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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

2012
Open to Public

Open to Public Inspection

Α	Fo	r the 2	012 calendar year, or tax year beginning and ending	
В	Che app	ck if licable	C Name of organization	D Employer identification number
Γ	7/	Address change	NATIONAL ABORTION FEDERATION	
Ī	N	Name change	Doing Business As	43-1097957
Ī		nitial eturn	Number and street (or P 0 box if mail is not delivered to street address)  Room/s	
Ī	7	Termin- ated	1660 L STREET, NW 450	202-667-5881
Ī	P	lted Amended eturn	City, town, or post office, state, and ZIP code	G Gross receipts \$ 2,272,164
Ī	/	Applica- ion	WASHINGTON, DC 20036-2123	H(a) Is this a group return
_		ending	F Name and address of principal officer VICKI SAPORTA	for affiliates? Yes X No
			SAME AS C ABOVE	H(b) Are all affiliates included? Yes No
	Tax	x-exem	pt status X 501(c)(3)	527 If "No," attach a list (see instructions)
J			▶ WWW.PROCHOICE.ORG	H(c) Group exemption number
				Year of formation: 1977 M State of legal domicile: M
	Par		Summary	real of formation. 257 7 10 otate of regal dofficile E1
	<u>.</u>		efly describe the organization's mission or most significant activities SEE PART	III, LINE 1.
	Governance	, 5,,	ony document the organization of mode organization determines DDD 1711(1	TIT, DIMI I.
	Ē	2 Ch	neck this box I if the organization discontinued its operations or disposed of r	more than 25% of its not assets
	ž		imber of voting members of the governing body (Part VI, line 1a)	3 1
Ċ	<u>ج</u>		imber of independent voting members of the governing body (Part VI, line 1b)	4 1
•	න් ග		tal number of individuals employed in calendar year 2012 (Part V, line 2a)	5 3
-	≝∣		tal number of volunteers (estimate if necessary)	6 1
	ੇ ਵੇ		tal unrelated business revenue from Part VIII, column (C), line 12	7a 0
•	₹		et unrelated business taxable income from Form 990 T, line 34	7b 0
	$\top$	2 110	A distribution beginning taxable income normal office of the control of the contr	Prior Year Current Year
		<b>8</b> Co	ontributions and grants (Part VIII, line 1h)	2,528,650. 1,516,427
2013	une l		ogram service revenue (Part VIII, line 2g)	725,186. 723,067
⋾	<b>9</b>		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	11,757. 11,814
-			her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,489. 20,856
7			tal revenue add lines 8 through 1.1 (must equal Part VIII, column (A), line 12)	3,321,082. 2,272,164
ACG _		13 Gr	ants and similar amounts paid (Part IX, column (A) has [3]	0. 0
Ĩ			nefits paid to or for members (Part IXI column (A), tipe 4)	0. 0
			laries, other compensation, employee benefits (Part 18x, polymn (A) lines 5-10)	1,718,168. 1,515,772
	ดง เ	16a Pro	ofessional fundraising fees (Part IX codiumn (A), line 11e)	0. 0
7	e l	h To	ofessional fundraising fees (Part IX codumn (A), line 11e)  tal fundraising expenses (Part IX, codumn (D), line 25)	0.
ב ק	ַ   נֿגֿ	17 Otl	her expenses (Part IX, column (A), lines (1), 110 (1)24e)	1,004,034. 1,388,199
5			tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,722,202. 2,903,971
	- 1		evenue less expenses Subtract line 18 from line 12	598,880631,807
or	Ses		The state of the s	Beginning of Current Year End of Year
sets	Balances	20 To	tal assets (Part X, line 16)	5,079,880. 4,486,741
Ass			tal liabilities (Part X, line 26)	660,758. 699,426
Net	i⊆l		et assets or fund balances Subtract line 21 from line 20	4,419,122. 3,787,315
1	Parl		Signature Block	1,119,1220 3,707,313
Uı	nder	penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my knowledge and belief it is
tri	ue, co	orrect, a	and complete Declaration of prepara (other than officer) is based on all information of which prep	parer has any knowledge.
_			Vich Hunrian	8-9-13
S	ign		Signature of officer	Date
	ere		VICKI SAPORTA, PRESIDENT AND CEO	
			Type or print name and title	,
-		Pr	rint/Type preparer's name Preparer's sygnature	Date / Check PTIN
Pa	aıd	' '	Eric J. Lawrence GPA 2 2 CAA	Date 8 13 Check PTIN PTIN SH-employed POO 54272
	repar	er F	rm's name GELMAN, ROSENBERG & FREEDMAN	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	se Or	-	rm's address 4550 MONTGOMERY AVE SUITE 650N	Firm's EIN 52-1392008
٥.		,   ' "	BETHESDA, MD 20814-2930	Phone no. (301) 951-909
	lav +l	1PS	discuss this return with the preparer shown above? (see instructions)	
1	ıay il	ie il/O	discuss this return with the preparet shown above ( (see Instructions)	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

4e Total program service expenses >
232002
12-10-12

Form **990** (2012)

MEMBERS' NEEDS.

4d Other program services (Describe in Schedule O)

557,680 . including grants of \$

(Revenue \$

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ļ	
	public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		٠,,	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Α_
•	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	<del>- '-</del>	-	
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_ <u> </u>		
	amounts not listed in Part X; or provide 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			
	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, VIII, VIII, IX, or X	,	i.	
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
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		X
a	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		37	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	_
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's diability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>	- 21	
	Schedule D, Parts XI and XII	12a	х	
þ	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 and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			
47	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,			7,7
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> X</u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	40		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
. •	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
	The state of the s		മവ	

Form 990 (2012) NATIONAL ABORTION

Part IV Checklist of Required Schedules (continued)

			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	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u> 23a</u>		
~	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, highest compensated employee, or disqualified			
	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		X
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		_X_
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<b>.</b>
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u>X</u>
31	If "Yes," complete Schedule N, Part I	24		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Α_
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
	sections 301 7701 2 and 301 7701 3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, 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	Х	
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 11b and 19?		_	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

Form 990 (2012) NATIONAL ABORTION FEDERATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

Seriest the number of ported in Box 3 of Form 1006. Enter 0-f and applicable   19   5   10   10   10   10   10   10   10		Check if Schedule O contains a response to any question in this Part V			
be first the number of Forms W26 methods on line 1a. Enter O if not applicable on the registration comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without provided in the complex of the co				Yes	No
be Enter the number of Forms W26 included in line 1a. Enter 0°. In disapplicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (pambling) with making withholding rules for reportable payments to vendors and reportable gamining (pambling) with making with a property of the calendar year entering with or within the year covered by this return.  2a 32 2  2b If a last one is reported on Form W3. Transmitted of Wage and Tax Statements, find for the calendar year entering with or within the year covered by this return.  3b If the calendar year entering with organization file all elegated fideral employment tax returns?  3c Did the organization have unrelated business gross incore of \$1,000 or more during the year?  3a Did the organization have unrelated business gross incore of \$1,000 or more during the year?  3a Did the organization that related price of the organization of \$1,000 or more during the year?  3a Did the organization that related price of the organization of \$1,000 or more during the year?  3b If Yes, a fine the fine a few 950 of the organization of \$1,000 or more during the year?  3c If Yes, a fine the fine a few 950 of the organization of \$1,000 or more during the tax year?  3a If year the fine a fine of \$1,000 or more during the year?  3b If Yes, a fine the fine a few 950 or the year of the fine and a fine	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
Gambling) winnings to prize winners?  Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, itself for the calendar year ending with or within the year covered by this return.  It is all the calendar year ending with or within the year covered by this return.  It is all the calendar year ending with or within the year covered by this return.  It is all the search of the calendar year and the organization lie all required federal employment tax returns?  Note: If the sum of lanes I and 22 is greater than 250, you may be required to e-five gen instructions).  If I' "yes," all set if deal Form 905 off for this year? If "No," provide an explanation or other summor other authority over, a financial account? If "No," provide an explanation or other financial account? If "As any time during the calendar year, did the organization have an interest in, or a signature or other summorty over, a financial Accounts of the provided off the provided in		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Ester the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  1b If at least one is reported on line 2a, did the organization file all required foderal employment tax returns?  Note. If the sum of lanes 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a If the organization have unrelated business gross income of \$1,000 or more dumpt the year?  3a X  3b If "Yes," has it field a Form 990 To the year? If "No," provide an explanation in Schedule O  3b If Yes," has it field a Form 990 To five, year of If "No," provide an explanation in Schedule O  3b If Yes, and a set of the part of the free year of If "No," provide an explanation in Schedule O  3c If "Yes," has the did a form 990 To the year? If "No," provide an explanation in Schedule O  3c If "Yes," has the did not foreign pountry in Yes, and the year of If Yes, and the year of If Yes, and the year of If Yes, and year of Yes, and y	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Note   The calendar year ending with or within the year covered by this return   _a   _a   _a   _a   _a   _a   _a   _		(gambling) winnings to prize winners?	1c	X	
b If a least one is reported on line 2a, did the organization file all required fedoral employment tax returns?  Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelited business gross income of \$1,000 or more during the year?  3a A any time during the calendary year, did the organization in Schodulo O  8a A at any time during the calendary year, did the organization in Schodulo O  8b If "Yes," has it field a Form 990-11 or this year? If "No," provide an explanation in Schodulo O  8b If "Yes," are the remained of the foreign country (such as a bank account, securities account, or other financial accountly?  8c enstructions for filing requirements for Form TD F 902.2 1, Report of Foreign Bank and Financial Accounts  8c was the origanization that five foreign country (such as a bank account, securities account, or other financial account)?  8c was the origanization at party to a prohibited tax sheller transaction at any time during the tax year?  8c was the origanization at party to a prohibited tax sheller transaction?  8c If "Yes," to line Sa or 5b, did the organization that it was or it a party to a princhibited tax sheller transaction?  8c If "Yes," to line Sa or 5b, did the organization flust even or tax deductibles as charatable contributions?  8c If "Yes," to line Sa or 5b, did the origanization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9c Organization that may receive deductible contributions under section 170(c).  9d If "Yes," indicate the number of Forms 8882 filed during the year  9c Did the organization received a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payment of the service and payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party a	2a		,		
Note: if the sum of here 1a and 2a is greater than 250, you may be required to e-/fe (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 As A tany time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the second country (such as a bank account, securities account, or other financial account)? 4 As X  5 b If "Yes," there the name of the foreign country. ▶ CANADA 5 See instructions for filling requirements for Form 07 B 90.2 2 1, Report of Foreign Bank and Financial accounts? 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b If any tixable party notify the organization fill fill fill fill fill fill fill fil		filed for the calendar year ending with or within the year covered by this return 2a 32			
3a Did the organization have unrollated business gross income of \$1,000 or more during the year?  3b If "Yes," has it field a Form 990 T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," enter the name of the foreign country   CANADA  3c At any time during the calendary 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)?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year?  5d Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year?  5d Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year?  5d Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization aparty to a prohibited tax shelter transaction?  5d Was the organization aparty to a prohibited tax shelter transaction?  5d Was the organization aparty to a prohibited tax shelter transaction?  5d Was the organization organization file form 88861?  5d Color the line 3d Was the organization file form 88861?  6d Obest the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Did the organization receive apyment in excess of \$75 made party as a contributions?  6d Did the organization receive apyment in excess of \$75 made party as a contribution of 170(c).  6d Did the organization self-certification of the value of the goods or services provided?  7d Did the organization receive a pyment in excess of \$75 made party as a contribution of pusitions of the value of the goods or services provided?  7d Did the organization received a contribution of qualified intellectual property, did the organization like organizat	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
b if "Yes," has it filed a Form 900-T for this year" if "No", 'provide an explanation in Schedule O 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, securines account, or other financial account)  b if "Yes," enter the name of the foreign country ▶ CARNDIA See instructions for fining requirements for Form TD F9022 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 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-17  color bod any taxabile party notify the organization file Form 8886-17  color bod the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  color than the second transplant of the form 8886-17  color did the organization network with every solicitation an express statement that such contributions or gifts were not tax deductible?  color the organization state may receive deductible contributions under section 170(c).  a did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a X  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  7b If "Yes," indicate the number of Forms 8828 filed during the year  7c V  1c If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b If the organization organization will be supporting the year  8c Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations but the supporting N/A  1cg If the organization make any taxaside distributions under section 509(a)(3) supporting o		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	11	1 ~ A <sub>N</sub> ,	
4a At any time during the calendary 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, or other financial account?)  5 b If "Yes," enter the name of the foreign country by CANADA  See instructions for filing requirements for Form TD F 9022 1, Report of Foreign Bank and Financial Accounts  5 Was the organization for the profit of the profit of Foreign Bank and Financial Accounts  6 Did any taxable party notify the organization file form 8886-T?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  7 Organizations that ware not tax deductible as charitable contributions?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c).  10 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?  10 Did the organization receive a payment in excess of \$75 made partly as a contribution of property for which it was required to file Form 82822 if If "Yes," indicate the number of Forms 8282 filed during the year  10 Did the organization receives a contribution of qualified infollectual property, did the organization file Form 8999 as required?  11 Did the organization received a contribution of qualified infollectual property, did the organization file a Form 1098-C?  12 Type, If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  12 Type, If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  13 Section 501(c	3a		3a_		<u> </u>
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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?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  Did the organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Section 501(c)(12) organizations. Enter  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  N/A  Note. See the instructions for additional information the organization must report on Schedule O  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  Ital  N/A  Did the organization receive any payments for indoor tanning services during the tax year?  Ital  X  Ital  N/A  Ital  A  Ital		The state of the s			
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14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		\\		Į	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					ļ
					<u> X</u>
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	

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	_1a	18	3	- '	ł
	If there are material differences in voting rights among members of the governing body, or if the governing				,	-,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				, i	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18	3	٠, ١	, , , , -
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other	, ,	1500	, , , ,
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	İ		
	of officers, directors, or trustees, or key employees to a management company or other person?			3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ibboin,	one or			
	more members of the governing body?			7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, 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	ear by t	ne following	, ,	·	* \$75
a	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 real	ached	at the			
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	revenu	e Code )	-	ļ	
40-	Did the expenses have level shorters have also as efficience?			10	Yes	No
	Did the organization have local chapters, branches, or affiliates?		<b></b>	10a	-	X
D	If "Yes," did the organization have written policies and procedures governing the activities of such c	парте	s, annates,	401-		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing boo	du hafa	vo filing the form?	10b	X	
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ay ben	are ming the form?	11a	Δ.	
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	e to coi	iflicts2	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120	21	
Ŭ	in Schedule O how this was done	, 00, 0	Cochbe	12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
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 approv	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		•	15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			_
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anızatıc	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE	0				_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website X Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, ar	nd finar	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 a	and rec	ords of the organiza	ition 🕨	·	
	VICKI SAPORTA - 202-667-5881	04 -	-			
23200		<u> 212</u>	3		000	
12-10-	12		•	Forn	990	(2012)

## 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

Compensation from the organizations (W2/1099MISC)   Compensation from the organization and related for the first first from the organization from the organization from the organizations (W2/1099MISC)   Compensation from the organizations (W2/1099MISC)   Compensation from the organization from the first first first from the organization from the organization	(A) Name and Title	(B) Average hours per week	(do		(( Pos heck ss pe	c) ition more	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(1) BEVERLY WINTKOFF		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
CELIA POSYNIAK			x		x				0	0	0
SECRETARY					2.		<del>                                     </del>				<b>.</b>
(3) BEVERLY WHIPPLE			x		х	İ			0.	0.0	0.
TREASURER	<del></del>										
(4) PAUL BLUMMENTHAL     4.00	TREASURER		x		Х			ĺ	0.	0.	0.
STATE   CASSING HAMMOND	(4) PAUL BLUMMENTHAL										
MMEDIATE PAST CHAIR	VICE CHAIR	0.00	X		Χ				0.	0.	0.
Color	(5) CASSING HAMMOND										
DIRECTOR	IMMEDIATE PAST CHAIR		X						0.	0.	0.
CAITLIN BORGMANN	(6) LIZ BANKS										
DIRECTOR	DIRECTOR		X						0.	0.	0.
(8) SUE CARLISLE	(7) CAITLIN BORGMANN								_	_	
DIRECTOR			X		_				0.	0.	0.
Section   Sect							İ		_		•
DIRECTOR			Х						0.	0.	0.
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DIRECTOR   1.00   X   0.00			Λ		_			<u> </u>	0.	<u>U•</u>	0.
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DIRECTOR			Δ				<u> </u>	_	<u></u>	U •	0.
Column			v						n	^	0
DIRECTOR			21						0.		
Comparison of the comparison			x						0.	0.	Λ.
DIRECTOR			==				_				
(14) SHARON A. LEWIS       4.00         DIRECTOR       0.00         (15) ANN SCHUTT-AINE       4.00         DIRECTOR       0.00         (16) SHELLY SELLA       4.00         DIRECTOR       0.00         (17) DENISE VANDEN BOS       4.00	DIRECTOR		$ \mathbf{x} $						0.	0.	0.
(15) ANN SCHUTT-AINE       4.00       0.00 <td< td=""><td>(14) SHARON A. LEWIS</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td><td></td></td<>	(14) SHARON A. LEWIS									•	
(15) ANN SCHUTT-AINE       4.00       0.00 <td< td=""><td>DIRECTOR</td><td>0.00</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	DIRECTOR	0.00	X						0.	0.	0.
(16) SHELLY SELLA       4.00         DIRECTOR       0.00         (17) DENISE VANDEN BOS       4.00	(15) ANN SCHUTT-AINE										
(16) SHELLY SELLA       4.00         DIRECTOR       0.00         (17) DENISE VANDEN BOS       4.00	DIRECTOR								0.	0.	0.
(17) DENISE VANDEN BOS 4.00	(16) SHELLY SELLA										
(17) DENISE VANDEN BOS 4.00	DIRECTOR								0.	0.	0.
DIRECTOR 0.00 X 0. 0.	(17) DENISE VANDEN BOS										-
	DIRECTOR	0.00	X						0.	0.	0.

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Form 990 (2012)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average	(C) Position (do not check more than one						( <b>D)</b> Reportable	(E) Reportable		Estii	(F) nate	
	hours per week					is bot or/trus		compensation from	compensation from related			unt c ther	ĴΪ
	(list any	ector						the	organization		comp		ion
	hours for related	ordir	   gg			ated		organization	(W 2/1099 MI	SC)		n the	
	organizations	rustee	l trust		ಕ	npens		(W-2/1099-MISC)			orgar and		
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	Highest compensated employee	<u> </u>				organ		
	line)	₹ E	Inst	Officer	yey e	를	Former						
(18) LORI WILLIAMS	4.00							_		_			_
DIRECTOR	0.00	X	_		_	<u> </u>	-	0.		0.			0.
(19) VICKI SAPORTA	40.00			v				265 262		^	2.4	2.	2.0
PRESIDENT & CEO	7.00	-	<u> </u>	Х		<del>  .</del>	-	265,362.		0.	34	, 23	<u>, y</u>
(20) SUZANNE STONE CHIEF FINANCIAL OFFICER	40.00	1		X				0.	136,9	14	15	, 26	59.
CHIEF FINANCIAL OFFICER	40.00			21						14.		, 4	<i>.</i> .
		1											
				<u> </u>		ļ							
		_					-						
		1											
				-									
1b Sub-total					_	▶		265,362.	136,9	14.	49	,50	08.
c Total from continuation sheets to Part V	I, Section A					$\blacktriangleright$		0.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		265,362.	136,9		49	,50	)8.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	oove	e) wh	no r	eceived more than \$100	,000 of reportab	le			
compensation from the organization						_					Т.	'es	No L
3 Did the organization list any former officer,	director or tri	ietoi	o ko	w on	nnlo		or	highest compensated of	mployee on			es	110
line 1a? If "Yes," complete Schedule J for s		20101	o, i.c	, y C1	ipic	, y c c ,	, Oi	riigilest compensated e	ripioyee on		3		Х
4 For any individual listed on line 1a, is the su		le co	omp	ensa	ation	and	d ot	her compensation from	the organization				
and related organizations greater than \$150									J		4	x	
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr unr	elat	ed organization or indivi	dual for services	3			
rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or s	uch	pers	son	_				5		X
Section B. Independent Contractors								<del></del>	<u> </u>				
Complete this table for your five highest co     the organization. Report compensation for										npens	ation fro	m	
(A)	trie caleridar y	ear	enai	ng w	/ILI	Or W	ILMI		/ear		(C)		
Name and business	address							<b>(B)</b> Description of s	ervices	С	(C) ompens	ation	ı
FENTON COMMUNICATIONS								WEBSITE DESI	GN &		<u> </u>		
1000 VERMONT AVE #200, W	ASHINGTO	NC	, I	DC_	20	000		COMMUNICATIO			175	, 00	00.
							_						
	<del></del>	-					+						
2 Total number of independent contractors (i	ncluding but n	ot in	mite	d to	tho	se lis	stec	above) who received m	ore than	-			
\$100,000 of compensation from the organi					-	_							
											O	20 70	010

		Check if Schedule O cont	ains a response	to any question	ın thıs Part VIII			
4, 4, -	, , ,	" " The state of t	*		(A)	(B)	(C)	(D)
, 3	,	* * **********************************			Total revenue	Related or exempt function	Unrelated business	Revenuè éxcluded from tax under
•	,					revenue	revenue	sections 512, 513, or 514
इ इ	1 a		· la	48,308.			1 , 11	0 10, 01 0 1 1
r an		Membership dues	1b	453,372.				,
عَ ق	C	Construction of the contract o	10	<u> </u>	-		, , ,	,
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations	1d		· .			•
ا# <sup>3</sup>								3 1
Sig	e •	All other contributions, gifts, gran						
ie t	'	similar amounts not included above		014,747.	3 12 12 12 12 12 12 12 12 12 12 12 12 12	, we used at	1 - 1977 F	
호류	~	Noncash contributions included in lines		265,000.	- " " " " " " " " " " " " " " " " " " "	(r ) w 2		-
S E	_	Total. Add lines 1a-1f	1a-11 b	<u>203,000</u> .	1,516,427.			
<u> </u>	- 11	Total. Add liftes 12-11		Business Code	Sh	*	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~
.	0.0	MEETING REVENUE	,	900099	356,679.	356,679.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5
Š	2 a	MEMBERSHIP DUES		900099	225,329.	225,329.		
Program Service Revenue	b	GROUP PURCHASIN		900099	136,195.	136,195.		
Ye.	اب C	ADVERTISING	<u></u>	900099	4,000.	130,193.		4,000.
gra Re	u -	PUBLICATION FEE		900099	864.	864.		4,000.
Pro	e			300033	004.	004.		
	I -	All other program service reve	riue		723,067.	x ext	15 15 × 2	*. *
$\dashv$		Total. Add lines 2a 2f Investment income (including	ddd		123,001.	31 <u>31 " / 1 48</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	3	other similar amounts)	dividends, intere	st, and	11,814.			11 011
	4	Income from investment of tax	v avamnt hand n	roccede	11,014.			11,814.
	4		х-ехетірі вола р	roceeds -	_			
ĺ	5	Royalties	(i) Dool	(v) Dorocael		y		
ĺ	c -	Gross rents	(ı) Real	(II) Personal	į			
	6 a		<u> </u>		_	'		
	b	•	<del></del>		-	•	,	
	ر د	Rental income or (loss)	<u> </u>			v	Í	
		Net rental income or (loss)	(1) Convention	(v) Other	_		_	<u> </u>
1	/ a	Gross amount from sales of	(ı) Securities	(II) Other	-			
j	L	assets other than inventory  Less cost or other basis			_			
	D							
	_	and sales expenses			-			
	C	` '			-			
	a o -	Net gain or (loss)						
Other Revenue	ва	Gross income from fundraising	•					
ě		including \$	of					
Re		contributions reported on line	•					
þer		Part IV, line 18	а		1			
ŏ		Less direct expenses	b drawana ayyanta		-			
		Net income or (loss) from fund	=				<u>.                                    </u>	
	эa	Gross income from gaming ac Part IV, line 19						
	L	Less direct expenses	a		-			
İ		Net income or (loss) from gam	b b		-			
1								
	ю а	Gross sales of inventory, less and allowances						
	<b>L</b>		а					
		Less cost of goods sold	b of sourcestant		}			
}	<u> </u>	Net income or (loss) from sale		Duamas Cal		<del>-</del>		
ŀ	14 -	Miscellaneous Revenu	<u>e</u>	Business Code	- I			20 056
		MISCELLANEOUS		900099	20,856.			20,856.
}	þ			ļ	<del> </del>			
	c	All 11			-			
ŀ	d	All other revenue			00 05			
		Total. Add lines 11a 11d		<b>.</b>	20,856.	710 000	_	26.652
23200	12	Total revenue See instructions			2,272,164.	719,067.	0.	36,670.
12-10-	10							Form <b>990</b> (2012)

# Form 990 (2012) NATIONAL ABORTION FEDERATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		ехрепзез	general expenses	ехрепзез
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	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			,	March 3 S S
4	Benefits paid to or for members			,	
5	Compensation of current officers, directors,				
	trustees, and key employees	257,836.	237,889.	12,579.	7,368.
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	1,002,675.	943,210.	14,749.	44,716.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	48,757.	46,259.	301.	2,197.
9	Other employee benefits	122,702.	115,486.	2,276.	4,940.
10	Payroll taxes	83,802.	78,796.	1,680.	3,326.
11	Fees for services (non-employees)				
а	Management				
b	Legal	7,964.	941.	21.	7,002.
С	Accounting	19,899.	18,647.	420.	832.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	0.4.4.000	0.40 660		
	column (A) amount, list line 11g expenses on Sch O.)	244,828.	242,668.	668.	1,492.
12	Advertising and promotion	152,587.	134,591.	79.	17,917.
13	Office expenses	138,755.	126,183.	7,232.	5,340.
14	Information technology	55,843.	54,312.	449.	1,082.
15	Royalties	105 005	172 202	2 006	7 726
16	Occupancy	185,025.	173,383.	3,906.	7,736.
17	Travel	214,925.	189,313.	25,269.	343.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	277,648.	265 600	12 025	<del></del>
19 20	Interest	211,040.	265,608.	12,035.	5.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,899.	8,338.	189.	372.
23	Insurance	15,661.	14,734.	311.	616.
23 24	Other expenses Itemize expenses not covered	13,001.	14,/34.	311.	0.10.
	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 O.)				
а	DUES & SUBSCRIPTIONS	39,933.	25,720.	16.	14,197.
b	IN-KIND GOODS	15,000.	15,000.		
c	MISCELLANEOUS	6,670.	6,555.	94.	21.
d	STORAGE	4,562.	4,275.	96.	191.
е	All other expenses				<u> </u>
25	Total functional expenses Add lines 1 through 24e	2,903,971.	2,701,908.	82,370.	119,693.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Form **990** (2012)

Part X Balance Shee

Part :	X	Balance Sheet				
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		350.	1	527.
	2	Savings and temporary cash investments		4,690,221.	2	4,057,112
	3	Pledges and grants receivable, net		102,000.	3	102,000
	4	Accounts receivable, net		90,744.	4	33,988
- 1	5	Loans and other receivables from current and fo	ermor officers, directors	30,744.	4	33,366
	3		·	, ,	.*	
		trustees, key employees, and highest compensate Part II of Schedule L	ated employees Complete		_	`
	e		find necessary (see defined to the		5	
	6	Loans and other receivables from other disquali				\$ 1 1
		section 4958(f)(1)), persons described in section				. , ,
		employers and sponsoring organizations of sect		` `		
ş	7	employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	-
Ñ	7	Notes and loans receivable, net Inventories for sale or use			7	
-	8	Prepaid expenses and deferred charges		20 (20	8	44 600
	9	, ,	1 1	28,628.	9	44,680
'	IVa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	202 240	, , , , ,		1 / 1 sr sr s
			10a 292,248.	,	,	· · ·
١,		<b>'</b>	10b 268,419.	24,830.	10c	23,829
- 1	1	Investments - publicly traded securities	14		11	
	2	Investments - other securities See Part IV, line 1			12	
	3	Investments program-related See Part IV, line	11		13	
	4	Intangible assets Other assets See Port IV line 11	142 107	14	224 605	
	5  6	Other assets See Part IV, line 11	al line (24)	143,107.	15	224,605
	7	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses	5,079,880. 173,871.	16	4,486,741	
	8	Grants payable	1/3,0/1.	17	165,241.	
	9	Deferred revenue	179,203.	18	100 F06	
- 1	20	Tax-exempt bond liabilities	1/9,203.	19	199,506	
ـ ا		Escrow or custodial account liability Complete F		20		
¥   4	22	Loans and other payables to current and former			21	
Liabilities	.2	key employees, highest compensated employee				
Lia		Complete Part II of Schedule L	s, and disquamed persons		00	
2	2	Secured mortgages and notes payable to unrela	ated third parties		22	
	24	Unsecured notes and loans payable to unrelated	•		23	
	25	Other liabilities (including federal income tax, pa	-		24	
~		parties, and other liabilities not included on lines				
		Schedule D	17-24) Complete Falt X of	307,684.	O.E.	331 679
2	:6	Total liabilities. Add lines 17 through 25		660,758.		334,679. 699,426.
	<u> </u>	Organizations that follow SFAS 117 (ASC 958	), check here	000,730.	26	033,440
s		complete lines 27 through 29, and lines 33 an				
2	7	Unrestricted net assets	u 54.	2,111,107.	27	2,111,208.
2 alar		Temporarily restricted net assets		2,308,015.		1,676,107
	9	Permanently restricted net assets		2,300,013.	28	1,070,107.
Š Ž		Organizations that do not follow SFAS 117 (A	SC 958) shock hara		29	
느		and complete lines 30 through 34.	SC 938), Check Here			
Net Assets or Fund Balances	o	Capital stock or trust principal, or current funds		′	20	
essi 3		Paid-in or capital surplus, or land, building, or eq	unment fund		30_	
분   3:		Retained earnings, endowment, accumulated inc			31	
S 3		Total net assets or fund balances	come, or other fullus	4,419,122.	32	3 707 215
3		Total liabilities and net assets/fund balances		5,079,880.	33_	3,787,315.
	•	Balance and not appoint fund balances		3,013,000.	34_	4,486,741. Form <b>990</b> (2012)

Form **990** (2012)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2012)

За

X

Act and OMB Circular A-133?

### 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 43-1097957 NATIONAL ABORTION FEDERATION 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). 1 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, 4 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). 6 X 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 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated 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? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Νo the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (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) h (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (III) Type of organization (vii) Amount of monetary organizátion in col. in col (i) listed in your organization in col (described on lines 1-9) organization support (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Nο Yes No Nο LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2012

232021

Form 990 or 990-EZ.

### (Form 990 or 990 EZ) 2012 NATIONAL ABORTION FEDERATION 43-1097957 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and	-								
	membership fees received (Do not									
	include any "unusual grants ")	1,197,323.	1,880,067.	1,330,199.	2,528,650.	1,516,427.	8,452,666.			
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	1,197,323.	1,880,067.	1,330,199.	2,528,650,	1,516,427.	8,452,666.			
5	The portion of total contributions	,* ;	1,000,007.	1,330,133.	<u> </u>	, J, J10, 427.	0,432,000.			
Ĭ	by each person (other than a		* * * * * * * * * * * * * * * * * * * *	y J	, ^ <sub>_</sub> ,	,				
	governmental unit or publicly	,'', , , , , , , , , , , , , , , , , ,	·	***	, ,,,,	•				
	supported organization) included	*. * 5 <sub>25</sub>		et ) ,	, *	4vv				
	on line 1 that exceeds 2% of the			,~ ,·,	· * * 4 ,	,				
	amount shown on line 11.	. '''	,		, i					
	column (f)	***	ny i vy	,			4 700 000			
6	.,		, i	1			4,720,269.			
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>			·		3,732,397.			
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	Amounts from line 4	1,197,323.	1,880,067.	1,330,199.	2,528,650.	· -				
8	Gross income from interest,	1,197,323.	1,000,007.	1,330,199.	2,528,650.	1,516,427.	8,452,666.			
Ü	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	90,797.	15,423.	11,563.	11,757.	11 011	141,354.			
9	Net income from unrelated business	50,151.	13,423.	11,505.	11,1310	11,014.	141,004.			
9	activities, whether or not the									
10	Other magnetic Department of a com-									
10	Other income Do not include gain									
	or loss from the sale of capital assets (Explain in Part IV)	28,536.	2,000.		55,489.	20 056	106 001			
	, ,	40,550.	4,000.		55,465.	20,030.	106,881.			
	Total support. Add lines 7 through 10	oto (ana matri atri		İ		40 1	8,700,901.			
	Gross receipts from related activities,	,	*				,923,890.			
13	First five years. If the Form 990 is for		s first, second, thir	a, τουπη, or τίπη τα	x year as a section	1 501(0)(3)				
Sei	organization, check this box and storection C. Computation of Publ		rcentage							
				-1 (6)		44	12 00 %			
	Public support percentage for 2012 (			olumn (T))		14	42.90 %			
	Public support percentage from 2011			- l 10 d l 1	   4 -= 00 1 /00/	15	34.21 %			
102	33 1/3% support test - 2012. If the contraction analysis	-			14 IS 33 1/3% OF IT	iore, check this bo				
	stop here. The organization qualifies		•		h = 45 = 00 4 /00/		<b>▶</b> [X]			
C	33 1/3% support test - 2011. If the c				line 15 is 33 1/3%	or more, cneck tr	nis dox			
4-	and stop here. The organization qual		.,		10.10					
1/a	7a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization									
	meets the "facts-and-circumstances"									
k	10% -facts-and-circumstances tes	-								
	more, and if the organization meets the				•		;			
	organization meets the "facts-and-cire						▶∟			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	<u>s</u> ▶∟			

Schedule A (Form 990 or 990-EZ) 2012

### 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)

Sec	ction A. Public Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")		]				
2	Gross receipts from admissions,						<u>-</u>
	merchandise sold or services per-	į					
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	į					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		i				
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge		ļ				
6	Total. Add lines 1 through 5						_
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received					-	
	from other than disqualified persons that						
	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)					, ,	
	ction B. Total Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6		, , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,		
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources					1	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain			<del>-</del>			
	or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c 11, and 12)						-
	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here				•		
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (I	ine 8, column (f) di	ıvıded by lıne 13, c	olumn (f))		15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	12 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2012. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ai	nd <b>stop here.</b> The	e organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2011. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	nization qualifies :	as a publicly supp	orted organization	ightharpoons
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	or 19b, check th	nis box and see ins	structions	ightharpoonup

232023 12-04-12

#### **SCHEDULE C**

(Form 990 or 990-EZ)

٠,

### **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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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	ations Complete Part III			
Nan	ne of organization			Emp	loyer identification number
	NATIONA	L ABORTION FEDER	RATION		<u>43-1097957</u>
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c	) or is a section 527 o	organization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities		
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c	)(3).	
1	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495		3
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
		ganization is exempt un			(c)(3).
	Enter the amount directly expende				<u> </u>
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			<b>▶</b> \$	S
3	Total exempt function expenditure:	s Add lines 1 and 2 Enter here	and on Form 1120-PO		
	line 17b			▶ 9	
	Did the filing organization file Form	•	-1.1.		Yes No
5	Enter the names, addresses and en made payments. For each organization				
	contributions received that were pi				
	political action committee (PAC) If				ate segregated faile of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(2)	(5) / 100/000	(0) 2	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
		-			
			1		

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

Schedule C (Form 990 or 990-EZ) 2012

232041 01-07-13

Schedule C (Form 990 or 990-EZ) 2012

67,042.

705,948.

109,923.

10,674

14,151

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

18,056.

### Schedule C (Form 990 or 990-EZ) 2012 NATIONAL ABORTION FEDERATION 43-1097957 Page 3 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)).

local legis or referen a Volunteer b Paid staff c Media ad d Mailings t e Publicatio f Grants to g Direct con h Rallies, do i Other act j Total Add 2a Did the ad b If "Yes," e d If the filling Part III-A	e year, did the filing organization attempt to influence foreign, national, state or lation, including any attempt to influence public opinion on a legislative matter dum, through the use of s? or management (include compensation in expenses reported on lines 1c through 1i)? vertisements? or members, legislators, or the public? ins, or published or broadcast statements? other organizations for lobbying purposes? other organizations, their staffs, government officials, or a legislative body? emonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes	No	Amc	punt
local legis or referen a Volunteer b Paid staff c Media ad d Mailings t e Publicatio f Grants to g Direct con h Rallies, do i Other act j Total Add 2a Did the ad b If "Yes," e d If the filling Part III-A	lation, including any attempt to influence public opinion on a legislative matter dum, through the use of s?  or management (include compensation in expenses reported on lines 1c through 1i)?  vertisements?  or members, legislators, or the public?  ns, or published or broadcast statements?  other organizations for lobbying purposes?  other organizations for lobbying purposes?  emonstrations, seminars, conventions, speeches, lectures, or any similar means?  vities?  If lines 1c through 1i  ctivities in line 1 cause the organization to be not described in section 501(c)(3)?  inter the amount of any tax incurred under section 4912  inter the amount of any tax incurred by organization managers under section 4912	* 1			
c Media ad d Mailings t e Publicatio f Grants to g Direct con h Rallies, do i Other act j Total Add 2a Did the ac b if "Yes," o d if the filling Part III-A	vertisements? o members, legislators, or the public? ns, or published or broadcast statements? other organizations for lobbying purposes? otact with legislators, their staffs, government officials, or a legislative body? emonstrations, seminars, conventions, speeches, lectures, or any similar means? vities? d lines 1c through 1: etivities in line 1 cause the organization to be not described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 inter the amount of any tax incurred by organization managers under section 4912	V 3.			
e Publication of Grants to go Direct core halles, do in Other act journel and build the act of the filling of t	other organizations for lobbying purposes?  Intact with legislators, their staffs, government officials, or a legislative body?  Intermodulation of their staffs, government officials, or a legislative body?  Intermodulation of their staffs, government officials, or a legislative body?  Intermodulation of their staffs, government officials, or a legislative body?  Intermodulation of any similar means?  Intermodulation of any tax incurred under section 4912  Intermodulation of their staffs, government officials, or a legislative body?  Intermodulation of any similar means?  Intermodulation of any tax incurred under section 4912  Intermodulation of their staffs, government officials, or a legislative body?  Intermodulation of any similar means?  Intermodulation of any tax incurred by organization managers under section 4912	× 3. ^			
h Rallies, de i Other act j Total Add 2a Did the ac b If "Yes," e c If "Yes," e d If the filling Part III-A	emonstrations, seminars, conventions, speeches, lectures, or any similar means?  vities?  I lines 1c through 1i  ctivities in line 1 cause the organization to be not described in section 501(c)(3)?  inter the amount of any tax incurred under section 4912  inter the amount of any tax incurred by organization managers under section 4912	W 12 A			
j Total Add 2a Did the ad b if "Yes," e c if "Yes," e d if the filing Part III-A	I lines 1c through 1i stivities in line 1 cause the organization to be not described in section 501(c)(3)? Inter the amount of any tax incurred under section 4912 Inter the amount of any tax incurred by organization managers under section 4912	W 3 A			
c If "Yes," e d If the filing Part III-A	nter the amount of any tax incurred by organization managers under section 4912	l		-	i ,
1 Were sub	i organization incurred a section 4912 tax, did it life Form 4720 for this year?		1		
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	tion 501(c)	)(5), or se	ection	
	stantially all (90% or more) dues received nondeductible by members? ganization make only in-house lobbying expenditures of \$2,000 or less?		1 2	Yes	No
3 Did the oi	ganization make only invidual lobbying expenditules of \$2,000 or less?  ganization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	tion 501(c)	3	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."				ne 3, is
2 Section 1	essments and similar amounts from members 62(e) nondeductible lobbying and political expenditures (do not include amounts of poli s for which the section 527(f) tax was paid).	tical	1		
a Current y			2a 2b 2c		
3 Aggregat	e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess	3		<del></del>
expenditu	organization agree to carryover to the reasonable estimate of nondeductible lobbying and lire next year?	i political	4	<del></del>	
	mount of lobbying and political expenditures (see instructions)  Supplemental Information		5	l	_
	art to provide the descriptions required for Part I-A, line 1, Part I B, line 4, Part I C, line 5, e 1 Also, complete this part for any additional information	Part II A (affil	iated group	list), Part II	A, line 2,

### **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.

Inspection

Name of the organization

Employer identification number

	NATIONAL ABORTION FEDE		43-1097957
Pai	t I Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or .	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 the	hat the assets held in donor advised fu	inds
	are the organization's property, subject to the organization's exclusiv	•	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	=	
	for charitable purposes and not for the benefit of the donor or donor		-
	impermissible private benefit?	, , , , ,	Yes No
Pai		on answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization (chec		
•	Preservation of land for public use (e.g., recreation or education	' ' ' ' ' '	ally important land area
	Protection of natural habitat	Preservation of a certified i	
	Preservation of open space	reservation or a continue	
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a	conservation easement on the last
_	day of the tax year	solvation commission in the form of a c	sorrour varion datement on the last
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure in	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/1	` '	20
-	listed in the National Register	7700, and not on a motoric structure	2d
3	Number of conservation easements modified, transferred, released, e	extinguished or terminated by the orga	
•	year >	skingalorioa, or torrillated by the erge	anzation daming the tax
4	Number of states where property subject to conservation easement	s located ▶	
5	Does the organization have a written policy regarding the periodic mo		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	orcina conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	-	
8	Does each conservation easement reported on line 2(d) above satisfy		
	and section 170(h)(4)(B)(II)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease	ments in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's fin		
	conservation easements		
Pai	t III Organizations Maintaining Collections of Art, I	Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Pa	rt IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these	se items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education		
	relating to these items		-
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		➤ \$ ➤ \$
2	If the organization received or held works of art, historical treasures, of	or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 116 (ASC		•
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$
			· · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

15,913

23,829.

257,220

d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

273,133

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 NATIONAL ABORTION FEDERATION				L0 <u>97957</u>	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue per Re	turn		
1 Total revenue, gains, and other support per audited financial statements			1	2,450	<u>,727.</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
a Net unrealized gains on investments	2a				
b Donated services and use of facilities	2b 17	8,563.	1		
c Recoveries of prior year grants	2c				
d Other (Describe in Part XIII)	2d				
e Add lines 2a through 2d			2e		<u>,563.</u>
3 Subtract line 2e from line 1		<u> </u>	3	2,272	<u>,164.</u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		Ì		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII)	4b				_
c Add lines 4a and 4b			4c		<u> </u>
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	<u>2,272</u>	<u>,164.</u>
Part XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per	Retu		
1 Total expenses and losses per audited financial statements			1	<u>3,082</u>	<u>,534.</u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		, , ;		
a Donated services and use of facilities	2a 17	78,563.			
b Prior year adjustments	2b		4		
c Other losses	2c		-		
d Other (Describe in Part XIII )	2d				
e Add lines 2a through 2d			2e		<u>,563.</u>
3 Subtract line 2e from line 1		_	3	2,903	<u>,971.</u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	Ì	`		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII)	_4b				
c Add lines 4a and 4b		1	4c		0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information			5	2,903	<u>,971.</u>
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	I lines 1a and 4 Pa	art IV lines 1h	and 2	Ph Part V line	4 Part
X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to				20, 1 0.1 1,0	1, 7 4.1
PART V, LINE 4: BOARD-DESIGNATED ASSETS ARE				S OF A	
		1110		<u> </u>	
WHOLLY-OWNED SUBSIDIARY OF NAF THAT WAS DISS	OLVED IN 2	2008. TI	HE I	BOARD	
DESIGNATED THIS RESERVE TO BE MAINTAINED FOR	FIVE YEAR	RS IN T	HE I	EVENT N	AF
DECIDES TO RESTART THE PROGRAM THAT WAS DISS	OLVED.				
PART X, LINE 2: IN JUNE 2006, THE FINANCIAL	ACCOUNTING	STAND	ARD	S BOARD	
/	_	_			
(FASB) RELEASED FASB ASC 740-10, INCOME TAXE	S, THAT PE	ROVIDES	GU:	IDANCE :	FOR
DEDODUTNO INICEDUATION IN INICOME EN UEC. SOS S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		~=	DED 01	
REPORTING UNCERTAINTY IN INCOME TAXES. FOR T	<u>ne year en</u>	ADED DE	<u>_ ĽМ</u> І	REK 31,	

232054 12-10-12 Schedule D (Form 990) 2012

### 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. 2012
Open to Public Inspection

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number NATIONAL ABORTION FEDERATION 43-1097957 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (a) Region (b) Number of (d) Activities conducted in region (f) Total (e) If activity listed in (d) employees, offices (by type) (e.g., fundraising, program expenditures is a program service, agents, and for and in the region services, investments, grants to describe specific type ındependent investments contractors recipients located in the region) of service(s) in region in region in region ENSURES SAFE, LEGAL, AND ACCESSIBLE ABORTION CARE NORTH AMERICA IN CANADA, PROGRAM SERVICES 121,984. 3 a Sub-total 121,984. b Total from continuation sheets to Part I 0.

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

Schedule F (Form 990) 2012

121 984

c Totals (add lines 3a

and 3b)

Page 2

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 Part II can be duplicated if additional space is needed 43-1097957 NATIONAL ABORTION FEDERATION Schedule F (Form 990) 2012

Part II

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(n) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						:		
						-		
					· ·			
2 Enter total number of a	recipient organizations he grantee or counsel	listed above that are re	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(o)(3) or invalence of the organized by	foreign country, I	ecognized as tax-ex	empt by		

Schedule F (Form 990) 2012

232072 12-10-12

3 Enter total number of other organizations or entities

43-1097957

Page 3.

NATIONAL ABORTION FEDERATION

Schedule F (Form 990) 2012

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

4 ·	ţ .	1		<u> </u>		1		اما
(h) Method of valuation (book, FMV, rappraisal, other)								Schedule F (Form 990) 2012
(g) Description of non-cash assistance								Schedu
(f) Amount of non-cash assistance								
(e) Manner of cash disbursement								
(d) Amount of cash grant								
(c) Number of recipients								
(b) Region								
(a) Type of grant or assistance (b) Region				r				

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

Schedule F (Form 990) 2012

Yes

Yes X No

X No

6

for Form 5713)

Foreign Partnerships (see Instructions for Form 8865)

### 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.

► Attach to Form 990. See separate instructions.

2012

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

NATIONAL ABORTION FEDERATION

**Questions Regarding Compensation** 

Employer identification number 43-1097957

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			-
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		} <u>`</u>	·~ ,
	First-class or charter travel Housing allowance or residence for personal use		٠~	,
	Travel for companions Payments for business use of personal residence	. '	:	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		* 1 * 1 * 1	^^^^
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		*~	
		,	4.3	*
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	,	, ,	3
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Ì	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		37	6×1 5 "	, ,
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			,
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			*
	establish compensation of the CEO/Executive Director, but explain in Part III			No. C
	X Compensation committee Written employment contract			ľ
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	γ, τ τ τ, τ τ τ τ τ τ τ τ τ τ τ τ τ τ τ			ws st
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			١.
	organization or a related organization			
а	Receive a severance payment or change of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement 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 lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III .			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	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 organization provide any non fixed payments			
	not described in lines 5 and 67 If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958 6(c)?	9		1

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	5119190	(a)-(a)-(a)-(a)-(a)-(a)-(a)-(a)-(a)-(a)-	in prior Form 990
(1) VICKI SAPORTA	Ξ	265,362.	0	0	26,732.	7,507.	299,601.	0
SI	Ξ		0.	0	0	0.	0	
(2) SUZANNE STONE	Ξ			0		0		.0
14	Ξ	136,91	0	0	7,30	7,966.	152,183.	0
	Ξ							
	Ξ							
	Ξ				1			
	(ii)							
	(i)							
	Ξ			!				
	(1)			,		!		
	Ξ							
	Ξ					; ;		
	: <b>=</b>							
	Ξ							
	Ξ							
	Ξ		•					
	(ii)							
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232112				, ب			Sched	Schedule J (Form 990) 2012

232112 12-12-12

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Employer identification number

Schedule M (Form 990) (2012)

Name	of the organization					1	Employ	er identifi	cati	on nu	mber
	NATIONAL ABO	RTION	FEDERATIO	N				43-10	97	957	
Par											
		(a) Check if applicable	(b) Number of contributions or items contributions	(c) Noncash contr amounts repor	ted on	no		(d) od of dete contribution			ts
1	Art · Works of art			, , , , , , , , , , , , , , , , , , , ,	<u>,</u>						
2	Art Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods		v (						-		
6	Cars and other vehicles			T.				_			
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded	Х	1	250,	000.	MARI	KET	VALUE			
10	Securities - Closely held stock			•							
11	Securities Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution			-				•			
	Historic structures										
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other							-			
18	Collectibles							-			
19	Food inventory						_				
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens							_			
24	Archeological artifacts										
25	Other (TOTE BAGS)	Х	1	15,	000.	MARI	KET	VALUE			
26	Other ( )										
27	Other ( )										
28	Other (					· ·					
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				•			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29					0	
										Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part i, line	es 1-28 tha	at it mu	st hold	for			
	at least three years from the date of the initial	contribution	, and which is not	required to be use	d for exem	npt pur	poses f	or			
	the entire holding period?							3	30a		Х
b	If "Yes," describe the arrangement in Part II										
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standa	ırd contribi	utions?	,		31	Х	
32a	Does the organization hire or use third parties										
	contributions?							3	32a		Х
b	If "Yes," describe in Part II							Γ			
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colun	nn (a) is ch	ecked.					
	describe in Part II		·			•					

232141 12-20-12

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

### SCHEDULE.O

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(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

2012
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.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CLINIC SECURITY/LAW ENFORCEMENT EDUCATION: NAF PROVIDES MEMBERS WITH
ESSENTIAL SECURITY SERVICES SUCH AS ON-SITE STAFF TRAININGS; HOME AND
FACILITY SECURITY ASSESSMENTS; OPPOSITION RESEARCH; TECHNICAL
ASSISTANCE; AND EMERGENCY SUPPORT. WE ALSO ADVOCATE, EDUCATE, AND
COLLABORATE WITH LOCAL AND NATIONAL LAW ENFORCEMENT TO ENSURE EFFECTIVE
LAW ENFORCEMENT RESPONSE TO THREATS AND VIOLENCE AND TO IMPROVE
PROVIDER AND PATIENT SAFETY.
EXPENSES \$ 361,280. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CANADIAN PROGRAM: NAF ESTABLISHED AN OFFICE IN CANADA TO PROVIDE DIRECT
SERVICES AND TECHNICAL ASSISTANCE TO NAF MEMBERS IN CANADA AND TO
ENSURE CANADIAN WOMEN HAVE ACCESS TO THE ABORTION CARE THEY NEED. WE
WORK TO EDUCATE GOVERNMENT OFFICIALS AND THE MEDIA ABOUT BARRIERS TO
ABORTION ACCESS AND DEVELOP STRATEGIES AND PROGRAMS TO INCREASE WOMEN'S
ACCESS TO QUALITY ABORTION CARE. WE ALSO PROVIDE CONTINUING MEDICAL
EDUCATION IN ABORTION CARE AT NAF-SPONSORED CONFERENCES AND THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2012)  Schedule O (Form 990 or 990-EZ) (2012)

Employer identification number Name of the organization NATIONAL ABORTION FEDERATION 43-1097957 MEETINGS OF OTHER CANADIAN MEDICAL ORGANIZATIONS. EXPENSES \$ 121,984. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. ACCESS INITIATIVE: OUR ACCESS INITIATIVE PROVIDES TOOLS AND EDUCATIONAL RESOURCES FOR ADVANCED PRACTICE CLINICIANS, MEDICAL STUDENTS, RESIDENTS, AND OTHER HEALTH CARE PROFESSIONALS TO EXPAND THEIR SCOPE OF PRACTICE AND OFFER ABORTION CARE. OUR NATIONAL SYMPOSIA CONVENE EXPERTS AND PRACTITIONERS IN THE FIELD TO DEVELOP RECOMMENDATIONS TO ADDRESS BARRIERS AND IMPROVE WOMEN'S ACCESS TO ABORTION CARE. WE ALSO HAVE A PROMINENT SECTION OF OUR WEBSITE DEVOTED TO EDUCATING WOMEN ABOUT PREGNANCY OPTIONS AND HELPING WOMEN FIND PROVIDERS OFFERING OUALITY CARE. EXPENSES \$ 74,416. 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 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.

ACCOUNTANTS 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 A 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 MADE TO AVOID
POSSIBLE CONFLICTS OF INTERESTS IS KEPT BY THE PRESIDENT/CEO OR, WHERE
APPLICABLE, CHAIR. STAFF ALSO RECEIVE A CONFLICT OF INTEREST POLICY AS PART
OF THE EMPLOYEE HANDBOOK. UPON BEING HIRED, THEY SIGN A CERTIFICATION,
ATTESTING THAT THEY HAVE RECEIVED, READ, AND UNDERSTAND THE POLICY. THE
FORM IS ALSO REDISTRIBUTED ANNUALLY, WITH SIGNATURES OBTAINED EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS THE

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2012)

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

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection OMB No 1545-0047

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

Employer identification number 43-1097957

NATIONAL ABORTION FEDERATION Name of the organization

Part I	Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	if the organization answered "Yes"	to Form 990, Part IV, line 33)			
	(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
	of disregarded entity		foreign country)			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 )	ons (Complete if the organization ar	nswered "Yes" to Form 990, Pan	t IV, line 34 becaus	e it had one or more rek	ated tax-exempt

Part II	Identification of Related Tax-Exempt Organizar organizations during the tax year)	tions (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because if had one or more related tay	iswered "Yes" to Form 990,	Part IV, line 34 be	cause it had one c	r more related tax-exempt	)t
	(a)	(B)	(3)	(c)	(e)	(J)	(a)

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled	(b)(13)
of related organization		foreign country)	section	status (if section 501(c)(3))	entity		
				(1-)(-)		Yes	S S
NATIONAL ABORTION FEDERATION CANADA	ENSURES SAFE, LEGAL, AND						
104-284 HELMCKEN ROAD	ACCESSIBLE ABORTION CARE						
VICTORIA, BC, CANADA	IN CANADA.	CANADA	N/A	N/A	NAF	×	
NAF HOTLINE FUND - 26-4703759	NATIONAL TOLL-FREE HOTLINE						
1660 L ST NW, SUITE 450	FOR CONFIDENTIAL						
WASHINGTON, DC 20036	CONSULTATIONS & REFERRALS.	& REFERRALS, DISTRICT OF COLUMBIA 501(C)(3)	(01(C)(3)	LINE 11	NAF	×	
						-	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2012

43-1097957 Page 2

Schedule R (Form 990) 2012 NATIONAL ABORTION FEDERATION

Part III 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 )

(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 Strincome enc	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing partner?	General or Percentage managing Ownership
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.)	janizations Taxable a	as a Corpo	ration or Trust (Co	mplete if the	organization ans	swered "Yes" to Fc	orm 990, Par	t IV, line 34	because it had o	one or more	related
(a) Name, address, and EIN of related organization	Z	Primit	(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) Share of Peend-of-year or assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
232162 12-10-12				40					Schedul	Schedule R (Form 990) 2012	990) 2012

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	٥ 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>b</b> Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				14	×
e Loans or loan guarantees by related organization(s)				1e	X
					<b>;</b>
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				4	×
i Exchange of assets with related organization(s)				7	×
j Lease of facilities, equipment, or other assets to related organization(s)				1	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			=	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Tm.	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			t t	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×
p Reimbursement paid to related organization(s) for expenses				<del>6</del>	×
q Reimbursement paid by related organization(s) for expenses				1q X	
r Other transfer of cash or property to related organization(s)				1-	×
S Uther transfer of cash of property from related organization(s)     If the answer to any of the above is "Yes" see the instructions for information on yes.	who must complete the	is line including covered	nation on who must complete this line including covered relationships and transaction thresholds	JS	∢
	(4)	(3)			
Name of other organization	( <b>b</b> ) Transaction type (a·s)	(c) Amount involved	(a) Method of determining amount involved	ınvolved	-
(1) NAF HOTLINE FUND	ы	152,218. FMV	FMV		
(2) NAF HOTLINE FUND	O	61,100.	FMV		
(3)					
(4)					
(5)					
(9)					
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Schedule R (Form 990) 2012 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.

(a) . Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(a) (b) (c) (d) Are all Name, address, and EIN Primary activity of entity country) (c) (d) (e) Are all partners sec (related, unrelated, angle (2016)) (a) (b) (c) (c) (c) (d) (d) Are all partners sec (related, unrelated, angle (2016)) (d) (e) Are all partners sec (related, unrelated, angle (2016)) (d) (e) Are all partners sec (related, unrelated, angle (2016)) (d) (e) Are all partners sec (related, unrelated, angle (2016)) (d) (e) Are all partners sec (related, unrelated, angle (2016)) (d) (e) Are all partners sec (2016)) (d) (e) Are all partners sec (2016)) (e) (e) (e) (e) (e) (e) (e) (e) (e) (	(f) Share of total Income	(g) Share of end-of-year assets	Disproportional allocations?	bisproportional (i) (i) (k) (k) Disproportional Code V-UBI General or Percentage Informations of Schedule K-1 Dartner Or Sched	General or Financi	(k) ercentage ownership
			,						

Schedule R (Form 990) 2012

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