			11,757.
	6 a b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(ı) Real	(II) Personal				
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(II) Other				
Other Revenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising including \$  contributions reported on line	of 1c) See	<b>&gt;</b>				
Ē		Part IV, line 18	a					
ಕ		Less direct expenses  Net income or (loss) from fund	b Iraising events					
	9 a	Gross income from gaming ac Part IV, line 19	tivities See		- · · · · · · · · · · · · · · · · · · ·			
		Less direct expenses  Net income or (loss) from gam	b b activities					
	10 a	Gross sales of inventory, less and allowances	returns a					
		Less cost of goods sold	b s of inventory					
ł	С	Net income or (loss) from sale		Business Code				<del>                                     </del>
}	44 -	Miscellaneous Revenu NAF/PLP REVENUE		Business Code 900099	51,955.			51 055
	11 a b c	MISCELLANEOUS		900099	3,534.			51,955. 3,534.
	d	All other revenue						
		Total. Add lines 11a-11d		<b>•</b>	55,489.			
	12	Total revenue. See instructions		<b>&gt;</b>	3321082.	725,186.	0.	67,246.
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### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do r	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	į			
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	382,949.	346,043.	26,165.	10,741
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,012,560.	923,655.	18,033.	70,872
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	61,065. 172,589.	56,244.	636.	4,185 10,395
9	Other employee benefits		157,896.	4,298.	10,395
0	Payroll taxes	89,005.	81,366.	2,579.	5,060
1	Fees for services (non-employees)	1			
а	Management	76,912.	73,889.	60.	2,963 7,763 1,153
b	Legal	9,487.	1,664.	56.	7,76
С	Accounting	19,319.	17,580.	587.	1,152
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other				
2	Advertising and promotion	21,681.	4,455.	7.	17,219
3	Office expenses	104,798.	96,390.	3,865.	4,543
4	Information technology	73,556.	64,871.	553.	8,132
5	Royalties				
6	Occupancy	183,715.	167,200.	5,504.	11,011
7	Travel	154,387.	134,027.	20,274.	86
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	217,656.	202,754.	14,878.	24
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,039.	10,955.	366.	718
23	Insurance	14,878.	13,539.	452.	887
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	NAF/PLP CLAIMS	40,054.	40,054.		
	BANK CHARGES	28,380.	25,844.	856.	1,680
С	DUES & SUBSCRIPTIONS	23,633.	17,195.	27.	6,41
d	IN-KIND GOODS	11,200.	11,200.		
	All other expenses	12,339.	11,612.	245.	482
5	Total functional expenses Add lines 1 through 24e	2,722,202.	2,458,433.	99,441.	164,328
26	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined				
	reported in column (b) joint coole in our a combined				
	educational campaign and fundraising solicitation				

	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .	350.	1	350.
	2	Savings and temporary cash investments	4,111,202.	2	4,690,221.
	3	Pledges and grants receivable, net	102,000.	3	102,000.
	4	Accounts receivable, net	86,030.	4	90,744.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	31,171.	9	28,628.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 284, 350			0.4.000
	b	Less accumulated depreciation 10b 259,520	36,869.		24,830.
	11	Investments - publicly traded securities		11	<u> </u>
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	100 107	14	1 4 2 1 0 7
	15	Other assets See Part IV, line 11	129,107.	1	143,107.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,496,729.	16	5,079,880. 173,871.
	17	Accounts payable and accrued expenses	242,320.	17	1/3,0/1.
	18	Grants payable	148,976.	18 19	179,203.
	19	Deferred revenue	140,970.	20	119,203.
	20 21	Tax-exempt bond liabilities  Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ibili	~~	highest compensated employees, and disqualified persons Complete Part II		Ì	
Ľ:		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	284,991.	25	307,684.
	26	Total liabilities. Add lines 17 through 25	676,487.	26	660,758.
		Organizations that follow SFAS 117, check here   X and complete			
S		lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	2,099,096.	27	2,111,107.
ala	28	Temporarily restricted net assets	1,721,146.	28	2,308,015.
g B	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117, check here   and			
ō		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et )	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	3,820,242.		4,419,122.
	34	Total liabilities and net assets/fund balances	4,496,729.	34	5,079,880. Form <b>990</b> (2011)

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Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,322	L,0	82.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,722	2,2	02.
3	Revenue less expenses. Subtract line 2 from line 1	3	598	3,8	<u>80.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,820	),2	<u>42.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,419	1,1	22.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

### SCHEDULE'A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NATIONAL ABORTION FEDERATION 43-1097957 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 exempt 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), (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other a \_\_\_\_ Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organizátion in col. organization in col (i) listed in your organization in col. organization support (described on lines 1-9 (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

132021

# Schedule A (Form 990 or 990-EZ) 2011 NATIONAL ABORTION FEDERATION 43-10979 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	•					
	membership fees received (Do not						
	include any "unusual grants ")	2,422,631,	1,197,323.	1,880,067,	1,330,199.	2,528,650.	9.358.870.
2	Tax revenues levied for the organ-	, , ,					, , , , ,
	ization's benefit and either paid to			]			
	or expended on its behalf	•					
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,422,631.	1,197,323.	1,880,067.	1,330,199.	2,528,650.	9,358,870.
	The portion of total contributions	2,422,031.	1,17,,323.	1,000,007.	1,000,100,	2,320,030.	<u> </u>
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6 045 705
	Public support. Subtract line 5 from line 4	-					6,015,785.
	etion B. Total Support	l.,		L			3 343 085
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	2,422,631.	1,197,323.	1,880,067.		2,528,650.	9,358,870.
		2,422,631,	1,197,323.	1,000,007.	1,330,199.	2,320,630.	9,358,870.
8	Gross income from interest,			İ			
	dividends, payments received on						
	securities loans, rents, royalties	107,411.	90,797.	15,423.	11,563.	11,757.	236,951.
_	and income from similar sources	10/,411.	90,191.	13,423.	11,505.	11,737.	230,931.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	00 605	20 526	2 000		FF 400	176 630
	assets (Explain in Part IV)	90,605.	28,536.	2,000.		55,489.	176,630.
	Total support. Add lines 7 through 10	L					9,772,451.
12	·						,407,553.
13	First five years. If the Form 990 is for	-	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	. —
50	organization, check this box and stop ction C. Computation of Publ		rcontago				
360	<del></del>		<del>_</del>				24 21
14	,, ,	, , , ,	,	olumn (f))		14	34.21 %
15	Public support percentage from 2010					15	29.34 %
16a	33 1/3% support test - 2011. If the	_		line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		-				$\triangleright X$
k	33 1/3% support test - 2010. If the				ine 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t IV how the orgar	nization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a p	ublicly supported	organization		
k	10% -facts-and-circumstances tes	t - 2010. If the org	anızatıon dıd not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-cırcu	mstances" test, ch	eck this box and <b>s</b>	top here. Explain	in Part IV how the	e
	organization meets the "facts-and-cire	cumstances" test	The organization q	ualifies as a public	ly supported orga	ınızatıon	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	check this box a	nd see instruction	s •
					Sche	dule A (Form 990	or 990-EZ) 2011

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the			ĺ			
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				<del> </del>	<del>-  </del>	
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						<del></del>
	a Amounts included on lines 1, 2, and						<del></del>
18	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received					+	
•	from other than disqualified persons that		1				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		-				
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	L	L			<u> </u>	
	ction B. Total Support	4 1 0007		1 ,,,,,,,,,	( )) 0040	T ( ) 0044	(0 T-1-1
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
-	Amounts from line 6	-				-	
108	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties			ļ	:		
	and income from similar sources						
ı	Ourrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	c Add lines 10a and 10b						
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, thii	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) org	janization,
	check this box and stop here				···		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (	line 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2010	Schedule A, Parl	t III, line 15			16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from			`"		18	%
	a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than	33 1/3%, and I	
	more than 33 1/3%, check this box a	-					▶□
	b 33 1/3% support tests - 2010. If the						3%, and
	line 18 is not more than 33 1/3%, che	_					. —
20	Private foundation. If the organization						
	THE TOURS TOURS OF THE PROPERTY OF THE PROPERT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,			

### SCHEDULE'C

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	me of organization			Empl	oyer identification number
	NATIONA	L ABORTION FEDER	RATION		<u>43-1097957</u>
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities		
Pa	art I-B Complete if the org	ganization is exempt und	der section 501(c	)(3).	
	Enter the amount of any excise tax			<b>▶</b> \$	
	Enter the amount of any excise tax			<u> </u>	
	If the organization incurred a section				Yes No
	a Was a correction made?		•		Yes No
t	<b>b</b> If "Yes," describe in Part IV		_		
Pa	art I-C Complete if the org	ganization is exempt une	der section 501(c	), except section 501(	c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			▶\$	<del></del>
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here	and on Form 1120-POI		
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr	ation listed, enter the amount pa	ld from the filing organ	ızatıon's funds Also enter th	e amount of political
	political action committee (PAC) If				te segregated fund of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $\ensuremath{\mathsf{LHA}}$ 

Schedule C (Form 990 or 990-EZ) 2011

132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011	NATIONAL AB	ORTION FEDE	RATION	43-1	097957 Page 2		
Part II-A Complete if the org		npt under section	n 501(c)(s) and ni	ea Form 5708			
<del></del>		isted group (and list in	Part IV each affiliated	aroun mombor's nam	o address EIN		
	re of excess lobbying (	- · · ·	realt iv each annateu	group member s nam	e, address, Eliv,		
	ation checked box A ar	, ,	visions annly				
			violotis apply	(a) Filing	(b) Affiliated group		
	ts on Lobbying Exper			organization's	totals		
(The term "expend	ditures" means amou	nts paid or incurred.)		totals			
1a Total lobbying expenditures to infli	uence public opinion (	grass roots lobbying)		18,056.			
b Total lobbying expenditures to infli	uence a legislative boo	ly (direct lobbying)		9,701.			
c Total lobbying expenditures (add le	ines 1a and 1b)			27,757.			
d Other exempt purpose expenditure	es			2,683,245.			
e Total exempt purpose expenditure	es (add lines 1c and 1c	)		2,711,002.			
f Lobbying nontaxable amount. Ent	er the amount from the	e following table in bot	h columns	285,550.			
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable ame	ount is:				
Not over \$500,000		the amount on line 1e					
Over \$500,000 but not over \$1,00	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	ss over \$1,500,000						
Over \$17,000,000	\$1,000,0	000					
Organisate posteroble amount for		71,388.					
<ul><li>g Grassroots nontaxable amount (er</li><li>h Subtract line 1g from line 1a If zer</li></ul>				0.			
i Subtract line 1f from line 1c If zero				0.			
I If there is an amount other than ze		line 1. did the organiza	ation file Form 4720				
reporting section 4911 tax for this		mio ii, dia ale organiza	a	Г	Yes No		
- I opening		eraging Period Under	Section 501(h)				
(Some organiz	zations that made a s	ection 501(h) election	n do not have to comp	olete all of the five			
CC			s 2a through 2f on pa	ige 4.)			
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Calendar year	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total		
(or fiscal year beginning in)	(a) 2006	(b) 2009	(6) 2010	(a) 2011	(e) rotai		
<u> </u>							
2a Lobbying nontaxable amount	1.000.000.	1,000,000.	301,776.	285,550.	2,587,326.		
b Lobbying ceiling amount				· · · · · · · · · · · · · · · · · · ·			
(150% of line 2a, column(e))					3,880,989.		
c Total lobbying expenditures	13,829.	22,770.	16,114.	27,757.	80,470.		
d Grassroots nontaxable amount	250,000.	250,000.	75,444.	71,388.	646,832.		
e Grassroots ceiling amount							
(150% of line 2d, column (e))					970,248.		

Schedule C (Form 990 or 990-EZ) 2011

42,928.

18,056.

14,151.

47.

10,674.

f Grassroots lobbying expenditures

## Schedule C (Forth 990 or 990-EZ) 2011 NATIONAL ABORTION FEDERATION 43-109795 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	Yes		(1	o)
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity  1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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 similar means? i Other activities? j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did if the Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C solution of the section 527(f) tax was paid).  a Current year  b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		Yes	No	Amo	ount
1	local legislation, including any attempt to influence public opinion on a legislative matter				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?	- 1			
d	Mailings to members, legislators, or the public?			_	
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
i	Total Add lines 1c through 1i				
2 a					
	·				
	t III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	)(5), or se	ection	
	501(C)(G).	•		Yes	No
_	Ware as betasticilis all (00% or mare) dues received pendeductible by members?				1.0
_			1		
	•		2		
		tion 501(c)	)(5) or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere				e 3, is
1	Dues, assessments and similar amounts from members		1_1_		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political			
	expenditure next year?		4		
5_	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par Com	Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5,	Part II-A, and	5	ne 1 Also,	complet
				<del>-</del>	
			· · · · · · · · · · · · · · · · · · ·		<del></del>

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

Employer identification number

	NATIONAL ABORTION	FEDERATION	43-1097957		
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year		<u> </u>		
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds		
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be used	d only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	ferring		
	impermissible private benefit?		Yes No		
Par			V, line 7.		
1	Purpose(s) of conservation easements held by the organiza	<del></del>			
	Preservation of land for public use (e.g., recreation or	( <del></del>			
	Protection of natural habitat	Preservation of a certified	historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last		
	day of the tax year.				
	~		Held at the End of the Tax Year		
a	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements	in atom and adaptive	2b		
C	Number of conservation easements on a certified historic st		2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure			
_	listed in the National Register  Number of conservation easements modified, transferred, re	pleased extinguished or terminated by the era	2d		
3	_	eleased, extinguished, or terminated by the org	anization during the tax		
4	year ▶Number of states where property subject to conservation e	asement is located >			
5	Does the organization have a written policy regarding the pe				
3	violations, and enforcement of the conservation easements		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting				
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) abo				
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expense sta	tement, and balance sheet, and		
	include, if applicable, the text of the footnote to the organization				
	conservation easements				
Pai	t III Organizations Maintaining Collections		r Similar Assets.		
	Complete if the organization answered "Yes" to Forn	n 990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement	and balance sheet works of art,		
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherance	of public service, provide, in Part XIV,		
	the text of the footnote to its financial statements that desc				
b	If the organization elected, as permitted under SFAS 116 (A				
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public	service, provide the following amounts		
	relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$		
2	If the organization received or held works of art, historical tr		n, provide		
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items			
а	Revenues included in Form 990, Part VIII, line 1		<b>S</b>		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$		

Schedule D (Form 990) 2011

		L ABORTION							Page 2		
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other	Simila	<u>ar Asse</u>	ts (contir	nued)		
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that ar	e a sign	ificant u	use of its	collection	items		
	(check all that apply).										
а	Public exhibition	d	Loan or exc	hange programs	5						
b	Scholarly research	е	Other								
C	Preservation for future generations		·	· <del>-</del>			<u>-</u>				
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's	s exemp	t purpo	se in Par	t XIV			
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or other s	ımılar as	ssets					
	to be sold to raise funds rather than to be ma						_	Yes	☐ No		
Par	t IV Escrow and Custodial Arran				s" to Fo	rm 990,	Part IV, i	line 9, or			
	reported an amount on Form 990, Par		-								
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for contribution	ns or other asset	s not inc	cluded					
	on Form 990, Part X?										
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table								
-					Amount						
c	Beginning balance					1c					
	Additions during the year					1d					
- e	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on Fo	orm 990. Part X. line	217					Yes	☐ No		
	If "Yes," explain the arrangement in Part XIV	,									
Par		f the organization an	swered "Yes" to Fo	rm 990. Part IV.	line 10						
		(a) Current year	(b) Prior year	(c) Two years b		Three v	ears back	(e) Four	ears back		
1a	Beginning of year balance	862,250.	991 357	1.039.3		711100 }	ouro buor	(6) 1 001	yours buok		
b	Contributions	51,955.		1,035,3	,50.	1 0	39.358.		<del></del>		
	Net investment earnings, gains, and losses	51,555.	· · · · · · · · · · · · · · · · · · ·			1,0	39,330.				
d	Grants or scholarships										
	Other expenditures for facilities				-				<del></del>		
-	and programs	40.054.	129,107,	48.0	.01						
	Administrative expenses	40,034.	125,107	40,0	,,,,		······································				
g	End of year balance	874.151.	862,250,	991.3	5.7	1 0	39.358.		· · · · · · · · · · · · · · · · · · ·		
2	Provide the estimated percentage of the curr				137.		39,330.	<u> </u>			
a	Board designated or quasi-endowment	100.00	%	a)) Held as							
b	Permanent endowment	%									
	Temporarily restricted endowment	^% %									
C	The percentages in lines 2a, 2b, and 2c shou										
22	Are there endowment funds not in the posse	·	ation that are held s	and administered	l for the	organiz	ation				
Ja	by	33ion of the organize	ation that are neid a	ina aaniinisterea	i ioi tiie	organiz	ation	Γ,	res No		
	(i) unrelated organizations							3a(ı)	X		
	(ii) related organizations							3a(ıı)	X		
h	If "Yes" to 3a(ii), are the related organizations	s lieted as required o	n Schedule R2					3b			
<i>A</i>	Describe in Part XIV the intended uses of the	•						[ SD ]	L		
Par	t VI Land, Buildings, and Equipm								<del></del>		
	Description of property	(a) Cost or o	1	t or other	(c) Accu	ımıılata	d	(d) Book	value		
	bescription of property	basis (investin	1 , ,	(other)	• •	ciation	<b>~</b>	(u) DOOK	value		
10	Land	223.5 ( 300)	24010								
	Buildings										
	Leasehold improvements		1	9,115.		9,08	31	1 0	,034.		
	Equipment			55,235.	25	0,43			,796.		
	Other			, , , , , , , ,	4,5	, , , , ,	• • •		1700		
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	Y column (R) line	10(c) )				2/	830		

Schedule D (Form 990) 2011

Part VIII III Vestille III - Other Securities. 5	Tee Form 990, Part A, illie		<del></del>
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation. nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990 Part X fir	ne 13	
			ethod of valuation
(a) Description of investment type	(b) Book value		nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	ne 15		
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)	<del>.</del>		
(5)	···		
(6)			
(7)	- * 1		
(8)			
(9)			
(10)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B) In	ne 15 )		<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part >			
1. (a) Description of liability	·	(b) Book value	
(1) Federal income taxes		<del></del>	
(2) DEFERRED RENT		164,577.	
(3) DEFERRED COMPENSATION		143,107.	
		143,107.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) II	ne 25)	307,684.	liability for uncertain tay positions under
2. FIN 48 (ASC 740)	- to the organization's illiancial's	tatements that reports the organization s	mapinity for uncertain tax positions under
132053 01-23-12			Schedule D (Form 990) 2011

	dule D (Form 990) 2011 NATIONAL ABORTION FEDERATI	ON Sudited Fine	noial St	43-	1097957	Page 4
Par	<del></del>	o Audited Fina	nciai Sta	atement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,321	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,722	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		598_	<u>,880.</u>
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities .		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10 Par	Excess or (deficit) for the year per audited financial statements Combine lines 3 a t XII Reconciliation of Revenue per Audited Financial Statem		10 Per	r Return		<u>,880.</u>
	Total revenue, gains, and other support per audited financial statements	0110 1111111101	ondo poi	1	3,511	297
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12				3,311	,031.
2		00				
a	Net unrealized gains on investments	2a 1	90,81			
Ь	Donated services and use of facilities		50,61	<del>3 •</del>		
С	Recoveries of prior year grants	2c	<del>-</del>			
d	Other (Describe in Part XIV)	2d		<b></b>	100	015
е	Add lines 2a through 2d			2e		815.
3	Subtract line 2e from line 1			3	3,321	,082.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				•
С	Add lines 4a and 4b			4c	2 201	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	Midb Fre		5	3,321	<u>,082.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Staten	ients with Exp	enses p			0.1.7
1	Total expenses and losses per audited financial statements			1	2,913	,017.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1 4	00 01	_		
а	Donated services and use of facilities		90,81!	5.		
b	Prior year adjustments	2b		_		
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d		_		
е	Add lines 2a through 2d			2e		815.
3	Subtract line 2e from line 1			3	2,722	,202.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		_		_
	Add lines 4a and 4b			4c		0.
_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,722	<u>,202.</u>
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part					4, Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com					
PAI	RT V, LINE 4: BOARD-DESIGNATED ASSETS ARE	THE REMAI	NING A	ASSET	S OF A	
TATES/	NITY OWNED CHECTATARY OF MAR THAT WAS DICC	ואד משטונים	2009	י שטיי	ממגספ	
WIL	DLLY-OWNED SUBSIDIARY OF NAF THAT WAS DISS	OUAED IN	2000.	TUE I	DOAND	
DES	SIGNATED THIS RESERVE TO BE MAINTAINED FOR	R FIVE YEA	RS IN	THE I	EVENT NA	ΑF
DE	CIDES TO RESTART THE PROGRAM OF THE COMPAN	IY THAT WA	S DIS	SOLVE	o	
יגם	סיים אין דאום אין דאו אין אין אין אין אין אין אין אין אין אין	A CCOINTENT N	ב פשאי	אם א חוא	מפגטפ ב	
rAl	RT X, LINE 2: IN JUNE 2006, THE FINANCIAL	ACCOUNTIN	G DIAI	MNWKD	DUAKU	
<u>(F</u>	ASB) RELEASED FASB ASC 740-10, INCOME TAXE	ES, THAT P	ROVID	ES GU	IDANCE I	FOR
REI	PORTING UNCERTAINTY IN INCOME TAXES. FOR T	HE YEAR E	NDED 1	DECEMI	BER 31.	
					ule D (Form 9	90) 2011

### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name	e of the organization		Employer identification number				
וי ע זע	TIONAL ABORTI	ON FEDER	ATTON			43-109795	57
Par	t I General Info	mation on A	ctivities Out	tside the United States. Comp	lete if the organ	uzation answered "	Yes"
	to Form 990, Par				icte ii tric orgai	nzation answered	103
1			maintain record	ds to substantiate the amount of its gi	ants and other	assistance.	*
•	-	=		the selection criteria used to award th			Yes 🔲 No
2	-	ribe in Part V the	e organization's	procedures for monitoring the use of i	ts grants and o	ther assistance out	side the
	United States						
_3_	<del></del>		1	an be duplicated if additional space is			
	(a) Region	(b) Number of offices	(c) Number of employees, agents, and	(d) Activities conducted in region (by type) (e.g., fundraising, program		vity listed in (d) gram service,	(f) Total expenditures
		in the region	independent contractors in region	services, investments, grants to recipients located in the region)		e specific type ce(s) in region	for and investments in region
					TO ENSURE S	AFE, LEGAL,	
					AND ACCESSI	BLE ABORTION	
NORT	'H AMERICA	0	1	PROGRAM SERVICES	CARE IN CAN	IADA.	191,715.
						<del></del>	
						<del></del>	
			į				
3 a	Sub-total		1				191,715.
	Total from continuation						1,71,713.
~	sheets to Part I		0				
С	Totals (add lines 3a				1		
	and 3b)	<u> </u>	1				191,715,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2011

Page 2	any •	(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2011
	90, Part IV, line 15, for a	(h) Description of non-cash assistance						Schedu
97957	l "Yes" to Form 9	(g) Amount of non-cash assistance					xempt by	
43-1097957	ganization answerec	(f) Manner of cash disbursement					recognized as tax-e	
	omplete if the org than \$5,000	(e) Amount of cash grant					foreign country,	
FEDERATION	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.  Part II can be dublicated if additional space is needed.	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
NATIONAL ABORTION FEDERATION	anizations or Entities O 00 Check this box if no o	(c) Region					Enter total number of recipient organizations listed above that are recog the IRS, or for which the grantee or counsel has provided a section 501	
NATION	Grants and Other Assistance to Organizations or Errecipient who received more than \$5,000. Check this that II can be duplicated if additional space is needed	(b) IRS code section and EIN (if applicable)					recipient organization he grantee or counse	
Schedule F (Form 990) 2011	Part II Grants and Othe recipient who rec	1 (a) Name of organization					2 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro	ŀ

29

43-1097957

Page 3

NATIONAL ABORTION FEDERATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed Schedule F (Form 990) 2011

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant				<u> </u>	
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2011

the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Foreign Partnerships (see Instructions for Form 8865)

Schedule F (Form 990) 2011

Yes

Yes X No

X No

6

for Form 5713)

### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2011

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

ABORTION FEDERATION

Employer identification number 43-1097957

Pa	art I   Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the fo	llowing to or for a person listed in Form 990,		
	Part VII, Section A, line 1a Complete Part III to provide any relevant info	ormation regarding these items		
	First-class or charter travel	ousing allowance or residence for personal use		
	Travel for companions	ayments for business use of personal residence		
	Tax indemnification and gross-up payments	ealth or social club dues or initiation fees		
		ersonal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a	written policy regarding payment or		
	reimbursement or provision of all of the expenses described above? If "	No," complete Part III to explain 1b		
2	Did the organization require substantiation prior to reimbursing or allow	ng expenses incurred by all officers, directors,		
	trustees, and the CEO/Executive Director, regarding the items checked	ın line 1a?		
3	Indicate which, if any, of the following the filing organization used to est	ablish the compensation of the organization's		
	CEO/Executive Director Check all that apply Do not check any boxes to	or methods used by a related organization to		
	establish compensation of the CEO/Executive Director Explain in Part I	11		
	X Compensation committee	ritten employment contract		
	Independent compensation consultant X C	ompensation survey or study		
	X Form 990 of other organizations	oproval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, I	ine 1a, with respect to the filing		
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	<u>4a</u>		X
b	Participate in, or receive payment from, a supplemental nonqualified ref	irement plan? 4b		X
С	Participate in, or receive payment from, an equity-based compensation	arrangement? 4c	—	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable	amounts for each item in Part III		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lin			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the orga	nization pay or accrue any compensation		
	contingent on the revenues of	_		٦,
	The organization?	<u>5a</u>	+	X
b	Any related organization?		+	X
_	If "Yes" to line 5a or 5b, describe in Part III			
6		nization pay or accrue any compensation		
	contingent on the net earnings of		1	
a	The organization?	6a		X
b	,	6b	+-	
_	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the orga			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	+	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued purs			
-	initial contract exception described in Regulations section 53 4958 4(a)		+	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presum			
	Regulations section 53 4958-6(c)?	9	i	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(ı) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
	€	268,98	0	0	17,150.	11,776.	297,914.	0
1 VICKI SAPORTA	3	0	0	0.	0	0	0.	0
	Ξ							
2	3							
၉	<b>E E</b>							
	ε							
4	(ii)							!
	(i)							
5	▣							
	Ξ							
9	Ξ							
	Ξ							
7	3							
	Ξ							
8	Ξ							
	Ξ							
6	Ξ							
	Ξ							
10	Ξ							
	Ξ							
11	Ξ							
	Ξ							
12	<u>(ii)</u>							
	Ξ							
13	▣							
	Ξ							
14	3							
	Ξ							
15	Ξ							
	Ξ							
16	3							

Schedule J (Form 990) 2011

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011
Open to Public Inspection

Name of the organization

NATIONAL ABORTION FEDERATION

Employer identification number 43-1097957

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEDICAL EDUCATION, CLINICAL POLICY GUIDELINES, ABORTION PROTOCOLS AND
QUALITY IMPROVEMENT PROGRAMS; PROVIDE 24 HOUR EMERGENCY ASSISTANCE AND
ON THE GROUND SUPPORT TO CLINICS BESIEGED BY VIOLENCE AND HARASSMENT;
EDUCATE LAW ENFORCEMENT OFFICIALS ABOUT CLINIC VIOLENCE AND ADVOCATE
FOR INCREASED PROTECTION FOR ABORTION PROVIDERS; INCREASE ABORTION
TRAINING OPPORTUNITIES; AND PROVIDE ACCURATE INFORMATION AND ASSISTANCE
TO WOMEN WHO ARE MAKING DECISIONS CONCERNING THEIR PREGNANCIES.
HODW 000 DADM TIT TIME AD OFFICE DECORAN GERMANIC
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CLINIC SECURITY/LAW ENFORCEMENT EDUCATION
EXPENSES \$ 366,016. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CANADIAN PROGRAM
EXPENSES \$ 191,715. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
ACCESS INITIATIVE
EXPENSES \$ 135,633. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6: MEMBERS INCLUDE INSTITUTIONAL
PROVIDERS (E.G., CLINICS AND HOSPITALS) AND CLINICIANS WHO PROVIDE ABORTION
CARE, AS WELL AS REPRODUCTIVE HEALTH CARE ORGANIZATIONS, PRO-CHOICE
COOPERATING ORGANIZATIONS, AND INDIVIDUALS.
FORM 990, PART VI, SECTION A, LINE 7A: NAF HAS SIX CATEGORIES OF VOTING
MEMBERSHIP: INSTITUTIONAL PROVIDERS, CLINICIAN PROVIDERS, REPRODUCTIVE  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Employer identification number Name of the organization NATIONAL ABORTION FEDERATION 43-1097957 HEALTH CARE ORGANIZATIONS, PRO-CHOICE COOPERATING ORGANIZATIONS, INDIVIDUALS, AND MEDICAL ABORTION PROVIDERS. FORM 990, PART VI, SECTION A, LINE 7B: ANY BYLAWS CHANGES MUST BE APPROVED BY THE MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANT AND REVIEWED IN DETAIL WITH SENIOR MANAGEMENT. A COPY OF THE 990 WAS THEN E-MAILED TO THE ENTIRE BOARD FOR REVIEW. BOARD MEMBERS WERE INVITED TO REVIEW AND CONSULT WITH SENIOR MANAGEMENT AND THE ORGANIZATION'S ACCOUNTING STAFF IF THEY HAD QUESTIONS. THE BOARD CHAIR AND/OR TREASURER WERE CONSULTED PRIOR TO THE CEO'S FINAL APPROVAL AND SIGNATURE. A COPY OF THE FINAL 990 WAS SENT TO THE ENTIRE BOARD BEFORE IT WAS FILED WITH IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED IN PERSON AT THE SPRING MEETING OF THE BOARD OF DIRECTORS. AT THE END OF THE MEETING, STAFF COLLECT THE COMPLETED FORMS. STAFF FOLLOW UP WITH ANY BOARD MEMBERS WHO WERE ABSENT AT THE MEETING TO ENSURE THAT COMPLETED FORMS ARE RECEIVED FROM THEM. THE PRESIDENT/CEO OR, WHERE APPLICABLE, CHAIR, AFTER RECEIVING INFORMATION ABOUT A POSSIBLE CONFLICT OF INTEREST, TAKE SUCH ACTIONS AS NECESSARY, WITHOUT THE SUBSTANTIVE INVOLVEMENT OF THE PERSON WHO HAS THE POSSIBLE CONFLICT OF INTEREST, TO ASSURE THAT THE TRANSACTION IS COMPLETED IN THE BEST INTEREST OF NAF. A WRITTEN RECORD OF ANY REPORT OF POSSIBLE CONFLICT AND OF ANY ADJUSTMENT

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS THE Schedule O (Form 990 or 990-EZ) (2011)

MADE TO AVOID POSSIBLE CONFLICTS OF INTERESTS IS KEPT BY THE PRESIDENT/CEO

OR, WHERE APPLICABLE, CHAIR.

NATIONAL ABORTION FEDERATION

Employer identification number 43-1097957

PERFORMANCE OF THE PRESIDENT/CEO ANNUALLY. DECISIONS ABOUT COMPENSATION ARE

GUIDED BY THE EVALUATION AND A REVIEW OF COMPENSATION DATA OF RELATED

NON-PROFIT ORGANIZATIONS, WHICH IS CONDUCTED BY THE TREASURER. THE BOARD

CHAIR PREPARES A CONFIDENTIAL SUMMARY OF THE ASSESSMENT, WHICH IS SHARED

WITH THE PRESIDENT/CEO.

THE PRESIDENT/CEO DETERMINES THE SALARIES OF THE KEY EMPLOYEES OF THE
ORGANIZATION. THE BOARD APPROVES WRITTEN COMPENSATION SCHEDULES FOR
EMPLOYEES AS PART OF THE ANNUAL BUDGET PROCESS. THESE SCHEDULES ARE
DEVELOPED BY REVIEWING COMPENSATION DATA FOR COMPARABLE POSITIONS AT
RELATED NON-PROFIT ORGANIZATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,IL,KS,KY,MA,MD,ME,MI,MN,NC,NH,NJ,NM,NY,OH,OK

OR,PA,RI,SC,VA,WA,WI,WV,MS,TN,UT

FORM 990, PART VI, SECTION C, LINE 19: NAF PROVIDES A LINK ON ITS WEBSITE

TO BOTH WWW.CHARITYNAVIGATOR.ORG AND WWW.GUIDESTAR.ORG, WHERE THE

ORGANIZATION'S FINANCIAL STATEMENTS CAN BE VIEWED. IN ADDITION, NAF

PROVIDES GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY,

FINANCIAL STATEMENTS, AND ANNUAL REPORT, TO ALL WHO REQUEST THEM.

TELEPHONE-ANSWERING INSTRUCTIONS STATE THAT REQUESTS FOR THESE DOCUMENTS

ARE TO BE FORWARDED TO THE APPROPRIATE SENIOR ADMINISTRATIVE AND FINANCIAL

STAFF FOR RESPONSE. SIMILARLY, REQUESTS THAT ARE RECEIVED VIA EMAIL ARE

FORWARDED TO THE APPROPRIATE SENIOR ADMINISTRATIVE AND FINANCIAL STAFF FOR

RESPONSE.

FORM 990, PART VII, SECTION A:

132212

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 43-1097957

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) NATIONAL ABORTION FEDERATION

Part I

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	ions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	t had one or more re	lated tax-exempt

(g) Section 512(bX13) controlled entity?	Yes No		×			×			
(f)  Direct controlling entity			NAF			NAF			
(e) Public charity status (if section	501(c)(3))		N/A			LINE 11			
(d) Exempt Code section			N/A			501(C)(3)			
(c) Legal domicile (state or foreign country)		0	CANADA			& REFERRALS, DISTRICT OF COLUMBIA 501(C)(3)			
(b) Primary activity		TO ENSURE SAFE, LEGAL, AND		NATIONAL TOLL-FREE HOTLINE	FOR CONFIDENTIAL	CONSULTATIONS & REFERRALS.			
(a) Name, address, and EIN of related organization		NATIONAL ABORTION FEDERATION CANADA		NAF HOTLINE FUND - 26-4703759	1660 L ST NW, SUITE 450	WASHINGTON, DC 20036			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132161 01-23-12 LHA

Schedule R (Form 990) 2011

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43-1097957

Schedule R (Form 990) 2011 NATIONAL ABORTION FEDERATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of Dend-of-year at assets	(h) Disproportion- ate allocations? Yes   No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	ganizations Taxable as rporation or trust during	s a Corpo the tax )	ration or Trust (Co	mplete if the organiza	tion answered "Yes"	to Form 990, Part	IV, line 34 b	ecause it had or	e or more	e related
(a) Name, address, and EIN of related organization	<u>Z</u> c		(b) Primary activity	(C)  Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) total Share of end-of-year assets		(h) Percentage ownership
										:
										ļ Į
132162 01-23-12				39				Schedule R (Form 990) 2011	R (Form	990) 2011

# Schedule R (Form 990) 2011 NATIONAL ABORTION FEDERATION

990, Part IV, line 34, 35, 35a, or 36)
orm 9
to Fo
es."
itions (Complete if the organization answered ">
aniza
Org
Related
ns With Rela
Transactions
Part V

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				_	Yes	8 N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?		-	,
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1p		×
c Gift, grant, or capital contribution from related organization(s)				5		×
				7		×
				2 4		×
e Loans of loan gualantees by refated organization(s)				<u> </u>	+-	4
f Sale of assets to related organization(s)				<b>*</b> =		×
g Purchase of assets from related organization(s)				19		×
h Exchange of assets with related organization(s)				ŧ		×
i Lease of facilities, equipment, or other assets to related organization(s)				=		×
j Lease of facilities, equipment, or other assets from related organization(s)				-		×
k Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			¥	×	
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	non(s)			Ę	1	×
n Sharing of paid employees with related organization(s)				ţ		×
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				ę		×
p Reimbursement paid by related organization(s) for expenses				đ	×	
<ul> <li>Qther transfer of cash or property to related organization(s)</li> <li>Other transfer of cash or property from related organization(s)</li> </ul>				₽ ÷		××
1 1	who must complete th	is line, including covered	relationships and transaction thresholds		1	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) NAF HOTLINE FUND	Ж	169,823.	FMV			
(2) NAF HOTLINE FUND	Q	50,931.	FMV			
(3)						
(4)						
(5)						1
(9)						
132163 01-23-12	40		Schedule	Schedule R (Form 990) 2011	990) 2	011

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# Schedule R (Form 990) 2011 NATIONAL ABORTION FEDERATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

g d				1	1			
(h)								
o Pe								
(j) General or managing partner? Yes No								
JBI 0x 20 9 K-1 55)								,
(i) de V-L hedulk rm 10(								
Coc of Sco								
(h) Disproportionate allocations? Yes No								
A Bloc								
of ear s				:			ı	
(g) Share of end-of-year assets								
S La								
al ne								
(f) Share of total income						•		
Predominant income patiers sec (related, unrelated, ongs? excluded from tax under section 512-514) Yes No								
e partit								
ncom elated, m tax							İ	
(d) Inant i d, unre led fro								
redom relate excluc								
d un							-	
(c) Legal domicile (state or foreign country)								
(c) gal domic tte or fore country)								
Leç (sta								
(a) (b) (c) (d) (d) (e) Inmary activity (e) Endominant income (related, unrelated, of entity (c) (d) (e) (folded from tax country) (e) (folded from tax country) (folded from tax country) (folded from tax country)								
(b)								
Print							ļ	
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Z m								
(a) Name, address, and EIN of entity								
(a) address, of entity								
e, add								
Name								

Schedule R (Form 990) 2011

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Part VII	(Form 990) 2011  Supplemental Infor	mation			
L			rmation for responses to questions on Schedule R (see inst	nuctions)	
	Complete this part to pro	vide additionar into	mation of responses to questions on ocheque in (see linst	idetions).	
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