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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

and ending

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

| В                              | Check if applicab  | C Name of organization  |               | D Employer identific                     | ation number                   |
|--------------------------------|--------------------|---|---------------|--|--------------------------------|
| _                              | Addre              | Tr'   |               |  |                                |
| 늗                              | Jchang<br>Name     | NATIONAL ABORTION FEDERATION  |               |  | 007057                         |
| <br> -                         | chang<br>  Initial | Doing Business As   | D             |  | 097957                         |
| F                              | return<br>Termi    | ,   | Room/suite    | E Telephone number                       | 667-5881                       |
| -                              | lated<br>lAmen     | 1000 H SIKEEL, NW   | 450           |  |                                |
| F                              | return<br>Applic   | City or town, state or province, country, and ZIP or loreign postal code  |               | G Gross receipts \$                      | 5,527,959.                     |
| L_                             | ltion<br>pendi     |   |               | H(a) Is this a group re for subordinates |                                |
|                                |                    | SAME AS C ABOVE   |               |  |                                |
| _                              | Tay.ev             | empt status   | or 527        | H(b) Are all subordinates in             | list (see instructions)        |
|                                |                    | te: NWW.PROCHOICE.ORG   | 01 021        | H(c) Group exemption                     | ,                              |
|                                |                    | forganization X Corporation Trust Association Other   | I Year        |  | State of legal domicile: MO    |
|                                | art I              | Summary   | 1 = 100.      | 0.70.1.1.d.1.011. 229 7 7 11             | Otato of logal dofficillo, 220 |
| -                              | 1                  | Briefly describe the organization's mission or most significant activities SEE  | PART I        | II, LINE 1.                              |                                |
| Governance                     |                    | , <u></u>   |               |  |                                |
| r                              | 2                  | Check this box If the organization discontinued its operations or disposition   | sed of more   | than 25% of its net as                   | sets                           |
| ove                            | 3                  | Number of voting members of the governing body (Part VI, line 1a)   |               | 3  | 18                             |
| <u>ග</u><br>න                  | 4                  | Number of independent voting members of the governing body (Part VI, line 1b)   |               | 4  | 18                             |
| es                             | 5                  | Total number of individuals employed in calendar year 2013 (Part V, line 2a)  |               | 5  | 30                             |
| Ĭ.<br>Ž                        | 6                  | Total number of volunteers (estimate if necessary)  |               | 6  | 18                             |
| Activities &                   | 7 a                | Total unrelated business revenue from Part VIII, column (C), line 12  |               | 7a                                       | 0.                             |
| _                              | b                  | Net unrelated business taxable income from Form 990-T, line 34  |               | 7b                                       | 0.                             |
|                                |                    | DECEMEN   |               | Prior Year                               | Current Year                   |
| ne                             | 8                  | Contributions and grants (Part VIII, line th) EVED  |               | 1,516,427.                               | 4,733,464.                     |
| Revenue                        | 9                  | Program service revenue (Part VIII, line 2g)  |               | 723,067.                                 | 765,683.                       |
| Be.                            | 10                 | Investment income (Part VIII Column (A) / Imes 3, 47 and 7d)  | <u> </u>      | 11,814.                                  | 6,066.                         |
|                                | 1                  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <u> </u>      | 20,856.                                  | 22,746.                        |
| _                              |                    | Total revenue - add lines 8 through-11-(must-equal-Part-VIII, column (A), line 12)  |               | 2,272,164.                               | 5,527,959.                     |
|                                |                    | Grants and similar amounts paid (Part IX; column (A), lines 1 3)  |               | 0.                                       | 0.                             |
|                                | 1                  | Benefits paid to or for members (Part IX, column (A), line 4)   | -             | 1,515,772.                               | 0.<br>1,669,654.               |
| Expenses                       | 15                 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) |               | 0.                                       | 0.                             |
| ben                            | h                  | Total fundraising expenses (Part IX, column (D), line 25) 159, 1  | 00            | <u> </u>                                 | <u>U•</u>                      |
| ŭ                              | 17                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <u>.00.</u>   | 1,388,199.                               | 1,210,223.                     |
|                                | 1                  | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  |               | 2,903,971.                               | 2,879,877.                     |
|                                | 19                 | Revenue less expenses Subtract line 18 from line 12   |               | -631,807.                                | 2,648,082.                     |
| 200                            |                    |   | Be            | ginning of Current Year                  | End of Year                    |
| Net Assets or<br>Find Balances | 20                 | Total assets (Part X, line 16)  |               | 4,486,741.                               | 7,080,992.                     |
| t As                           | 21                 | Total liabilities (Part X, line 26)   |               | 699,426.                                 | 645,595.                       |
| § 5                            | 22                 | Net assets or fund balances Subtract line 21 from line 20   |               | 3,787,315.                               | 6,435,397.                     |
|                                | art II             | Signature Block   |               |  |                                |
|                                |                    | ilties of perjury, I declare that I have examined this return, including accompanying schedule  |               | - · · · · · · · · · · · · · · · · · · ·  | knowledge and belief, it is    |
| true                           | e, correc          | t, and complete. Declaration of preparer (other than officer) is based on all information of w  | hich preparer | has any knowledge.                       |                                |
|                                |                    | 11em 10 mg  |               | 11-12-                                   | 14                             |
| Sig                            | ın                 | Signature of officer  |               | Date                                     |                                |
| He                             | re                 | VICKI SAPORTA, PRESIDENT AND CEO  |               |  | <del> </del>                   |
|                                |                    | Type or print name and title  | Īr            | Date Check                               | PŢIN                           |
| D-:                            |                    | Print/Type preparer's name  OAVIO F 6RALING CFA Preparer's agnature CFA   | $\Lambda A$   |  |                                |
| Pai                            |                    |   | [/]           |  |                                |
|                                | parer<br>Only      | Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N  |               | Firm's EIN ▶                             | 52-1392008                     |
| USE                            | Only               | Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930   |               | Phone no. ( 3 (                          | 01) 951-9090                   |
| Ma                             | v the I            | RS discuss this return with the preparer shown above? (see instructions)  |               | Filolie IIo. ( 3 )                       | X Yes No                       |
|                                | 001 10-2           |   | ions.         |  | Form <b>990</b> (2013)         |
|                                |                    |   |               |  |                                |

THROUGH OUR EVIDENCE-BASED CLINICAL POLICY GUIDELINES (CPGS). FIRST
PUBLISHED IN 1996, NAF'S CPGS ARE UPDATED AND REISSUED ANNUALLY IN
ORDER TO HELP PROVIDERS STAY CURRENT IN ABORTION PRACTICE AND PROVIDE
THE HIGHEST QUALITY ABORTION CARE. OUR QUALITY ASSURANCE AND
IMPROVEMENT (QAI) PROGRAM INCLUDES SITE VISITS TO ASSESS MEMBERS
COMPLIANCE WITH THE CPGS, AND PROVIDES TECHNICAL ASSISTANCE TO HELP
PROVIDERS MEET REGULATORY REQUIREMENTS. WE DEVELOP AND DISSEMINATE
RESEARCH-BASED PROTOCOLS AND CLINICAL PUBLICATIONS TO OUR MEMBERS ON
CURRENT MEDICAL ISSUES. OUR GROUP PURCHASING PROGRAM HELPS CLINICS STAY
OPEN SO WOMEN CAN ACCESS QUALITY ABORTION CARE.

| 4d | Other program | services | (Describe in | Schedule ( | C |
|----|---------------|----------|--------------|------------|---|
|----|---------------|----------|--------------|------------|---|

(Expenses \$ 526, 182 • including grants of \$

e Total program service expenses ► 2,608,317

Form **990** (2013)

|     |   |      | 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    | Х   | •     |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   | _    |     | ٠,    |
| _   | public office? If "Yes," complete Schedule C, Part I  | 3    |     | X     |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |      |     |       |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4    | _X_ |       |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  | _    |     |       |
| _   | similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III  | 5    |     | X     |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |      |     |       |
| _   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6    |     | Х     |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |      |     |       |
| _   | 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  |      |     |       |
| _   | 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   |      |     |       |
|     | 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    |     | X     |
| 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   | X   | ļ.—   |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X  |      |     |       |
|     | as applicable   |      |     |       |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |      | 7,  |       |
|     | Part VI   | 11a  | X   |       |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total   |      |     | 7.7   |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b  |     | Х     |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total  |      |     | 7.7   |
|     | 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  |      |     | v     |
| _   | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d  | Х   | X     |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e  |     |       |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   | 445  | Х   |       |
| 120 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f  | _^  |       |
| 120 | Schedule D, Parts XI and XII  | 12a  | x   |       |
| h   | Was the organization included in consolidated, independent audited financial statements for the tax year?   | IZd  |     |       |
| D   | 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   |     | X     |
|     | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  | X   |       |
|     | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   | 170  |     |       |
| ~   | 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  | х   |       |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   |      |     |       |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15   |     | х     |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |      | -   |       |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16   |     | Х     |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |      |     |       |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17   |     | X     |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |      |     |       |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18   |     | X     |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |      |     |       |
|     | complete Schedule G, Part III   | 19   |     | Х     |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a  |     | Х     |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b  |     |       |
|     |   | Form | 990 | 2013) |

Form 990 (2013)

NATIONAL ABORTION FEDERATION

Part IV Checklist of Required Schedules (continued)

|     |   |     | Yes   | No       |
|-----|---|-----|-------|----------|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                     |     |       |          |
|     | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |       | Х        |
| 22  | Did the organization report more than \$5,000 of grants or 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  |       | Х        |
| 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         |     | İ     |          |
|     | 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 25a  | 24a |       | Х        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b |       |          |
| 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?   | 24c |       |          |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d |       |          |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              |     |       |          |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |       | Х        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |     |       |          |
|     | 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 |       | X        |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or           |     |       |          |
|     | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,             |     |       |          |
|     | complete Schedule L, Part II  | 26  |       | X        |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            | İ   |       |          |
|     | 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        |
| b   | 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     |     |       |          |
|     | contributions? If "Yes," complete Schedule M  | 30  |       | _X_      |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |     |       |          |
|     | If "Yes," complete Schedule N, Part I   | 31  |       | _X_      |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |     |       |          |
|     | Schedule N, Part II   | 32  |       | <u> </u> |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |     |       |          |
|     | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   | 33  |       | <u> </u> |
| 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  | X     |          |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a | X     |          |
| 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 | X     |          |
|     | 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  |       | <u> </u> |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |     |       |          |
| 00  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37  |       | <u> </u> |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  |     | Ţ     |          |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38  | agn / | 0010     |

## NATIONAL ABORTION FEDERATION Statements Regarding Other IRS Filings and Tax Compliance

| Section 1998   1   1   2   3   3   4   5   5   5   5   5   5   5   5   5  |          | Check if Schedule O contains a response or note to any line in this Part V  |     |     |             |
|---|----------|---|-----|-----|-------------|
| tall Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable be Enter the number of Forms Wa20 included in the in a Enter 0- of not applicable or better the number of Forms were winners?  2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, leading the standard of the employees reported on Form W3. Transmittal of Wage and Tax Statements, lead of the calendary sear ending with or within the year covered by this return.  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2 as greater than 250, you may be required to e-fee (see instructions)  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2 as greater than 250, you may be required to e-fee (see instructions)  b if "Yes," inter the number of the regard of the year? If "No," to line 3b, provide an explanation in Schedule 0  a At any time the number of the foreign country (such as a bank account, securities account, or other financial account?  b if "Yes," and the financial accountry over, a financial account in a foreign country file. Can sale and the programmation and the sale of the sale of the organization has whether transaction at any time dumps the tax year?  b days the organization and the organization life from 88867?  c If "Yes," to line 5a of 5b, did the organization life from 88867?  c If "Yes," to line 5a of 5b, did the organization life from 88679.  c If "Yes," to line 5a of 5b, did the organization life from 88679.  c If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible is a charable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  c If yes," did the organization received a contribution of a contribution o    |          | •   |     | Yes | No          |
| c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without payments or the within the year covered by this etsum.  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this etsum.  3   | 1a       | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   |     |     |             |
| gambing) wnnings to prace winners?  8 Effect the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by the return  8 If a least on a stropford on line 2a, did the organization file all required federal employment tax returns?  8 If Was is made and 2 as greater than 250, you may be required to e-file (see instructions)  8 If Was is made and 2 as greater than 250, you may be required to e-file (see instructions)  8 If Was is made as feder a form 900 To for the year "I" "Mo," for the 30 provide an explanation or Schedule O  8 If Was, "enter the name of the foreign country [such as a bank account, growed an explanation or other standors over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  8 If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  9 If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  9 If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  9 If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  9 If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  9 If "Yes," enter the name of the foreign country [such as a bank account, securities accounts or other financial accounts?  9 If "Yes," enter the name of the foreign country [such as a bank account, securities accounts or securities account securities accounts on the organization shall exhall exhaust the securities accounts account and securities accounts account and securities accounts account account and securities accounts account account account account account account account account account account account account accounts accounts account account     | b        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0   |     |     |             |
| 2a Eleter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, lifed for the calendary year ending with or within the year covered by this return.  b If at loast one is reported on fine 2a, did the organization file all required federal 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  | С        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                              |     |     |             |
| teled for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  1 the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  1 the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  1 the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  1 the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  1 the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  2 the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  4 the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  4 than 2 the sum of the     |          | (gambling) winnings to prize winners?   | 1c  | X   |             |
| b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is gristent than 250, you may be required to e-fife (see instructions)  3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it field a Form 950.1° for this year? If "No," to line 3b, provide an explanation in Schedule O  3a At any time during the calendar year, did the organization have an inferent 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 accounts?  5b If "Yes," there the name of the foreign country (such as a bank account, securities account, or other financial accounts?  5b If "Yes," the organization of the foreign country (such as a bank account, securities account, or other financial accounts?  5c Was the organization of financial in the foreign scenarial or a provided to a provided to any time or a such as the terms account in a provided to any starting organization and the organization that it was or is a party to a prohibited tax shelter transaction?  5c Vill "Yes," time 5a or 5b, did 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?  6c Vill "Yes," did the organization michig the donor of the value of the goods or services provided?  6c Vill "Yes," indicate the number of Forms 8282 fled during the year  6c Vill "Yes," indicate the number of Forms 8282 fled during the year  7d Vill Vill the organization received a contribution of qualified intellectual property, of the organization fled the gradients of the Vill or the form 8282?  6c Vill the organization make a distribution of qualified intellectual property, of the organization is provided to the provided for the provided forms and the property of the organization is an explaination flee organization  | 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |     |     |             |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3   |          | filed for the calendar year ending with or within the year covered by this return 2a 30   |     |     | 1           |
| 3a DX If "Yes," has infled a Form 990-T for this year? If "No," to line 3b, 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, securities account, or other financial account?)  5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account?  5c If "Yes," the firet the name of the foreign country \(\to\) CANADO  5c se instructions for fining requirements for Form TD F 90.22 I, Report of Foreign Bank and Financial Accounts  5c Was the organization party to a prohibited as whether transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction?  6c If "Yes," the line 5a or 5b, did the organization that fire Porm 8886-T?  6c Does the organization include with every solicitation an oxpress statement that such contributions or gifts were not tax deductible?  6c Organization shall may receive deductible contributions under section 170(c).  a Did the organization shall may receive deductible contributions under section 170(c).  a Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  6d If "Yes," did the organization receive a pyriment in excess of \$75 made partly as a contribution and partly for goods and services provided?  6d If "Yes," indicate the number of Forms 8282 filed during the year of the year personal benefit contract?  7d If "Yes," indicate the number of Forms 8282 filed during the year of the year personal benefit contract?  7e X  7f Did the organization received a contribution of cars, botts, ariplanes, or other vehicles, did the organization file a Form 1098-C?  7n Spensoring organization maintained by a sponsoring priganization, have excess business holdings at any time during the year?  7n Spe   | b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b  | Х   |             |
| b If "Yes," has filled a Form 990°T for this year? If "No." to line 3b, provide an explanation in Schedule O  4a At any time during the celendary 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 bark account, securities account, or other financial account?)  b If "Yes," enter the name of the foreign country   ► CANRADA  See instructions for filing requirements for Form TO F 90°2 1, Report of Foreign Bank and Financial Accounts  8a 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 8886.7?  6a 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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6c Does the organization receive deductible contributions under section 170(c).  and the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the Form 8282?  6c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the Form 8282?  7c Did the organization shell, exchange, or otherwise dispose of tangible personal property for which it was required?  7b Did the organization, during the year, pay primiums, directly or indirectly, on a personal benefit contract?  7c X  7d If the organization exceived a contribution of cars, boats, aniphase, or other vehicles, did the organizations. Did the supporting N/A  7a Province of the organization make any taxable distributions under section 596(8) as year of good good good payments of the supporting N/A  7a Province of the  |          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                       |     |     |             |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?  b if "Yes," enter the name of the foreign country by CANADA  5a Was the organization apply to a prohibited tax shelter transaction?  5b Was the organization that was or is a party to a prohibited tax shelter transaction?  6c Vita any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c Vita any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c Vita any contributions that were not tax deductible as charitable contributions?  6d Vita in it is often 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?  6d Vita in it is often organization include with very solication an express statement that such contributions or gifts were not tax deductible?  6d Organization shart may receive deductible contributions under section 170(c).  a Did the organization shart may receive deductible contributions under section 170(c).  a Did the organization neceive a payment in excess of \$15 made partly as a contribution and partly for goods and services provided to the payor?  7a Yes if If Yes, if often organization notify the donor of the value of the goods or services provided?  7b Uffer organization seceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7t X  7g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 personal organization make any taxable distribution of cars, boats, anplanes, or other vehicles, did the organizations. Did his supporting organizations maintaining donor advised funds and section \$90(a)(s) supporting organizations. Bot | За       | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |     | Х           |
| b if "Yes," enter the name of the foreign country   ▶ CANADA   b if "Yes," enter the name of the foreign country   ▶ CANADA   See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b. Did any taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction?  5b. Did any taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction?  5c. If "Yes," to line 5a or 5b, did the organization file Form 8886 17?  6a. 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?  6b. If "Yes," did the organization neture deductible contributions or grits were not tax deductible?  7c. Organizations that may receive deductible contributions under section 170(c).  8d. If "Yes," did the organization netry the donor of the value of the goods or services provided?  9d. If "Yes," indicate the number of Forms 8282 field during the year  10d. the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  11d. Yes, and the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1098-02*  12e. Did the organizations maintaining donor advised funds.  12e. Did the organization make any taxable distributions under section 4966?  12e. Sponsoring organizations maintaining donor advised funds.  12e. Did the organization make any taxable distributions under section 4966?  12e. Did the organization make any taxable distributions under section 4966?  12e. Did the organization make any taxable distributions under section 4966?  12e. Did the organization make any taxable distributions under section 4966?  12e. Did the organization make any taxa    | b        | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O                                    | 3b  |     |             |
| b If "Yes," enter the name of the foreign country ➤ CANDA See instructions for filling requirements for Form TD F9.02.2 I, 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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b 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 chartable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d bif ves," 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?  7c Organizations that may receive deductible contributions under section 170(c).  8d bif "Yes," did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7d If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8898 as required?  8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  9 Sponsoring organizations maintaining done of qualified intellectual property, did the organization file Form 8899 in Paymenting for a foreign section 501(c)(2) organizations organizations. But the supporting N/A organization make any taxable distributions under section 509(a)  | 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |     |     |             |
| See instructions for filing requirements for Form TD F9022 1, Report of Foreign Bank and Financial Accounts 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Cest fives, "to line 5 a or 5b, did the organization file Form 8886-7?  50 Cest the organization shelt are 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?  50 If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  80 Did the organization receive apparent in excess of \$75 made partly as a contribution and parily for goods and services provided to the payor?  80 Did the organization receive apparent in excess of \$75 made partly as a contribution and parily for goods and services provided?  91 Did the organization notify the donor of the value of the goods or services provided?  92 Did the organization esceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  93 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  94 If the organization received a contribution of qualified intellectual property, did the organization file a Form 198 Co.  95 Sponsoring organizations maintaining donor advised funds and section 596(a)(a) supporting organizations. Both the supporting in M/A organization, or a donor advised fund maintained grong pay and pay approached by a sponsoring organizations. Both the supporting in the payor organizations maintaining donor advised funds.  96 Did the organization make a distribution of cars, boats, anplianes, or other vehicles, did the organization file a Form 198 Co.  97 A Did the organizat |          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a  | Х   |             |
| by Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  by Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  colors 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 charatible contributions?  by If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  organization notify the donor of the value of the goods or services provided?  organization in the number of Forms 8282 filed during the year  by If "Yes," indicate the number of Forms 8282 filed during the year  by If "Yes," indicate the number of Forms 8282 filed during the year  by If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 8899 as required?  Sponsoring organizations maintaining donor advised funds as esterio 599(3)(3) supporting organizations. Did the organization make any taxable distributions under section 4966?  N/A  by Did the organization make any taxable distributions under section 4966?  N/A  by Did the organization make any taxable distributions under section 4966?  N/A  by Did the organization make any taxable distributions under section 4966?  N/A  by Did the organization make any taxable distributions under section 4966?  N/A  by Did the organization make any taxable distribut  | b        | If "Yes," enter the name of the foreign country ► CANADA  |     |     |             |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5a or 5b, did the organization file Form 886-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," did the organization included with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  2 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1099C/2 and If the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1099C/2 and programization and onor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A ga both the organization make any taxable distributions under section 4966?  8 Sponsoring organizations maintaining donor advised funds.  a Did the organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations make a distribution by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organization make a distribution by a sponsoring organization or sources (Do not net amounts due or paid to other sourc  |          | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts                                   | }   |     | İ           |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886 T?  6a 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?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  11 Teg, indicate the number of Forms 8282 filed during the year  12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  14 If the organization maximalining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization in a supporting organizations and section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966?  15 Sponsoring organizations make a distribution to a donor, donor advised funds.  16 Did the organization make any taxable distributions under section 4966?  17 Did the organization make any taxable distributions included on Part VIII, line 12 N/A 10a 10b 10b 10b 10b 10b 10b 10b 10b 10b 10b   | 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |     | X           |
| 6a 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?  6a X  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  7 Ta X  7 Tb  8 Or Tyes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization ell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file Form 8899 as required?  10 If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file Form 8899 as required?  11 If the organization make any taxable distributions under section 599(a)(3) supporting organizations. Did the supporting N/A organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966?  12 Section 501(c)(7) organizations. Enter  13 In the organization make any taxable distributions under section 4966?  14 Did the organization make a distribution to a donor, donor advisor, or related person?  15 Portion organization make a distribution to a donor, donor advisor, or related person?  16 Portion organization make a distribution to a donor, donor advisor, or related person?  17 In the organization received on Form 900, Part VIII, line 12, for public use of club facilities  18 Gettion 501(c)(1  | b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b  |     | Х           |
| b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)3 supporting organizations. Did the supporting N/A organization, or a dinor advised funds and section 509(a)3 supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966?  N/A Did the organization make any taxable distribution sunder section 4966?  N/A Did the organization make a distribution to a donor, donor advised funds.  Did the organization make any taxable distribution sunder section 4966?  N/A 10a Did the organization selection of the sunder section 4966?  N/A 10a Did the organization selection of the sunder section 4966?  N/A 10a Did the organization selection of the sunder section 4966?  Section 501(c)(2) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b 500 500 500 500 500 500 500 500 500 5  | С        | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |             |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a   | 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                     |     |     |             |
| were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 Till X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(3)(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? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9 Did the organization make and starbution to a donor, donor advisor, or related person? N/A 9 Did the organization make and starbutions included on Part VIII, line 12 N/A 10a 10b 10c 10c 10c 10c 10c 10c 10c 10c 10c 10c  |          | any contributions that were not tax deductible as charitable contributions?   | 6a  |     | Х           |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7   | b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                            |     |     |             |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-C?  h if the organization received a contribution of cars, boats, anjolanes, or other vehicles, did the organization file a Form 1998-C?  7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, and advised funds and settion 509(a)(3) supporting organizations. Bid the supporting N/A organization make any taxable distributions under section 4966?  N/A Did the organization make a distribution to a donor, donor advisor, or related person?  N/A 10a organization make a distribution to a donor, donor advisor, or related person?  N/A 10a organization make a distribution to a donor, donor advisor, or related person?  N/A 10a organization and capital contributions included on Part VIII, line 12  N/A 11a organization form members or shareholders  b Gross income from members or shareholders  lift section 501(c)(12) organizations. Enter  a fives, "enter the amount of tax-exempt interest received or accrued during the year  N/A 12a organization is entered to issue qualified health plans in more than one state?  N/A 13a organization is ensent to i   |          | were not tax deductible?  | 6b  |     |             |
| b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  N/A bid the organization make any taxable distributions under section 4966?  N/A bid the organization make any taxable distributions or advisor, or related person?  N/A 10a   | 7        | Organizations that may receive deductible contributions under section 170(c).   |     |     |             |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  N If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, a donor advised fund sand section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  N/A  b Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  b Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  b Gross income from members or shareholders  Gross income from members or shareholders  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(12) organizations. Enter  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization incensed to issue qualified health plans in more than one state?  N/A  13a  N/A  13b  13b  13b  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," prov    | а        | 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? | 7a  |     | X           |
| to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  72  73  74  75  75  76  76  77  76  77  77  78  77  78  78  | b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  |     |             |
| d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds. a Did the organization make any taxable distributions under section 4966? N/A b Did the organization make a distribution to a donor, donor advisor, or related person? N/A Dection 501(c)(7) organizations. Enter a initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A B 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? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13a  Section 501(c)(29) qualified nonprofit health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Enter the amount of reserves on hand    | С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               |     |     |             |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  h If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C?  N/A  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  N/A  b Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  b Gross income from section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  N/A  b Gross income from members or shareholders  N/A  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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  N/A  13a  Section 501(c)(22) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  N/A  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Enter the a    |          | to file Form 8282?  | 7с  |     | X           |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  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 organizations. Did the supporting N/A organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  N/A  b Did the organization make any taxable distributions under section 4966?  N/A  b Did the organization make any taxable distributions under section 4966?  N/A  b Gross receipts, included on Form 990, Part VIII, line 12  N/A  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  N/A  Gross income from members or shareholders  N/A  I1a  B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  N/A  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  N/A  Note, See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  It is the organization receive any payments for indoor t    | d        | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |     |     |             |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  b Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  b Gross receipts, included on Form 990, Part VIII, line 12  N/A  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  25 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b 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  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e  |     |             |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? N/A 9a  10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a  10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 17 N/A  18 Note. See the instructions for additional information the organization must report on Schedule O  18 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 or Enter the amount of reserves on hand  19 Did the organization receive any payments for indoor tanning services during the tax year?  19 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f  |     | X           |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? N/A  9b  10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 N/A b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11s Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13a  13b 13c 14a Did the organization incesed to issue qualified health plans c Enter the amount of reserves on hand 14b 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                | 7g  |     |             |
| organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9  | h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h  |     |             |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b  10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a  13a  13b  13b  13c  13b  13c  13c  14a  14b  15"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 8        |   |     |     |             |
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| b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  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  |          |   |     |     |             |
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| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 10       |   |     |     |             |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b  c Enter the amount of reserves 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   |          |   |     |     |             |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |          |   |     |     | i           |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  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  |          |   |     |     | ı           |
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| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  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   | 40       |   |     |     | ı           |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b   |          |   | 12a |     |             |
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| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  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  | а        | ·   | 13a |     |             |
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| c Enter the amount of reserves on hand  13c  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   | D        |   |     |     | ı           |
| 14a     Did the organization receive any payments for indoor tanning services during the tax year?     14a     X       b     If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0     14b  | _        |   |     |     |             |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |          |   | 44  |     | v           |
|   |          |   |     |     |             |
|   | Ŋ        | ii 165, has it lieu a form (20 to report triese payments / ii Ivo, provide an explanation in Schedule U   |     | gan | (2012)      |

Form 990 (2013) NATIONAL ABORTION FEDERATION 43-1097957 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

|          | Check if Schedule O contains a response or note to any line 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   |         |                       |        |  |  |
|          | 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.                               |         |                       |        |  |  |
| b        | Enter the number of voting members included in line 1a, above, who are independent 1b 1b  |         |                       |        |  |  |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |         |                       |        |  |  |
|          | officer, director, trustee, or key employee?  | 2       |                       | X      |  |  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |         |                       |        |  |  |
|          | 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 990 was filed?                    | 4       |                       | X      |  |  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5       |                       | X      |  |  |
| 6        | Did the organization have members or stockholders?  | 6       | Х                     |        |  |  |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |         |                       |        |  |  |
|          | more members of the governing body?   | 7a      | _X_                   |        |  |  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |         |                       |        |  |  |
|          | persons other than the governing body?  | 7b      | Х                     |        |  |  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |                       |        |  |  |
| а        | The governing body?   | 8a      | Х                     |        |  |  |
| b        | Each committee with authority to act on behalf of the governing body?   | 8b      | X                     |        |  |  |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |         |                       |        |  |  |
|          | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9       |                       | Х      |  |  |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)                     |         | 1                     |        |  |  |
|          | ·   |         | Yes                   | No     |  |  |
|          | Did the organization have local chapters, branches, or affiliates?  | 10a     |                       | X      |  |  |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |         |                       |        |  |  |
|          | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b     |                       |        |  |  |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a     | Х                     |        |  |  |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990  | 12a     | х                     |        |  |  |
| 12a      |   |         |                       |        |  |  |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     | X                     |        |  |  |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         | 7,5                   |        |  |  |
| 40       | In Schedule O how this was done   | 12c     | X                     |        |  |  |
| 13       | Did the organization have a written whistleblower policy?   | 13      | X                     |        |  |  |
| 14<br>45 | Did the organization have a written document retention and destruction policy?  | 14      | Х                     |        |  |  |
| 15       | Did the process for determining compensation of the following persons include a review and approval by independent                  |         |                       |        |  |  |
| _        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   | 45-     | ₩                     |        |  |  |
|          | The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization          | 15a     | X                     |        |  |  |
| D        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  | 15b     | $\stackrel{f \cap}{}$ |        |  |  |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |                       |        |  |  |
| ·oa      | taxable entity during the year?   | 16a     |                       | Х      |  |  |
| h        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        | 100     |                       |        |  |  |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |         | - 1                   |        |  |  |
|          | exempt status with respect to such arrangements?  | 16b     | 1                     |        |  |  |
| Sect     | tion C. Disclosure  | 100     |                       |        |  |  |
|          | List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O  |         |                       |        |  |  |
|          | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a    | vailah  | 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 in Schedule O)  |         |                       |        |  |  |
| 19       | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and    | l finan | cıal                  |        |  |  |
|          | statements available to the public during the tax year  |         |                       |        |  |  |
|          | State the name, physical address, and telephone number of the person who possesses the books and records of the organization        | ion 🕨   |                       |        |  |  |
|          | VICKI SAPORTA - 202-667-5881  | •       |                       |        |  |  |
|          | 1660 L STREET, NW, NO. 450, WASHINGTON, DC 20036-2123   |         |                       |        |  |  |
| 32006    | 10-20-13  | Form    | 990                   | (2013) |  |  |

|      |     | -      |  |
|------|-----|--------|--|
| Form | 990 | (2013) |  |

#### NATIONAL ABORTION FEDERATION

43-1097957

Page 7

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

Check if Schedule O contains a response or note to any line 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
- 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

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

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

| (A)<br>Name and Title                       | (B) Average hours per week   | box                            | not c                 | Pos<br>heck<br>ss pe | rson         | than                         | h an     | (D) Reportable compensation from       | (E)  Reportable compensation from related | (F) Estimated amount of other  |
|---|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|----------|--|---|--|
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer              | Key employee | Highest compensated employee | Former   | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)          | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) BEVERLY WINIKOFF CHAIR                  | 1.00   | ×                              |                       | Х                    |              |                              |          | 0.                                     | 0.  | 0.   |
| (2) PAUL BLUMMENTHAL                        | 4.00   | 1                              |                       | -21                  |              | <del> </del>                 |          | 0.                                     | <del></del>                               | <u></u>  |
| VICE CHAIR                                  | 0.00   | x                              |                       | х                    |              |                              |          | 0.                                     | 0.  | 0.   |
| (3) SHEILA DUNN                             | 4.00   | <u> </u>                       |                       |                      |              |                              | <u> </u> |  |   |  |
| SECRETARY                                   | 1.00   | $\mathbf{x}$                   |                       | х                    |              |                              |          | 0.                                     | 0.  | 0.   |
| (4) SUE CARLISLE                            | 4.00   | П                              |                       |                      |              |                              |          |  |   |  |
| TREASURER                                   |  | X                              |                       | Х                    |              |                              |          | 0.                                     | 0.  | 0.   |
| (5) CAROL BALL                              | 4.00   |                                |                       |                      |              |                              |          |  |   |  |
| DIRECTOR                                    | 0.00   | $\mathbf{x}$                   |                       |                      |              |                              |          | 0.                                     | 0.  | 0.   |
| (6) LIZ BANKS                               | 4.00   |                                |                       |                      |              |                              |          |  |   |  |
| DIRECTOR                                    | 0.00   | X                              |                       |                      |              |                              |          | 0.                                     | 0.  | 0.   |
| (7) CAITLIN BORGMANN                        | 4.00   |                                |                       |                      |              |                              |          |  |   |  |
| DIRECTOR                                    |  | X                              |                       |                      |              | L.                           |          | 0.                                     | 0.  | 0.   |
| (8) JILL DOCTOROFF                          | 4.00   |                                |                       |                      |              |                              |          |  |   |  |
| DIRECTOR                                    | 1.00   | X                              | _                     |                      |              |                              |          | 0.                                     | 0.  |  |
| (9) CHRISTOPHER M. ESTES                    | 4.00   |                                |                       |                      |              |                              |          |  |   |  |
| DIRECTOR                                    | 0.00   | X                              |                       |                      |              |                              |          | 0.                                     | 0.  | <u>0.</u>  |
| (10) MARJI GOLD                             | 4.00   |                                |                       |                      |              |                              |          |  |   |  |
| DIRECTOR                                    | 0.00   | X                              |                       |                      |              |                              |          | 0.                                     | 0.  | 0.   |
| (11) CAROLE JOFFE                           | 4.00   |                                |                       |                      |              |                              |          | _                                      |   |  |
| DIRECTOR                                    | 0.00   | X                              |                       | _                    |              |                              |          | 0.                                     | 0.  | 0.   |
| (12) SHARON A. LEWIS                        | 4.00   |                                |                       |                      |              |                              |          |  | _   | _  |
| DIRECTOR                                    |  | Х                              |                       |                      |              | <u> </u>                     |          | 0.                                     | 0.  | 0.   |
| (13) RUTH L. LOCKHART                       | 4.00   |                                |                       |                      |              |                              |          |  | _   | _  |
| DIRECTOR                                    |  | Х                              |                       | $\dashv$             |              |                              |          | 0.                                     | 0.  | 0.   |
| (14) ANN SCHUTT-AINE                        | 4.00   |                                |                       |                      |              |                              |          |  |   | •  |
| DIRECTOR                                    |  | X                              |                       |                      |              |                              |          | 0.                                     | 0.  | 0.   |
| (15) SHELLY SELLA                           | 4.00   |                                |                       |                      |              |                              |          |  |   | •  |
| DIRECTOR                                    | 4.00   | _                              | $\dashv$              |                      |              |                              |          | 0.                                     | 0.  | 0.   |
| (16) ELIZABETH TALMONT                      |  | v                              |                       |                      |              |                              |          | _                                      | _   | ^  |
| DIRECTOR VILLABORAL VILLABORAL VILLABORAL   | 4.00   | ^                              |                       |                      | _            |                              |          | 0.                                     | 0.  | 0.   |
| (17) CRISTINA VILLARREAL VELASQUEZ DIRECTOR | 0.00   | v                              |                       |                      |              |                              |          | 0.                                     | 0.  | ^  |
| 332007 10-29-13                             | 0.00   | 21                             |                       |                      |              |                              |          | <u> </u>                               |   | 0.<br>Form <b>990</b> (2013)   |

332007 10-29-13

Form 990 (2013)

| Part VII Section A. Officers, Directors, Trus   |                       | ploy                           | ees/                  |           |              | ghe  | st C     | 1                       |                       |              |          |                     |                |  |
|---|-----------------------|--------------------------------|-----------------------|-----------|--------------|--|----------|-------------------------|-----------------------|--------------|----------|---------------------|----------------|--|
|   | (A) (B)               |                                |                       | (C) (D) ( |              |  |          |                         |                       |              | _        | (F)                 |                |  |
| Name and title  | Average<br>hours per  |                                | not c                 | check     | more         | than   |          | Reportable compensation | Reportable compensate |              |          | timate<br>iount     |                |  |
|   | week                  |                                |                       |           |              | is bot<br>or/trus                                |          | from                    | from relate           |              |          | other               | O1             |  |
|   | (list any             | į                              |                       |           |              |  |          | the                     | organization          |              |          | oensa               | tion           |  |
|   | hours for             | or dire                        | a.                    |           |              | ted  | İ        | organization            | (W-2/1099-MI          | SC)          | fre      | om the              | Э              |  |
|   | related organizations | ustee                          | truste                |           | <u>.</u>     | bens   |          | (W-2/1099-MISC)         |                       |              | •        | anızat              |                |  |
|   | below                 | ual tr                         | nonal                 |           | ploye        | t com  |          |                         |                       |              |          | i relati<br>nizatio |                |  |
|   | line)                 | Individual trustee or director | Institutional trustee | Officer   | Key employee | Highest compensated employee                     | Former   |                         |                       |              | orga     | mzau                | JI 15          |  |
| (18) LORI WILLIAMS  | 4.00                  | v                              |                       |           |              |  |          |                         |                       | )            |          |                     |                |  |
| DIRECTOR  | 43.00                 | ^                              | ├                     |           |              | $\vdash$   | ╁        | 0.                      |                       | 0.           |          |                     | 0.             |  |
| (19) VICKI SAPORTA  | 6.00                  |                                |                       | Х         |              |  |          | 280,724.                |                       | 0.           | 2.       | 1 1                 | 12             |  |
| PRESIDENT & CEO   | 0.00                  |                                | -                     | Λ         |              | $\vdash$   | -        | 200,724.                |                       | <u> </u>     | ے.       | 1,4                 | <del>4</del> . |  |
| (20) SUZANNE STONE  | 40.00                 | 1                              |                       | x         |              |  |          | 0.                      | 141,7                 | 11           | 1.       | 7,9                 | 60             |  |
| CHIEF FINANCIAL OFFICER (21) MATTHEW REEVES   | 32.00                 |                                |                       |           | ├            | <del>                                     </del> |          | 1                       | 141,/                 | <u> </u>     |          | , , ,               | 09.            |  |
| MEDICAL DIRECTOR  | 0.00                  | 1                              |                       | l         |              | x  |          | 135,342.                |                       | 0.           |          | 1,5                 | 57             |  |
| MEDICAL DIRECTOR  | 0.00                  |                                |                       |           |              |  |          | 133,342.                |                       | •            |          | <u> </u>            | <u> </u>       |  |
|   |                       |                                |                       |           |              |  |          |                         | - 1                   |              |          |                     |                |  |
|   |                       |                                |                       |           |              |  |          |                         |                       |              |          |                     |                |  |
|   |                       |                                |                       |           |              |  |          |                         |                       |              |          |                     |                |  |
|   |                       |                                |                       |           |              |  |          |                         |                       |              |          |                     |                |  |
| 1b Sub-total  |                       |                                |                       |           |              |  | <b>▶</b> | 416,066.                | 141,7                 | 11.          | 5.3      | 3,9                 | 69.            |  |
| c Total from continuation sheets to Part VI   | I, Section A          |                                |                       |           |              |  | ▶        | 0.                      |                       | 0.           |          |                     | 0.             |  |
| d Total (add lines 1b and 1c)   |                       |                                |                       |           |              |  | <u> </u> | 416,066.                | 141,7                 |              | 53       | 3,9                 | <u>69.</u>     |  |
| 2 Total number of individuals (including but n  | ot limited to th      | ose                            | liste                 | ed al     | OOVE         | e) wł  | no re    | eceived more than \$100 | ,000 of reportab      | le           |          |                     | _              |  |
| compensation from the organization  |                       |                                |                       |           |              |  |          |                         |                       |              |          | Yes                 | 2<br>No        |  |
| 3 Did the organization list any former officer,   |                       | ıste                           | e, ke                 | y en      | nplo         | yee,   | orl      | highest compensated e   | mployee on            |              |          |                     |                |  |
| line 1a? If "Yes," complete Schedule J for s  |                       |                                |                       |           |              |  |          |                         |                       |              | 3        |                     | <u> </u>       |  |
| 4 For any individual listed on line 1a, is the su<br>and related organizations greater than \$150               |                       |                                |                       |           |              |  |          | •                       | the organization      |              | 4        | x                   |                |  |
| 5 Did any person listed on line 1a receive or a   |                       |                                |                       |           |              |  |          |                         | dual for services     | ,            |          | ^                   |                |  |
| rendered to the organization? If "Yes," com   |                       |                                |                       |           |              |  |          |                         |                       |              | 5        |                     | Х              |  |
| Section B. Independent Contractors  |                       |                                |                       |           |              |  |          |                         |                       |              |          |                     |                |  |
| Complete this table for your five highest countries the organization. Report compensation for the organization. | •                     |                                |                       |           |              |  |          |                         | •                     | npens        | ation fr | om                  |                |  |
| (A)   | <u>,</u>              |                                |                       |           |              | <u> </u>   |          | (B)                     |                       |              | (C       | )                   |                |  |
| Name and business   | address               | NO                             | ONE                   | 3         |              |  | -        | Description of s        | ervices               | Compensation |          |                     |                |  |
|   |                       |                                |                       |           |              |  |          |                         |                       |              |          |                     |                |  |
|   |                       |                                |                       |           |              |  |          |                         |                       |              |          |                     |                |  |
|   |                       |                                |                       |           |              |  |          |                         |                       |              |          |                     |                |  |
|   |                       |                                |                       |           |              |  | +        |                         | -                     |              |          |                     |                |  |
|   | <del> </del>          |                                |                       |           |              |  |          |                         |                       |              |          |                     | <del></del> .  |  |
| 2 Total number of independent contractors (iii \$100,000 of compensation from the organization)                 |                       | ot lır                         | nite                  | d to      | thos         | _  | ted      | above) who received m   | ore than              |              |          | <del></del>         |                |  |
| \$100,000 of compensation from the organiz  | alion                 |                                | -                     |           |              |  |          |                         |                       |              | Form S   | 90 (                | 2012)          |  |

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (**D)** Revenue excluded from tax under sections 512 - 514 Related or Total revenue exempt function business revenue revenue , Gifts, Grants nilar Amounts 49,524. Federated campaigns 1a 425,583. 1b Membership dues c Fundraising events 1c d Related organizations 1d Contributions, ( and Other Simi e Government grants (contributions) 1e All other contributions, gifts, grants, and 1f 4,258,357 similar amounts not included above 2,505,939. g Noncash contributions included in lines 1a-1f \$ Total, Add lines 1a-1f 733,464 Business Code 900099 Program Service 2 a MEETING REVENUE 426,628. 426,628 900099 216,311 **b MEMBERSHIP DUES** 216,311. 900099 120,040. 120,040 c GROUP PURCHASING 900099 d ADVERTISING 2,000. 2,000. e PUBLICATION FEES 900099 704 704 f All other program service revenue 765,683 Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,066 6,066. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 22,746 11 a MISCELLANEOUS 900099 22,746. С All other revenue Total. Add lines 11a-11d 22,746. 527,959. 763,683 0. 30,812. Total revenue See instructions. 332009 10-29-13 Form 990 (2013)

Form 990 (2013) NATIONAL ABORTION FEDERATION
Part IX Statement of Functional Expenses

| Sect     | ion 501(c)(3) and 501(c)(4) organizations must com   |                |                              | mplete column (A)               |                        |  |  |  |  |  |
|----------|--|----------------|------------------------------|---------------------------------|------------------------|--|--|--|--|--|
|          | Check if Schedule O contains a response or note to any line in this Part IX  Do not include amounts reported on lines 6b  (A) (B) (C) (D)  |                |                              |                                 |                        |  |  |  |  |  |
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | Total expenses | (B) Program service expenses | Management and general expenses | Fundraising expenses   |  |  |  |  |  |
| 1        | Grants and other assistance to governments and   |                |                              |                                 |                        |  |  |  |  |  |
|          | organizations in the United States. See Part IV, line 21   |                |                              |                                 |                        |  |  |  |  |  |
| 2        | Grants and other assistance to individuals in  |                |                              |                                 |                        |  |  |  |  |  |
|          | the United States See Part IV, line 22   |                |                              |                                 |                        |  |  |  |  |  |
| 3        | Grants and other assistance to governments,  |                |                              |                                 |                        |  |  |  |  |  |
|          | organizations, and individuals outside the   |                |                              |                                 |                        |  |  |  |  |  |
|          | United States See Part IV, lines 15 and 16   |                |                              |                                 |                        |  |  |  |  |  |
| 4        | Benefits paid to or for members  |                |                              |                                 |                        |  |  |  |  |  |
| 5        | Compensation of current officers, directors,   |                |                              |                                 |                        |  |  |  |  |  |
|          | trustees, and key employees  | 267,712.       | 239,793.                     | 17,757.                         | 10,162.                |  |  |  |  |  |
| 6        | Compensation not included above, to disqualified   |                |                              |                                 |                        |  |  |  |  |  |
|          | persons (as defined under section 4958(f)(1)) and  |                |                              |                                 |                        |  |  |  |  |  |
|          | persons described in section 4958(c)(3)(B)   |                | <del></del>                  |                                 |                        |  |  |  |  |  |
| 7        | Other salaries and wages   | 1,148,958.     | 1,047,199.                   | 28,228.                         | 73,531.                |  |  |  |  |  |
| 8        | Pension plan accruals and contributions (include   | 27 24 5        |                              |                                 |                        |  |  |  |  |  |
|          | section 401(k) and 403(b) employer contributions)  | 37,916.        | 34,929.                      | 264.                            | 2,723.                 |  |  |  |  |  |
| 9        | Other employee benefits  | 122,710.       | 111,966.                     | 3,363.                          | 7,381.                 |  |  |  |  |  |
| 10       | Payroll taxes  | 92,358.        | 84,137.                      | 2,844.                          | <u>5,377.</u>          |  |  |  |  |  |
| 11       | Fees for services (non-employees).   |                |                              |                                 |                        |  |  |  |  |  |
| а        | Management   | 0 100          | 1 550                        |                                 | 6 620                  |  |  |  |  |  |
| b        | Legal  | 8,189.         | 1,550.                       |                                 | 6,639.                 |  |  |  |  |  |
| C        | Accounting   | 19,001.        | 17,264.                      | 601.                            | 1,136.                 |  |  |  |  |  |
| d        | Lobbying   |                |                              |                                 | <del> </del>           |  |  |  |  |  |
| e        | Professional fundraising services See Part IV, line 17   |                |                              |                                 | -                      |  |  |  |  |  |
| f        | Investment management fees   |                |                              |                                 |                        |  |  |  |  |  |
| g        | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   | 107,393.       | 106,242.                     | 398.                            | 753.                   |  |  |  |  |  |
| 10       | Advertising and promotion  | 24,267.        | 9,934.                       | 241.                            | 14,092.                |  |  |  |  |  |
| 12<br>13 | Office expenses  | 141,539.       | 132,293.                     | 3,755.                          | 5,491.                 |  |  |  |  |  |
| 14       | Information technology   | 64,143.        | 62,185.                      | 677.                            | 1,281.                 |  |  |  |  |  |
| 15       | Royalties  | 04,143.        | 02,103.                      | 077.                            | 1,201.                 |  |  |  |  |  |
| 16       | Occupancy  | 172,043.       | 156,313.                     | 5,442.                          | 10,288.                |  |  |  |  |  |
| 17       | Travel   | 214,291.       | 185,102.                     | 28,977.                         | 212.                   |  |  |  |  |  |
| 18       | Payments of travel or entertainment expenses   |                | 103,102.                     | 20,5,7,                         | 212.                   |  |  |  |  |  |
| .0       | for any federal, state, or local public officials  |                |                              |                                 |                        |  |  |  |  |  |
| 19       | Conferences, conventions, and meetings   | 346,554.       | 327,937.                     | 18,467.                         | 150.                   |  |  |  |  |  |
| 20       | Interest   | 220,332.       |                              | 10,10,1                         |                        |  |  |  |  |  |
| 21       | Payments to affiliates   |                |                              |                                 | <del></del>            |  |  |  |  |  |
| 22       | Depreciation, depletion, and amortization  | 13,466.        | 12,234.                      | 427.                            | 805.                   |  |  |  |  |  |
| 23       | Insurance  | 13,828.        | 12,564.                      | 437.                            | 827.                   |  |  |  |  |  |
| 24       | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                |                              |                                 |                        |  |  |  |  |  |
| а        | DUES & SUBSCRIPTIONS   | 63,087.        | 44,896.                      | 355.                            | 17,836.                |  |  |  |  |  |
| b        | IN-KIND GOODS  | 14,113.        | 14,113.                      |                                 |                        |  |  |  |  |  |
| С        | STORAGE  | 6,773.         | 6,154.                       | 214.                            | 405.                   |  |  |  |  |  |
| đ        | MISCELLANEOUS  | 1,536.         | 1,512.                       | 13.                             | 11.                    |  |  |  |  |  |
| е        | All other expenses   |                |                              |                                 |                        |  |  |  |  |  |
| 25       | Total functional expenses Add lines 1 through 24e  | 2,879,877.     | 2,608,317.                   | 112,460.                        | 159,100.               |  |  |  |  |  |
| 26       | Joint costs Complete this line only if the organization  |                | $\Box$                       |                                 | <del></del>            |  |  |  |  |  |
|          | reported in column (B) joint costs from a combined   |                |                              |                                 |                        |  |  |  |  |  |
|          | educational campaign and fundraising solicitation.   |                |                              | į                               |                        |  |  |  |  |  |
|          | Check here If following SOP 98-2 (ASC 958-720)   |                |                              |                                 |                        |  |  |  |  |  |
| 000046   | 10-20-13   |                |                              |                                 | Form <b>990</b> (2013) |  |  |  |  |  |

Form 990 (2013)
Part X Balance Sheet

| Part                        |     | Balance Sneet   |                          |     |                                    |
|-----------------------------|-----|---|--------------------------|-----|------------------------------------|
|                             |     | Check if Schedule O contains a response or note to any line in this Part X        | т                        |     |                                    |
|                             | •   |   | (A)<br>Beginning of year |     | (B)<br>End of year                 |
|                             | 1   | Cash · non-interest-bearing   | 527.                     | 1_  | 527                                |
|                             | 2   | Savings and temporary cash investments  | 4,057,112.               | 2   | 5,609,294                          |
|                             | 3   | Pledges and grants receivable, net  | 102,000.                 | 3   | 995,450                            |
|                             | 4   | Accounts receivable, net  | 33,988.                  | 4   | 50,450                             |
|                             | 5   | Loans and other receivables from current and former officers, directors,          |                          |     |                                    |
|                             |     | trustees, key employees, and highest compensated employees. Complete              |                          |     |                                    |
|                             |     | Part II of Schedule L   |                          | 5   |                                    |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under     |                          |     |                                    |
|                             |     | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing |                          |     |                                    |
| ŀ                           |     | employers and sponsoring organizations of section 501(c)(9) voluntary             |                          |     |                                    |
| 22                          |     | employees' beneficiary organizations (see instr) Complete Part II of Sch L        |                          | 6   |                                    |
| Assets                      | 7   | Notes and loans receivable, net   |                          | 7   |                                    |
| ₹                           | 8   | Inventories for sale or use   |                          | 8   |                                    |
|                             | 9   | Prepaid expenses and deferred charges   | 44,680.                  | 9   | 43,568                             |
|                             | 10a | Land, buildings, and equipment cost or other                                      |                          |     |                                    |
|                             |     | basis Complete Part VI of Schedule D 10a 321, 263                                 |                          |     |                                    |
|                             | b   | Less accumulated depreciation 10b 281,885.  | 23,829.                  | 10c | 39,378                             |
|                             | 11  | Investments - publicly traded securities  |                          | 11  |                                    |
|                             | 12  | Investments - other securities See Part IV, line 11                               |                          | 12  |                                    |
| - 1                         | 13  | Investments - program-related See Part IV, line 11                                |                          | 13  |                                    |
|                             | 14  | Intangible assets   |                          | 14  |                                    |
|                             | 15  | Other assets See Part IV, line 11   | 224,605.                 | 15  | 342,325                            |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)                         | 4,486,741.               | 16  | 7,080,992                          |
|                             | 17  | Accounts payable and accrued expenses   | 165,241.                 | 17  | 196,854                            |
|                             | 18  | Grants payable  |                          | 18  |                                    |
|                             | 19  | Deferred revenue  | 199,506.                 | 19  | 96,330                             |
| :                           | 20  | Tax-exempt bond liabilities   |                          | 20  |                                    |
| 2                           | 21  | Escrow or custodial account liability Complete Part IV of Schedule D              |                          | 21  |                                    |
| ន្ធ   រ                     | 22  | Loans and other payables to current and former officers, directors, trustees,     |                          |     |                                    |
|                             |     | key employees, highest compensated employees, and disqualified persons            |                          |     |                                    |
| Liabilities                 |     | Complete Part II of Schedule L  |                          | 22  |                                    |
| ¹  :                        | 23  | Secured mortgages and notes payable to unrelated third parties                    |                          | 23  |                                    |
| 2                           | 24  | Unsecured notes and loans payable to unrelated third parties                      |                          | 24  |                                    |
| 2                           | 25  | Other liabilities (including federal income tax, payables to related third        |                          |     |                                    |
| 1                           |     | parties, and other liabilities not included on lines 17-24). Complete Part X of   |                          |     |                                    |
|                             |     | Schedule D  | 334,679.                 | 25  | 352,411                            |
|                             | 26  | Total liabilities. Add lines 17 through 25  | 699,426.                 | 26  | 645,595                            |
|                             |     | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and                  |                          |     |                                    |
| Net Assets of Fund balances |     | complete lines 27 through 29, and lines 33 and 34.                                |                          |     |                                    |
| 2                           | 27  | Unrestricted net assets   | 2,111,208.               | 27  | 2,161,420                          |
| 5   2                       | 28  | Temporarily restricted net assets   | 1,676,107.               | 28  | 4,273,977                          |
| 2                           | 29  | Permanently restricted net assets   |                          | 29  |                                    |
| 2                           |     | Organizations that do not follow SFAS 117 (ASC 958), check here                   |                          |     |                                    |
| 5                           |     | and complete lines 30 through 34.   |                          |     |                                    |
| 3   3                       | 30  | Capital stock or trust principal, or current funds                                |                          | 30  |                                    |
| ž   3                       | 31  | Paid-in or capital surplus, or land, building, or equipment fund                  |                          | 31  |                                    |
| 3                           | 32  | Retained earnings, endowment, accumulated income, or other funds                  |                          | 32  |                                    |
| -   s                       | 33  | Total net assets or fund balances   | 3,787,315.               | 33  | 6,435,397                          |
| 3                           | 34  | Total liabilities and net assets/fund balances                                    | 4,486,741.               | 34  | 7,080,992<br>Form <b>990</b> (201: |

Form **990** (2013)

| Form | 990 (2013) NATIONAL ABORTION FEDERATION   | 43-       | 1097957          | Pa  | ae <b>12</b> |
|------|---|-----------|------------------|-----|--------------|
|      | rt XI Reconciliation of Net Assets  |           |                  |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |           |                  |     |              |
|      | •   |           |                  |     |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1 1       | 5, <u>5</u> 2'   | 7,9 | 59.          |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 2,879            |     |              |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3         | 2,648            |     |              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4         | 3,78             |     |              |
| 5    | Net unrealized gains (losses) on investments  | 5         |                  |     |              |
| 6    | Donated services and use of facilities  | 6         | ··· <del>-</del> |     |              |
| 7    | Investment expenses   | 7         |                  |     |              |
| 8    | Prior period adjustments  | 8         | •                |     |              |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9         |                  |     | 0.           |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                     |           |                  |     |              |
|      | column (B))   | 10        | 6,43             | 5,3 | 97.          |
| Pa   | rt XII Financial Statements and Reporting   |           |                  |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |           |                  |     |              |
|      |   |           |                  | Yes | No           |
| 1    | Accounting method used to prepare the Form 990 Cash X Accrual Other   |           |                  |     |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | 0         | .                |     |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |           | 2a               |     | X            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer       | d on a    |                  |     |              |
|      | separate basis, consolidated basis, or both   |           |                  |     |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |                  |     |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |           | 2b               | X   |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat       | e basis,  |                  |     |              |
|      | consolidated basis, or both   |           |                  |     |              |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |           |                  |     |              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | e audıt,  |                  |     |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |           | 2c               | X   |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch     | edule O   |                  |     |              |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si    | ngle Aud  | ıt               |     |              |
|      | Act and OMB Circular A-133?   |           | 3a               |     | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audi | t   T            |     |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                              |           | 3b               |     |              |

Form **990** (2013)

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

**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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL ABORTION FEDERATION **Employer identification number** 43-1097957

| Part I    | Reason   | for Public Cha       | rity Status (All organiz             | zations mu    | ist comple      | te this par | t ) See ins  | tructions                 |                | 3-109         | 771       |         |
|-----------|--|----------------------|--------------------------------------|---------------|-----------------|-------------|--------------|---------------------------|----------------|---------------|-----------|---------|
| The organ |  |                      | because it is (For lines             |               | -               |             |              |                           |                |               |           |         |
| 1         |  | •                    | es, or association of chur           | _             |                 | •           | •            | <b>)</b> .                |                |               |           |         |
| 2         |  |                      | 1 <b>70(b)(1)(A)(ii).</b> (Attach Sc |               |                 |             |              | ,.                        |                |               |           |         |
| з 🗔       |  |                      | oital service organization           |               |                 | 170(b)(1)   | (A)(iii).    |                           |                |               |           |         |
| 4         |  |                      | operated in conjunction              |               |                 |             |              | /b)(1)(A)(i               | ii). Enter     | the hospita   | l's nam   | ie.     |
|           | city, and stat   |                      |                                      |               |                 |             |              | ·(~)( ·)(·                | ,              |               |           | ,       |
| 5         |  |                      | e benefit of a college or ui         | niversity o   | wned or or      | perated by  | a govern     | mental un                 | ıt describ     | ed in         |           |         |
| • —       |  | (b)(1)(A)(ıv). (Comp |                                      |               |                 |             | - <b>3</b>   |                           |                |               |           |         |
| 6         |  |                      | ment or governmental uni             | t describe    | d in sectio     | n 170(h)(   | 1)(Δ)(ν)     |                           |                |               |           |         |
| 7 X       |  | -                    |                                      |               |                 |             |              | or from the               | general        | nublic desc   | rihed i   | n       |
|           | 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) |                      |                                      |               |                 |             |              |                           |                |               |           |         |
| 8 🗌       |  |                      | section 170(b)(1)(A)(vi).            | (Complete     | Part II.)       |             |              |                           |                |               |           |         |
| 9 🗍       | -  |                      | ceives (1) more than 33              |               |                 | rom contr   | ibutions n   | nemhersh                  | ın fees a      | nd arnss re   | caints    | from    |
|           | _  | -                    | unctions - subject to certa          |               |                 |             |              |                           | •              | Ū             |           |         |
|           |  | •                    | taxable income (less sect            | •             |                 |             |              |                           | • •            | •             |           |         |
|           |  | 509(a)(2). (Comple   | •                                    |               | 2,7, 11 0111 00 |             | aoquii ou b  | y the orga                | ai ii Latioi i | arter darie ( | JO, 137   |         |
| 10        |  |                      | perated exclusively to te            | st for publ   | lic safety S    | See sectio  | n 509(a)(4   | 4)                        |                |               |           |         |
| 11        | •  | •                    | perated exclusively for the          | •             | •               |             | . , ,        | •                         | v out the      | purposes (    | of one o  | or      |
|           |  |                      | zations described in secti           |               |                 |             |              |                           | -              |               |           | ٠.      |
|           |  |                      | g organization and compl             |               |                 |             | -,           |                           |                |               |           |         |
|           | а Туре   |                      |                                      |               | inctionally     |             |              | ı 🔲 Typ                   | e III - No     | n-functiona   | llv intec | rated   |
| е 🗀       |  |                      | at the organization is not           | , ,           | •               | •           |              |                           |                |               |           |         |
|           |  |                      | than one or more publicly            |               | -               | -           | •            |                           | •              | •             |           |         |
| f         |  | -                    | itten determination from t           |               | •               |             |              |                           | - ()(-)        |               | - (/(-/   |         |
|           | _  | rganization, check   |                                      |               | <b>,</b>        |             | , , , ,      |                           |                |               |           |         |
| g         |  | -                    | organization accepted ar             | nv aift or c  | ontribution     | from anv    | of the follo | owina per                 | sons?          |               |           |         |
| J         | _  |                      | directly controls, either al         |               |                 | •           |              | ٠,                        |                | _             | Yes       | No      |
|           |  | •                    | supported organization?              |               |                 |             |              | (.,                       | ,              | 11g(i)        | 1 1       |         |
|           | -  |                      | on described in (i) above?           |               |                 |             |              |                           |                | 11g(ii)       |           |         |
|           |  | •                    | a person described in (i) o          |               | e?              |             |              |                           |                | 11g(iii)      |           |         |
| h         |  |                      | n about the supported or             |               |                 |             |              |                           |                |               | اا        |         |
|           |  | J                    | , ,                                  | •             | · · /           |             |              |                           |                |               |           |         |
| (i) Name  | of supported   | (ii) EIN             | (iii) Type of organization           | (iv) Is the o | organization    | (v) Did voi | u notify the | (vi) ls                   | s the          | (vii) Amoun   | t of mor  | ontary  |
|           | inization  | (11) 2.11            | (described on lines 1-9              |               | sted in your    |             | ion in col.  | organizatı<br>(i) organiz | on in col.     |               | port      | iciai y |
|           |  |                      |                                      | governing     | document?       | (i) of you  | r support?   | U.S                       | .7             | 00,           | Port      |         |
|           |  |                      | (see instructions))                  | Yes           | No              | Yes         | No           | Yes                       | No             |               |           |         |
|           |  |                      |                                      |               |                 |             |              |                           |                |               |           |         |
|           |  |                      |                                      |               |                 |             |              |                           |                |               |           |         |
|           |  |                      |                                      |               |                 |             |              |                           |                |               |           |         |
|           |  |                      |                                      |               |                 |             |              |                           |                |               |           |         |
|           |  |                      |                                      |               |                 |             |              |                           |                |               |           |         |
|           |  |                      |                                      |               |                 |             |              | 1                         |                |               |           |         |
|           |  |                      |                                      | ·             |                 |             |              |                           |                |               |           |         |
|           |  |                      |                                      |               |                 |             |              |                           |                |               |           |         |
|           |  |                      |                                      |               |                 |             |              |                           |                |               |           |         |
|           |  |                      |                                      |               |                 |             |              |                           |                |               |           |         |
|           |  |                      | <u> </u>                             |               |                 |             |              |                           |                |               |           |         |
| Γotal     |  |                      |                                      | 1             |                 |             |              |                           |                |               |           |         |

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

## Schedule A (Form 990 or 990-EZ) 2013 NATIONAL ABORTION FEDERATION 43-10979 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec     | ction A. Public Support                     |                      |                     | <del></del>            |                                       |                     |                      |
|---------|---|----------------------|---------------------|------------------------|---------------------------------------|---------------------|----------------------|
| Cale    | ndar year (or fiscal year beginning in)     | (a) 2009             | <b>(b)</b> 2010     | (c) 2011               | (d) 2012                              | (e) 2013            | (f) Total            |
| 1       | Gifts, grants, contributions, and           |                      |                     |                        |                                       |                     |                      |
|         | membership fees received (Do not            |                      |                     |                        |                                       |                     |                      |
|         | ınclude any "unusual grants ")              | 1,880,067.           | 1,330,199.          | 2,528,650.             | 1,516,427.                            | 4,733,464.          | 11,988,807.          |
| 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                | 1,880,067.           | 1,330,199,          | 2,528,650.             | 1,516,427.                            | 4,733,464.          | 11.988.807.          |
| 5       | The portion of total contributions          |                      |                     |                        |                                       | ,                   | <u> </u>             |
|         | by each person (other than a                |                      |                     |                        |                                       |                     |                      |
|         | governmental unit or publicly               |                      |                     |                        |                                       |                     |                      |
|         | supported organization) included            |                      |                     |                        |                                       |                     |                      |
|         | on line 1 that exceeds 2% of the            |                      |                     |                        |                                       |                     |                      |
|         | amount shown on line 11,                    |                      |                     |                        |                                       |                     |                      |
|         | column (f)                                  | •                    |                     | •                      |                                       |                     | 7,373,530.           |
| 6       | Public support. Subtract line 5 from line 4 |                      |                     |                        |                                       |                     | _ 4 615 277.         |
| Sec     | ction B. Total Support                      | <b>_</b>             |                     |                        |                                       |                     |                      |
| Cale    | ndar year (or fiscal year beginning in)     | (a) 2009             | <b>(b)</b> 2010     | (c) 2011               | (d) 2012                              | (e) 2013            | (f) Total            |
|         | Amounts from line 4                         | 1,880,067.           | 1 330 199.          | 2,528,650.             | 1,516,427.                            | 4,733,464.          | 11,988,807.          |
| 8       | Gross income from interest.                 |                      | _,,,                | _,,                    | <u> </u>                              |                     | 11,300,007.          |
|         | dividends, payments received on             |                      |                     |                        |                                       |                     |                      |
|         | securities loans, rents, royalties          |                      |                     |                        |                                       |                     |                      |
|         | and income from similar sources             | 15,423.              | 11,563.             | 11,757.                | 11,814.                               | 6,066.              | 56,623.              |
| 9       | Net income from unrelated business          |                      |                     |                        |                                       | 0,000               | <u> </u>             |
| •       | activities, whether or not the              |                      |                     |                        |                                       |                     |                      |
|         | business is regularly carried on            |                      |                     |                        |                                       |                     |                      |
| 10      | Other income Do not include gain            |                      |                     | •                      |                                       |                     |                      |
|         | or loss from the sale of capital            |                      |                     |                        |                                       |                     |                      |
|         | assets (Explain in Part IV)                 | 2,000.               |                     | 55,489.                | 20,856.                               | 22,746.             | 101,091.             |
| 11      | Total support. Add lines 7 through 10       |                      |                     | 3371331                |                                       | 2277101             | 12,146,521.          |
|         | Gross receipts from related activities.     | etc (see instruction | ons)                |                        |                                       | 12 4                | ,594,065.            |
|         | First five years. If the Form 990 is for    | •                    | ,                   | fourth or fifth ta     | x vear as a sectio                    |                     | 733170031            |
|         | organization, check this box and stop       | =                    | mot, cocoma, trm    | 2, 100111, 01 11111112 | n your do a occito                    |                     | ightharpoons         |
| Sec     | tion C. Computation of Publi                |                      | centage             |                        |                                       |                     |                      |
| 14      | Public support percentage for 2013 (I       | ne 6, column (f) dı  | vided by line 11, c | olumn (f))             |                                       | 14                  | 38.00 %              |
| 15      | Public support percentage from 2012         | Schedule A, Part I   | II, line 14         | · · ·                  |                                       | 15                  | 42.90 %              |
| 16a     | 33 1/3% support test - 2013. If the o       | rganization did not  | t check the box or  | line 13, and line 1    | 4 is 33 1/3% or n                     | nore, check this bo |                      |
|         | stop here. The organization qualifies       | as a publicly suppo  | orted organization  |                        |                                       |                     | $\triangleright [X]$ |
| b       | 33 1/3% support test - 2012. If the o       |                      | -                   | ne 13 or 16a, and      | line 15 is 33 1/3%                    | or more, check th   |                      |
|         | and stop here. The organization quali       | fies as a publicly s | upported organiza   | ition                  |                                       | ·                   | · <b>▶</b>           |
| 17a     | 10% -facts-and-circumstances test           | •                    |                     |                        | 13, 16a, or 16b. a                    | and line 14 is 10%  | or more,             |
|         | and if the organization meets the "fac      | -                    |                     |                        |                                       |                     | •                    |
|         | meets the "facts-and-circumstances"         |                      |                     | •                      | •                                     |                     | ▶□                   |
| h       | 10% -facts-and-circumstances test           | •                    |                     |                        | •                                     | 17a, and line 15 is | 10% or               |
| ~       | more, and if the organization meets th      | -                    |                     |                        |                                       |                     |                      |
|         | organization meets the "facts-and-circ      |                      |                     |                        | •                                     |                     | ▶□                   |
| 18      | Private foundation. If the organization     |                      | -                   | •                      | · · · · · · · · · · · · · · · · · · · |                     |                      |
| <u></u> | - 111210 Iodifaction in the organization    | on oon a t           |                     | ., ,                   | , <u></u>                             | 000011401011        | 200 55) 2010         |

# Schedule A (Form 990 or 990-EZ) 2013 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

| Section A. Public Support  | ow, please com    | piete Part II )       |                       | <del></del>          |  |                |
|--|-------------------|-----------------------|-----------------------|----------------------|--|----------------|
|  | (a) 2000          | (h) 2010              | /s\ 2011              | (-1) 2012            | (=) 2012   | ID Tetal       |
| Calendar year (or fiscal year beginning in)  | (a) 2009          | (b) 2010              | (c) 2011              | (d) 2012             | (e) 2013   | (f) Total      |
| Gifts, grants, contributions, and<br>membership fees received (Do not)             |                   |                       |                       |                      |  |                |
| include any "unusual grants ")   |                   |                       |                       |                      |  |                |
| · · · · · · · · · · · · · · · · · · ·  |                   |                       |                       | ļ. <u>.</u>          |  |                |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-             |                   |                       |                       |                      |  |                |
| 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-   |                   |                       |                       |                      |  |                |
| iness under section 513  |                   |                       |                       |                      |  |                |
| 4 Tax revenues levied for the organ-   |                   |                       |                       |                      |  |                |
| ization's benefit and either paid to   |                   |                       |                       |                      |  |                |
| or expended on its behalf  |                   |                       |                       |                      |  |                |
| 5 The value of services or facilities  |                   | -                     |                       |                      |  |                |
| furnished by a governmental unit to  |                   |                       |                       |                      |  |                |
| the organization without charge  |                   | 1                     |                       |                      |  |                |
| 6 Total. Add lines 1 through 5   |                   | <del></del>           |                       |                      |  |                |
| ·  |                   | _                     |                       |                      |  | -              |
| 7a Amounts included on lines 1, 2, and   |                   |                       |                       |                      |  |                |
| 3 received from disqualified persons  b Amounts included on lines 2 and 3 received |                   | 1                     |                       | <del> </del>         | +  | <del></del>    |
| from other than disqualified persons that  |                   |                       |                       |                      |  |                |
| exceed the greater of \$5,000 or 1% of the   |                   |                       |                       |                      |  |                |
| amount on line 13 for the year   |                   |                       |                       |                      | 1  |                |
| c Add lines 7a and 7b  | <del></del>       | ļ                     |                       |                      |  |                |
| 8 Public support (Subtract line 7c from line 6)                                    |                   |                       | l                     |                      | <u></u>  |                |
| Section B. Total Support   |                   | 1                     |                       | T                    |  | T=             |
| Calendar year (or fiscal year beginning in) ➤ 🔼                                    | (a) 2009          | <b>(b)</b> 2010       | (c) 2011              | (d) 2012             | (e) 2013   | (f) Total      |
| 9 Amounts from line 6  |                   |                       |                       |                      |  |                |
| 10a Gross income from interest,  |                   |                       |                       |                      |  |                |
| dividends, payments received on securities loans, rents, royalties                 |                   |                       |                       |                      |  |                |
| and income from similar sources  |                   |                       |                       |                      |  |                |
| <b>b</b> Unrelated business taxable income   |                   |                       |                       |                      |  |                |
| (less section 511 taxes) from businesses   |                   |                       |                       |                      |  |                |
| acquired after June 30, 1975   |                   |                       |                       |                      |  |                |
| c Add lines 10a and 10b  |                   |                       |                       | <u> </u>             |  |                |
| 11 Net income from unrelated business  |                   |                       |                       |                      | <del>-  </del>                                   |                |
| activities not included in line 10b,   |                   |                       |                       |                      |  |                |
| whether or not the business is   |                   |                       |                       |                      |  |                |
| regularly carried on  12 Other income Do not include gain                          |                   |                       |                       |                      | <del>                                     </del> | <del> </del>   |
| or loss from the sale of capital   |                   |                       |                       |                      |  |                |
| assets (Explain in Part IV)  |                   |                       |                       |                      | <del>                                     </del> |                |
| 13 Total support (Add lines 9, 10c, 11, and 12)                                    |                   |                       |                       | <u> </u>             |  | <u>L</u>       |
| 14 First five years. If the Form 990 is for the                                    | ne organization's | s first, second, thir | d, fourth, or fifth t | ax year as a section | on 501(c)(3) organız                             | ation,         |
| check this box and stop here   |                   | _                     |                       |                      | <u> </u>   | ▶∟             |
| Section C. Computation of Public   | Support Pe        | rcentage              |                       |                      | <del></del> _                                    | _              |
| 15 Public support percentage for 2013 (line  | e 8, column (f) d | ivided by line 13, o  | olumn (f))            |                      | 15   |                |
| 16 Public support percentage from 2012 S   | schedule A, Part  | III, line 15          |                       |                      | 16   |                |
| Section D. Computation of Invest   |                   |                       |                       |                      |  |                |
| 17 Investment income percentage for 2013   |                   |                       | ne 13, column (fl)    |                      | 17   |                |
| 18 Investment income percentage from 20  | -                 | -                     | ,                     |                      | 18   |                |
| 19a 33 1/3% support tests - 2013. If the or  |                   |                       | on line 14, and line  | a 15 is more than    |  | 7 is not       |
|  | _                 |                       |                       |                      |  | , 13 HOL       |
| more than 33 1/3%, check this box and  |                   | -                     | · · · · · ·           |                      |  |                |
| b 33 1/3% support tests - 2012. If the or  |                   |                       |                       |                      |  |                |
| line 18 is not more than 33 1/3%, check  |                   |                       |                       |                      | •  | ▶⊨             |
| 20 Private foundation. If the organization   | did not check a   | box on line 14, 19    | a, or 19b, check th   |                      |  |                |
| 32023 00.25-13   |                   |                       |                       | Sal                  | hadula A (Form 99                                | 0 or 000-E7) 2 |

|   | Subbiementai m                        | normation. Provid      | se the explanations | required by Part II                   | , line 10, Part II, line | e 17a or 17b, and Part                | i III, line 12 |
|---|---------------------------------------|------------------------|---------------------|---------------------------------------|--------------------------|---------------------------------------|----------------|
|   | Also complete this pa                 | irt for any additional | information_(See in | structions)                           |                          |                                       |                |
| • |                                       |                        |                     |                                       |                          |                                       |                |
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|   |                                       |                        |                     |                                       |                          |                                       |                |

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

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

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

➤ See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/torm990.

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

|    | Section 501(c)(4), (5), or (6) organization | •                                   | xy 12x) of Form 990-1     | LZ, Part V, line 350 (Proxy    | rax), trien                                   |
|----|---|-------------------------------------|---------------------------|--------------------------------|---|
|    | ne of organization                          |                                     |                           | Emp                            | oloyer (dentification number                  |
|    | NATIONA                                     | AL ABORTION FEDE                    | RATION                    |                                | 43-1097957                                    |
| Pa | art I-A Complete if the or                  | ganization is exempt un             | der section 501(c         | c) or is a section 527         | organization.                                 |
|    |   |                                     |                           |                                |   |
| 1  | Provide a description of the organ          | zation's direct and indirect polit  | ical campaign activities  | s in Part IV                   |   |
| 2  | Political expenditures                      |                                     |                           | •                              | \$  |
| 3  | Volunteer hours                             |                                     |                           |                                |   |
| Pa | art I-B Complete if the or                  | ganization is exempt un             | der section 501(c         | c)(3).                         |   |
| 1  | Enter the amount of any excise tax          | k incurred by the organization ur   | nder section 4955         | •                              | \$  |
| 2  | Enter the amount of any excise tax          | cincurred by organization mana      | gers under section 495    | 55                             | \$  |
| 3  | If the organization incurred a section      | on 4955 tax, did it file Form 472   | O for this year?          |                                | Yes No  |
| 4  | a Was a correction made?                    |                                     |                           |                                | Yes No  |
|    | If "Yes," describe in Part IV               |                                     |                           |                                |   |
| Pa | art I-C Complete if the or                  | ganization is exempt un             | der section 501(c         | c), except section 501         | <u>(c)(3).</u>                                |
| 1  | Enter the amount directly expende           | ed by the filing organization for s | ection 527 exempt fun     | ction activities               | \$  |
| 2  | Enter the amount of the filing orga         | nization's funds contributed to c   | other organizations for   | section 527                    |   |
|    | exempt function activities                  |                                     |                           | <b>&gt;</b> :                  | \$  |
| 3  | Total exempt function expenditure           | s Add lines 1 and 2 Enter here      | and on Form 1120-PO       | )L,                            |   |
|    | line 17b                                    |                                     |                           | <b>&gt;</b> :                  | \$  |
| 4  | Did the filing organization file Form       | 1120-POL for this year?             |                           |                                | Yes No  |
| 5  | Enter the names, addresses and e            | mployer identification number (E    | EIN) of all section 527 p | political organizations to whi | ch the filing organization                    |
|    | made payments For each organization         | ·                                   |                           |                                | •   |
|    | contributions received that were p          |                                     |                           |                                | ate segregated fund or a                      |
|    | political action committee (PAC) If         | additional space is needed, pro     | ovide information in Pa   | rt IV                          |   |
|    | (a) Name                                    | (b) Address                         | (c) EIN                   | (d) Amount paid from           | (e) Amount of political                       |
|    |   |                                     |                           | filing organization's          | contributions received and                    |
|    |   |                                     |                           | funds If none, enter -0-       | promptly and directly delivered to a separate |
|    |   |                                     |                           |                                | political organization                        |
|    |   |                                     |                           |                                | If none, enter -0                             |
|    |   |                                     |                           |                                |   |
|    |   |                                     |                           |                                |   |
|    |   |                                     |                           |                                |   |
|    |   |                                     |                           |                                |   |
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|    | -   |                                     |                           |                                |   |
|    |   | <u> </u>                            |                           |                                |   |

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

Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13

|                | le C (Form 990 or 990-EZ) 2013  | NATIO        | NAL AB           | ORTION FEDE   | RATION                  | 43-1                                   | 097957 Page 2                  |
|----------------|---|--------------|------------------|---|-------------------------|--|--------------------------------|
| Part I         |   |              |                  | mpt under sectio  | n 501(c)(3) and fil     | ed Form 5768                           |                                |
|                | (election under sec   |              | <del>· · ·</del> | hadad ana sa Zarad bah  |                         |  |                                |
| A Chec         | expenses, and sha   | `            |                  | liated group (and list in   | n Paπ IV each aπiliated | group member's nam                     | e, address, EIN,               |
| B Chec         |   |              | , -              | expenditales)<br>nd "limited control" pro                                 | visions apply           |  |                                |
| <u>5 01100</u> | Lımi  | ts on Lobb   | ying Expe        |   |                         | (a) Filing<br>organization's<br>totals | (b) Affiliated group<br>totals |
| 1a To          | otal lobbying expenditures to infli   | Jence pub    | ic opinion (     | grass roots lobbying)   |                         | 8,571.                                 |                                |
|                | otal lobbying expenditures to infli   | •            |                  |   |                         | 11,936.                                |                                |
| <b>c</b> To    | otal lobbying expenditures (add li  | nes 1a and   | 1 1b)            |   |                         | 20,507.                                | , , ,                          |
| d Ot           | ther exempt purpose expenditure   |              | 2,859,370.       |   |                         |  |                                |
| е То           | otal exempt purpose expenditure   | s (add line  | s 1c and 1c      | (b  |                         | 2,879,877.                             |                                |
| f Lo           | bbying nontaxable amount Ente   | h columns    | 293,994.         |   |                         |  |                                |
|                | the amount on line 1e, column (a) o   | r (b) is:    | The lob          | bying nontaxable am   | ount is:                |  |                                |
| No             | ot over \$500,000   |              | 20% of           | the amount on line 1e   |                         |  |                                |
|                | Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000 |              |                  |   |                         |  |                                |
| _              | Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.    |              |                  |   |                         |  |                                |
|                | ver \$1,500,000 but not over \$17,  | 000,000      |                  | 00 plus 5% of the exce  | ss over \$1,500,000     |  |                                |
| LOV            | ver \$17,000,000  |              | \$1,000,         | 000   |                         |  |                                |
| g Gr           | rassroots nontaxable amount (er   | iter 25% of  | line 1f)         |   |                         | 73,499.                                |                                |
| h Su           | ubtract line 1g from line 1a If zer   | o or less, e | nter -0-         |   |                         | .0.                                    |                                |
| i Su           | ubtract line 1f from line 1c If zero  | or less, e   | nter -0-         |   |                         | 0.                                     |                                |
| j lft          | there is an amount other than ze  | ro on eithe  | r line 1h or     | line 1i, did the organiza   | ation file Form 4720    | _                                      |                                |
| re             | porting section 4911 tax for this   | year?        |                  |   |                         |  | Yes No                         |
|                |   | ations tha   | t made a s       | eraging Period Under<br>ection 501(h) election<br>e instructions for line | n do not have to comp   |  |                                |
|                |   | Lobb         | ying Exper       | nditures During 4-Yea   | r Averaging Period      |  |                                |
| (0             | Calendar year<br>or fiscal year beginning in)   | (a) 2        | 2010             | <b>(b)</b> 2011   | (c) 2012                | (d) 2013                               | (e) Total                      |
| <b>2a</b> Lo   | bbying nontaxable amount  | 30:          | L,776.           | 285,550.  | 295,199.                | 293,994.                               | 1,176,519.                     |
|                | bbbying ceiling amount<br>50% of line 2a, column(e))  |              |                  |   |                         |  | 1,764,779.                     |
| <b>c</b> To    | otal lobbying expenditures  | 1            | 5,114.           | 27,757.   | 103,763.                | 20,507.                                | 168,141.                       |
|                | assroots nontaxable amount  | 75           | 5,444.           | 71,388.   | 73,800.                 | 73,499.                                | 294,131.                       |
|                | assroots ceiling amount<br>50% of line 2d, column (e))  |              |                  |   |                         | · · · · · · · · · · · · · · · · · · ·  | 441,197.                       |

Schedule C (Form 990 or 990-EZ) 2013

18,056.

10,674.

f Grassroots lobbying expenditures

67,042.

## Schedule C (Form 990 or 990 EZ) 2013 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)).

| f the lobbying activity   |   |              | 1)                                | (b     | "          |
|---|---|--------------|-----------------------------------|--------|------------|
|   |   | Yes          | No                                | Amo    | ount       |
| During the year, did the filing organization attempt to influence foreign   | , national, state or  |              |                                   |        |            |
| local legislation, including any attempt to influence public opinion on a   |   |              |                                   |        |            |
| or referendum, through the use of   |   | İ            |                                   |        |            |
| a Volunteers?   |   |              |                                   |        |            |
| b Paid staff or management (include compensation in expenses reporte  | d on lines 1c through 1i)?  |              |                                   |        |            |
| c Media advertisements?   |   |              |                                   |        |            |
| d Mailings to members, legislators, or the public?  |   |              |                                   |        |            |
| e Publications, or published or broadcast statements?   |   |              |                                   |        |            |
| f Grants to other organizations for lobbying purposes?  |   |              |                                   |        |            |
| g Direct contact with legislators, their staffs, government officials, or a le  | guslative hody?   |              |                                   |        |            |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, of  |   |              |                                   |        |            |
| i Other activities?   | arry Similar means.   |              |                                   | -      |            |
| Total Add lines 1c through 1i   |   |              |                                   |        |            |
| Did the activities in line 1 cause the organization to be not described in the second se | a anation E01(a)(2)2  |              |                                   |        |            |
|   | 1 Section 50 1(c)(5) 7  |              |                                   |        |            |
| b If "Yes," enter the amount of any tax incurred under section 4912   |   |              |                                   |        |            |
| c If "Yes," enter the amount of any tax incurred by organization manage   |   |              |                                   |        |            |
|   |   | otion 501/o\ | (F) or oc                         | otion  |            |
|   |   |              | (S), Or Se                        | Cuon   |            |
|   | 300tion 301(3)(4), 30   |              |                                   |        |            |
| art III-A Complete if the organization is exempt under  |   |              |                                   | Yes    | N          |
| art III-A Complete if the organization is exempt under 501(c)(6).   |   |              | 1                                 | Yes    | ١          |
| Complete if the organization is exempt under 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by  | members?  |              | 1 2                               | Yes    | ١          |
| Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,6 Did the organization agree to carry over lobbying and political expendart III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines  | members?<br>000 or less?<br>tures from the prior year?<br>section 501(c)(4), se   |              | 2<br>3<br>(5), or se              | ection | N<br>ne 3, |
| The substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,000 bid the organization agree to carry over lobbying and political expendant III-B Complete if the organization is exempt under  | members?<br>000 or less?<br>tures from the prior year?<br>section 501(c)(4), se   |              | 2<br>3<br>(5), or se              | ection |            |
| Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,0 Did the organization agree to carry over lobbying and political expendant III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members  | members?<br>100 or less?<br>tures from the prior year?<br>section 501(c)(4), sec<br>1 and 2, are answer   | ed "No," Of  | 2<br>3<br>(5), or se<br>R (b) Par | ection |            |
| Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,0 Did the organization agree to carry over lobbying and political expendant III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do   | members?<br>100 or less?<br>tures from the prior year?<br>section 501(c)(4), sec<br>1 and 2, are answer   | ed "No," Of  | 2<br>3<br>(5), or se<br>R (b) Par | ection |            |
| Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,0 Did the organization agree to carry over lobbying and political expendant III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  | members?<br>100 or less?<br>tures from the prior year?<br>section 501(c)(4), sec<br>1 and 2, are answer   | ed "No," Of  | (5), or se<br>R (b) Par           | ection |            |
| Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,0 Did the organization agree to carry over lobbying and political expendant III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year  | members?<br>100 or less?<br>tures from the prior year?<br>section 501(c)(4), sec<br>1 and 2, are answer   | ed "No," Of  | 2<br>3<br>(5), or se<br>R (b) Par | ection |            |
| Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,0 Did the organization agree to carry over lobbying and political expendant III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year   | members?<br>100 or less?<br>tures from the prior year?<br>section 501(c)(4), sec<br>1 and 2, are answer   | ed "No," Of  | 2<br>3<br>(5), or se<br>R (b) Par | ection |            |
| Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,0 Did the organization agree to carry over lobbying and political expendant III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total   | members? 100 or less? tures from the prior year? section 501(c)(4), sec 1 and 2, are answer   | ed "No," Of  | 2<br>3<br>(5), or se<br>R (b) Par | ection |            |
| Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,0 Did the organization agree to carry over lobbying and political expendant III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductions.  | members? 100 or less? tures from the prior year? section 501(c)(4), section 2, are answer not include amounts of po-  | ed "No," Of  | 2<br>3<br>(5), or se<br>R (b) Par | ection |            |
| Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,0 Did the organization agree to carry over lobbying and political expendant III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nonded if notices were sent and the amount on line 2c exceeds the amount of   | members?  100 or less?  1 tures from the prior year?  1 and 2, are answer  1 and 2 are answer  1 and 1 are answer  1 and 1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer | ed "No," Of  | 2<br>3<br>(5), or se<br>R (b) Par | ection |            |
| Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,0 Did the organization agree to carry over lobbying and political expendant III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nonded if notices were sent and the amount on line 2c exceeds the amount of does the organization agree to carryover to the reasonable estimate of  | members?  100 or less?  1 tures from the prior year?  1 and 2, are answer  1 and 2 are answer  1 and 1 are answer  1 and 1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer  1 are answer | ed "No," Of  | 2<br>3<br>(5), or se<br>R (b) Par | ection |            |
| Were substantially all (90% or more) dues received nondeductible by Did the organization make only in-house lobbying expenditures of \$2,0 Did the organization agree to carry over lobbying and political expendant III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nonded if notices were sent and the amount on line 2c exceeds the amount of   | members? 100 or less? tures from the prior year? section 501(c)(4), section 501 and 2, are answer not include amounts of position of the line 3, what portion of the frondeductible lobbying are  | ed "No," Of  | 2<br>3<br>(5), or se<br>R (b) Par | ection |            |

### **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.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 Open to Public

Inspection

| Nam | e of the organization NATIONAL ABORTION  | FFDFDATTON  | Employer identification number 43-1097957 |
|-----|--|---|---|
| Pa  |  |   |   |
| Lu  | <del></del>  |   | Accounts. Complete if the                 |
|     | organization answered "Yes" to Form 990, Part IV, line   | (a) Donor advised funds   | (b) Funds and other accounts              |
| _   | Tabel combined to and of the combined to the c | (a) Donor advised funds   | (b) I and 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   | <del>-</del>  |   |
|     | are the organization's property, subject to the organization's   | _   | L Yes L No                                |
| 6   | Did the organization inform all grantees, donors, and donor a  | v v   | •   |
|     | for charitable purposes and not for the benefit of the donor of  | or donor advisor, or for any other purpose conf   |   |
| D-  | impermissible private benefit?   | <del></del>   | Yes No                                    |
| Pa  | rt II Conservation Easements. Complete if the org  | ··  | V, line 7                                 |
| 1   | Purpose(s) of conservation easements held by the organization  |   |   |
|     | Preservation of land for public use (e.g., recreation or e   |   | •   |
|     | Protection of natural habitat  | Preservation of a certified   | historic structure                        |
|     | Preservation of open space   |   |   |
| 2   | Complete lines 2a through 2d if the organization held a qualif   | fied conservation contribution in the form of a   | conservation easement on the last         |
|     | day of the tax year  |   |   |
|     |  |   | Held at the End of the Tax Year           |
| а   | Total number of conservation easements   |   | 2a  |
| b   | Total acreage restricted by conservation easements   |   | 2b  |
| С   | Number of conservation easements on a certified historic stri  |   | 2c  |
| d   | ` ` .  | after 8/17/06, and not on a historic structure  |   |
| •   | listed in the National Register  | landed a decomposition of the |   |
| 3   | Number of conservation easements modified, transferred, rel  | eased, extinguished, or terminated by the orga  | anization during the tax                  |
| _   | year   | nament is located .   |   |
| 4   | Number of states where property subject to conservation eas  | · · · · · · · · · · · · · · · · · · ·   |   |
| 5   | Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements if   | <u> </u>  | Yes No                                    |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,   |   |   |
| 7   | Amount of expenses incurred in monitoring, inspecting, and   | -   |   |
| 8   | Does each conservation easement reported on line 2(d) above  | -   |   |
| _   | and section 170(h)(4)(B)(ii)?  |   | Yes No                                    |
| 9   | In Part XIII, describe how the organization reports conservation   | on easements in its revenue and expense stat  | ement, and balance sheet, and             |
|     | include, if applicable, the text of the footnote to the organizat  |   |   |
|     | conservation easements   |   |   |
| Pa  | t III Organizations Maintaining Collections of   | f Art, Historical Treasures, or Other   | r Similar Assets.                         |
|     | Complete if the organization answered "Yes" to Form  | 990, Part IV, line 8  |   |
| 1a  | If the organization elected, as permitted under SFAS 116 (AS   | C 958), not to report in its revenue statement  | and balance sheet works of art,           |
|     | historical treasures, or other similar assets held for public exh  | nibition, education, or research in furtherance o   | of public service, provide, in Part XIII, |
|     | the text of the footnote to its financial statements that describe   | bes these items   |   |
| b   | If the organization elected, as permitted under SFAS 116 (AS   | C 958), to report in its revenue statement and  | balance sheet works of art, historical    |
|     | treasures, or other similar assets held for public exhibition, ed  | ducation, or research in furtherance of public s  | ervice, provide the following amounts     |
|     | relating to these items  |   |   |
|     | (i) Revenues included in Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                            |
|     | (ii) Assets included in Form 990, Part X   |   | ► \$<br>► \$                              |
| 2   | If the organization received or held works of art, historical treating   | asures, or other similar assets for financial gair  |   |
|     | the following amounts required to be reported under SFAS 1   | 16 (ASC 958) relating to these items  |   |
| а   | Revenues included in Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                            |
| b   | Assets included in Form 990, Part X  |   | ► \$<br>► \$                              |
|     |  |   |   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

|     |   | L ABORTION             |                         |                   |            |                  |            |                 | 7 Page <b>2</b> |
|-----|---|------------------------|-------------------------|-------------------|------------|------------------|------------|-----------------|-----------------|
| Pa  | rt III   Organizations Maintaining C  |                        |                         |                   |            |                  |            |                 |                 |
| 3   | Using the organization's acquisition, accessi                                     | on, and other record   | s, check any of the     | following that a  | re a signi | ificant u        | se of its  | collection      | items           |
|     | (check all that apply)  |                        |                         |                   |            |                  |            |                 |                 |
| а   | Public exhibition   | d                      | Loan or exc             | hange programs    | s          |                  |            |                 |                 |
| b   | Scholarly research  | е                      | Other                   |                   |            |                  |            |                 |                 |
| С   | Preservation for future generations   |                        |                         |                   |            |                  |            |                 |                 |
| 4   | Provide a description of the organization's co                                    | ollections and explain | n how they further t    | he organization'  | 's exemp   | t purpos         | se in Par  | t XIII          |                 |
| 5   | During the year, did the organization solicit o                                   | r receive donations of | of art, historical trea | sures, or other s | sımılar as | sets             |            |                 |                 |
|     | to be sold to raise funds rather than to be ma                                    |                        |                         |                   |            |                  |            | Yes             | No_             |
| Pa  | rt IV Escrow and Custodial Arran  | gements. Comple        | te if the organization  | n answered "Ye    | es" to For | rm 990,          | Part IV, I | ine 9, or       |                 |
|     | reported an amount on Form 990, Par   | t X, line 21           |                         |                   |            |                  |            |                 |                 |
| 1a  | Is the organization an agent, trustee, custodi                                    | an or other intermed   | ary for contribution    | ns or other asset | ts not inc | luded            |            |                 |                 |
|     | on Form 990, Part X?  |                        |                         |                   |            |                  |            | Yes             | No              |
| b   | b If "Yes," explain the arrangement in Part XIII and complete the following table |                        |                         |                   |            |                  |            |                 |                 |
|     | Amount  |                        |                         |                   |            |                  |            |                 |                 |
| С   | Beginning balance   |                        |                         |                   |            | 1c               |            |                 |                 |
| d   | Additions during the year   |                        |                         |                   |            | 1d               |            |                 |                 |
| е   | Distributions during the year   |                        |                         |                   |            | 1e               |            |                 |                 |
| f   | Ending balance  |                        |                         |                   |            | 1f               |            |                 |                 |
| 2a  | Did the organization include an amount on Fo                                      | orm 990, Part X, line  | 21?                     |                   |            |                  |            | Yes             | No              |
|     | If "Yes," explain the arrangement in Part XIII                                    |                        |                         |                   |            |                  |            |                 |                 |
| Pai | t V Endowment Funds. Complete it  | the organization ans   | swered "Yes" to Fo      | rm 990, Part IV,  | line 10    |                  |            |                 |                 |
|     |   | (a) Current year       | (b) Prior year          | (c) Two years b   | ack (d)    | Three year       | ars back   | <b>(e)</b> Four | years back      |
| 1a  | Beginning of year balance   | 874,151.               | 874,151.                | 862,2             | 250.       | 991,357. 1       |            |                 | 039,358.        |
| b   | Contributions   |                        |                         | 51,9              | 955.       |                  |            |                 |                 |
| С   | Net investment earnings, gains, and losses  |                        |                         |                   |            |                  |            |                 |                 |
| d   | Grants or scholarships  |                        |                         |                   |            |                  |            |                 |                 |
| е   | Other expenditures for facilities   |                        |                         |                   |            |                  |            |                 |                 |
|     | and programs  | 874,151.               |                         | 40.0              | 54.        | 12               | 9,107,     |                 | 48,001.         |
| f   | Administrative expenses   |                        |                         |                   |            |                  |            |                 |                 |
| g   | End of year balance   |                        | 874,151.                | 874,1             | L51.       | 86               | 2,250.     |                 | <u>991.357.</u> |
| 2   | Provide the estimated percentage of the curr                                      | ent year end balance   | e (line 1g, column (a   | i)) held as.      |            |                  |            |                 |                 |
| а   | Board designated or quasi-endowment   |                        | _%                      |                   |            |                  |            |                 |                 |
| b   | Permanent endowment   | %                      |                         |                   |            |                  |            |                 |                 |
| С   | Temporarily restricted endowment  | %                      |                         |                   |            |                  |            |                 |                 |
|     | The percentages in lines 2a, 2b, and 2c should                                    | •                      |                         |                   |            |                  |            |                 |                 |
| 3a  | Are there endowment funds not in the posse  | ssion of the organiza  | ition that are held a   | nd administered   | for the d  | organiza         | tion       | _               |                 |
|     | by  |                        |                         |                   |            |                  |            | <u>'</u>        | Yes No          |
|     | (i) unrelated organizations   |                        |                         |                   |            |                  |            | 3a(i)           | <u> </u>        |
|     | (ii) related organizations  |                        |                         |                   |            |                  |            | 3a(ii)          | <u> </u>        |
| b   | if "Yes" to 3a(II), are the related organizations                                 |                        |                         |                   |            |                  |            | 3b_             |                 |
| 4   | Describe in Part XIII the intended uses of the                                    |                        | wment funds             |                   |            |                  |            |                 |                 |
| Par | t VI Land, Buildings, and Equipm  |                        |                         |                   |            |                  |            |                 |                 |
|     | Complete if the organization answered   |                        | <del></del>             |                   |            |                  |            |                 |                 |
|     | Description of property   | (a) Cost or ot         | 1 , ,                   |                   | (c) Accu   |                  |            | (d) Book        | value           |
|     |   | basis (investm         | ient) basis (           | (otner)           | depred     | ciation          | -          |                 |                 |
|     | Land  |                        |                         |                   |            |                  |            |                 |                 |
|     | Buildings   |                        |                         | 0 115             |            | 2 24             | _   _      |                 |                 |
|     | Leasehold improvements  | <del></del>            |                         | 9,115.            |            | $\frac{3,31}{2}$ |            |                 | 798.            |
|     | Equipment   |                        |                         | 2,148.            | 26         | <u>8,56</u>      | 8.         | 33              | <u>,580.</u>    |
|     | Other   |                        | (D) ( = 1               | 0(-))             | · · ·      |                  |            | 2.0             | 270             |

Schedule D (Form 990) 2013

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

| 1.                | (a) Description of liability                      | (b) Book value    |
|-------------------|---|-------------------|
| (1) Federal       | ncome taxes                                       |                   |
| (2) DEFE:         | RRED RENT   | 140,211.          |
| (3) <b>DEFE</b>   | RRED COMPENSATION                                 | 212,200.          |
| (4)               |   |                   |
| (5)               |   |                   |
| (6)               |   |                   |
| (7)               |   |                   |
| (8)               |   |                   |
| (9)               |   |                   |
| Total. (Column (L | n) must equal Form 990, Part X, col (B) line 25.) | <b>▶</b> 352,411. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

| Sche             | dule D (Form 990) 2013 NATIONAL ABORTION FEDERA   | TION_                  | 43-1                 | L097957 Page <b>4</b> |
|------------------|---|------------------------|----------------------|-----------------------|
| Pai              | t XI Reconciliation of Revenue per Audited Financial State  | ements With Revenue    |                      |                       |
|                  | Complete if the organization answered "Yes" to Form 990, Part IV, line  | 12a                    |                      |                       |
| 1                | Total revenue, gains, and other support per audited financial statements  |                        | 1                    | <u>5,907,202.</u>     |
| 2                | Amounts included on line 1 but not on Form 990, Part VIII, line 12  | 1 1                    |                      |                       |
| а                | Net unrealized gains on investments   | 2a                     | 0.42                 |                       |
| b                | Donated services and use of facilities  |                        | ,243.                |                       |
| С                | Recoveries of prior year grants   | 2c                     |                      |                       |
| ď                | Other (Describe in Part XIII )  | 2d                     |                      | 250 042               |
| е                | Add lines 2a through 2d   |                        | 2e                   | 379,243.              |
| 3                | Subtract line 2e from line 1  |                        | 3                    | 5,527,959.            |
| 4                | Amounts included on Form 990, Part VIII, line 12, but not on line 1   | 1.1                    |                      |                       |
| 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                   | 0.                    |
| Do:              | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)                                     | omente With Evnene     | 5                    | <u>5,527,959.</u>     |
| Fai              | t XII Reconciliation of Expenses per Audited Financial Stat   | •                      | es per Retui         | n.                    |
| _                | Complete if the organization answered "Yes" to Form 990, Part IV, line  | 12a                    |                      | 2 250 120             |
| 1                | Total expenses and losses per audited financial statements  |                        | 1                    | 3,259,120.            |
| 2                | Amounts included on line 1 but not on Form 990, Part IX, line 25  | 1 - 1 270              | 242                  |                       |
| a                | Donated services and use of facilities  |                        | 243.                 |                       |
| b                | Prior year adjustments  | 2b                     | <del></del>          |                       |
| С.               | Other losses  | 2c                     | <del></del>          |                       |
| d                | Other (Describe in Part XIII )  | 2d                     |                      | 250 242               |
| _                | Add lines 2a through 2d   |                        |                      | 379,243.              |
| 3                | Subtract line 2e from line 1  |                        | 3                    | 2,879,877.            |
| 4                | Amounts included on Form 990, Part IX, line 25, but not on line 1   | 1 . 1                  |                      |                       |
| a                | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                     |                      |                       |
| b                | Other (Describe in Part XIII )  | 4b                     |                      | •                     |
| С                | Add lines 4a and 4b   |                        | 4c                   | 0.                    |
| <u>5</u>         | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)   † XIII Supplemental Information. | <del>-</del>           | 5                    | 2,879,877.            |
|                  |   | D-13/1                 |                      |                       |
|                  | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,                            |                        | rt V, line 4, Part ) | K, line 2, Part XI,   |
| ines             | 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any                                   | additional information |                      |                       |
|                  |   |                        |                      | ·,                    |
| PAF              | RT V, LINE 4:   |                        |                      |                       |
|                  | V   |                        |                      |                       |
| BOA              | ARD-DESIGNATED ASSETS ARE THE REMAINING   | ASSETS OF A            |                      |                       |
|                  |   |                        | 17                   | <del></del>           |
| WHO              | LLY-OWNED SUBSIDIARY OF NAF THAT WAS DI   | SSOLVED IN 200         | 8. THE E             | OARD                  |
|                  |   |                        |                      |                       |
| DES              | SIGNATED THIS RESERVE TO BE MAINTAINED F  | OR FIVE YEARS          | IN THE E             | VENT NAF              |
|                  |   |                        |                      |                       |
| DEC              | CIDED TO RESTART THE PROGRAM THAT WAS DI  | SSOLVED.               |                      |                       |
|                  |   |                        |                      |                       |
|                  |   |                        |                      |                       |
|                  |   |                        |                      |                       |
| IN               | DECEMBER 2013, THE BOARD APPROVED THE T   | RANSFER OF BOA         | RD-DESIG             | NED NET               |
|                  |   |                        |                      | , <u>.</u>            |
| <u>ASS</u>       | ETS OF \$874,151 TO UNDESIGNATED NET ASS  | ETS. THE BOARD         | D-DESIGNA            | TED NET               |
|                  |   |                        |                      |                       |
| <u>ASS</u>       | ET BALANCE TOTALED \$0 AT DECEMBER 31, 2  | 013.                   |                      |                       |
|                  |   |                        |                      |                       |
|                  |   |                        |                      |                       |
| <b>.</b>         |   |                        |                      |                       |
| PAR              | T X, LINE 2:  |                        |                      |                       |
|                  | mvn   |                        |                      |                       |
| <u> FOR</u>      | THE YEAR ENDED DECEMBER 31, 2013, NAF   | HAS DOCUMENTED         | ITS                  |                       |
| 332054<br>09-25- | 3   |                        | Sched                | ıle D (Form 990) 2013 |

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990. ➤ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2013 Open to Public

Open to Public Inspection

Employer identification number

| Nan  | ne of the organization                 | Employer identification number |                          |  |                  |                      |                                       |
|------|--|--------------------------------|--------------------------|--|------------------|----------------------|---------------------------------------|
| NΙΔ  | TIONAL ABORTI                          | r∩n eened                      | λ TI ONI                 |  |                  | 43-109795            | 7                                     |
|      | art I General Info                     | rmation on A                   | ATTON<br>Activities Ou   | tside the United States. Compl           | ete if the organ | zation answered "Y   | /<br>'es" on                          |
|      | Form 990, Part I                       |                                |                          |  |                  |                      |                                       |
| 1    | For grantmakers. Does                  | s the organization             | n maintain recor         | ds to substantiate the amount of its gr  | ants and other   | assistance,          |                                       |
|      | the grantees' eligibility f            | for the grants or a            | assistance, and          | the selection criteria used to award the | e grants or ass  | stance?              | Yes No                                |
|      |  |                                |                          |  |                  |                      |                                       |
| 2    | For grantmakers. Desc<br>United States | cribe in Part V the            | e organization's         | procedures for monitoring the use of it  | s grants and o   | ther assistance outs | side the                              |
| 3    |  | he following Part              | t Llino 3 table c        | an be duplicated if additional space is  | noodod )         |                      |                                       |
|      | (a) Region                             | (b) Number of                  | ·                        | (d) Activities conducted in region       | 1                | vity listed in (d)   | (f) Total                             |
|      | (2)                                    | offices                        | employees, agents, and   | (by type) (e g , fundraising, program    | 1                | gram service,        | expenditures                          |
|      |  | in the region                  | Independent              | services, investments, grants to         |                  | specific type        | for and<br>investments                |
|      |  |                                | contractors<br>in region | recipients located in the region)        | of service       | ce(s) in region      | ın region                             |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  | E, LEGAL, AND        |                                       |
|      |  |                                |                          |  |                  | ABORTION CARE        |                                       |
| NOR' | TH AMERICA                             | 0                              | 1                        | PROGRAM SERVICES                         | IN CANADA.       | · <u>·</u> ··        | 203,219.                              |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  | li .             |                      |                                       |
|      |  |                                |                          |  | }                |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  | <del></del>          |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      | · , <u>-</u> · ,                       |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  | · _ ·                |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          | 1  |                  | - · · ·              | *                                     |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  | <u> </u>             | · · · · · · · · · · · · · · · · · · · |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
|      |  |                                |                          |  |                  |                      |                                       |
| 3 a  | Sub-total                              | 0                              | 1                        |  |                  |                      | 203,219.                              |
|      | Total from continuation                |                                |                          |  |                  |                      |                                       |
|      | sheets to Part I                       | 0                              | 0                        |  |                  |                      | 0.                                    |
| С    | Totals (add lines 3a                   | ]                              |                          |  |                  |                      |                                       |
|      | and 3b)                                | <u> </u> 0                     | _ 1                      | <u> </u>                                 | l                |                      | 203,219,                              |

332071 10-03-13 Schedule F (Form 990) 2013

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

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 NATIONAL ABORTION FEDERATION Schedule F (Form 990) 2013

Part II

| (i) Method of<br>valuation (book, FMV<br>appraisal, other) |  |  |  |   |   |  |
|--|--|--|--|---|---|--|
| (h) Description of non-cash assistance                     |  |  |  |   |   |  |
| (g) Amount of non-cash assistance                          |  |  |  |   |   | xempt by   |
| (f) Manner of cash disbursement                            |  |  |  |   |   | recognized as tax-e.   |
| (e) Amount<br>of cash grant                                |  |  |  |   |   | foreign country,   |
| (d) Purpose of grant                                       |  |  |  |   |   | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter |
| (c) Region   |  |  |  |   | : | is listed above that are ri<br>I has provided a section  |
| (b) IRS code section and EIN (if applicable)               |  |  |  | ٠ |   | recipient organization<br>he grantee or counse   |
| 1<br>(a) Name of organization                              |  |  |  |   |   | 2 Enter total number of<br>the IRS, or for which ti  |

Schedule F (Form 990) 2013

Enter total number of other organizations or entities

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NATIONAL ABORTION FEDERATION Schedule F (Form 990) 2013

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

Page 3

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| -<br> -   |  |   |   |   |        |   |       |
|---|--|---|---|---|--------|---|-------|
| (h) Method of valuation (book, FMV, appraisal, other) |  |   |   |   |        |   |       |
| (h) M<br>val<br>(boo<br>appra                         |  |   |   |   |        |   |       |
|   |  | - |   |   |        |   |       |
| (g) Description of non-cash assistance                |  |   |   |   |        |   |       |
| Descri  |  |   |   |   |        |   |       |
| <b>6</b> )  |  |   |   |   |        |   |       |
| unt of<br>ash<br>ance                                 |  |   |   |   |        |   |       |
| (f) Amount of non-cash assistance                     |  |   |   |   |        |   |       |
|   |  |   |   |   |        |   |       |
| r of<br>ement   |  |   |   |   |        |   |       |
| (e) Manner of cash disbursement                       |  |   |   |   |        |   |       |
| (e<br>cash  |  |   |   |   |        |   |       |
| <u></u>   |  |   |   |   |        |   |       |
| (d) Amount of cash grant                              |  |   |   |   | ·<br>· |   |       |
| f (d) A   |  |   |   |   |        |   |       |
| (c) Number of recipients                              |  |   |   |   |        |   |       |
| (c) NL reci   |  |   |   |   |        |   | <br>_ |
| 5   |  |   |   |   |        |   |       |
| (b) Region  |  |   |   |   |        |   |       |
|   |  |   |   |   |        |   |       |
| J.Ce  |  |   |   |   |        |   |       |
| assista   |  |   |   |   |        |   |       |
| (a) Type of grant or assistance                       |  |   |   |   |        |   |       |
| Type of   |  |   |   |   |        | : |       |
| (a) .   |  |   | ı | i |        |   |       |
| ı   |  |   | , | ı | I      |   |       |

Schedule F (Form 990) 2013

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

Schedule F (Form 990) 2013

Yes X No

Page 4

for Form 5713)

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Publi Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

NATIONAL ABORTION FEDERATION

Employer identification number 43-1097957

|    | art i Questions Regarding Compensation                            |  |     |     |            |
|----|---|--|-----|-----|------------|
|    |   |  |     | Yes | No         |
| 1a | Check the appropriate box(es) if the organization provided a      | ny of the following to or for a person listed in Form 990, |     |     |            |
|    | Part VII, Section A, line 1a Complete Part III to provide any r   | relevant information regarding these items                 |     |     |            |
|    | First-class or charter travel                                     | Housing allowance or residence for personal use            |     |     |            |
|    | Travel for companions   | Payments for business use of personal residence            |     |     |            |
|    | Tax indemnification and gross-up payments                         | Health or social club dues or initiation fees              |     |     |            |
|    | Discretionary spending account                                    | Personal services (e g , maid, chauffeur, chef)            |     |     |            |
|    |   |  |     |     |            |
| b  | If any of the boxes on line 1a are checked, did the organizati    | on follow a written policy regarding payment or            |     |     |            |
|    | reimbursement or provision of all of the expenses described       | above? If "No," complete Part III to explain               | 1b  |     |            |
| 2  | Did the organization require substantiation prior to reimbursi    | ng or allowing expenses incurred by all directors,         |     |     |            |
|    | trustees, and officers, including the CEO/Executive Director,     | regarding the items checked in line 1a?                    | 2   |     |            |
|    |   |  |     |     |            |
| 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 a        | any boxes for methods used by a related organization to    |     |     |            |
|    | establish compensation of the CEO/Executive Director, but e       | explain in Part III  |     |     |            |
|    | Compensation committee  | Written employment contract                                |     |     |            |
|    | Independent compensation consultant                               | Compensation survey or study                               |     |     |            |
|    | X Form 990 of other organizations                                 | X Approval by the board or compensation committee          | -   |     |            |
| 4  | During the year, did any person listed in Form 990, Part VII, S   | Section A line 1a with respect to the filing               |     |     |            |
| 7  | organization or a related organization                            | Section A, line 1a, with respect to the himg               |     |     |            |
| а  | Receive a severance payment or change-of-control payment          | 2  | 4a  |     | х          |
|    | Participate in, or receive payment from, a supplemental nonc      |  | 4b  |     | X          |
|    | Participate in, or receive payment from, an equity-based com      |  | 4c  |     | X          |
| Ť  | If "Yes" to any of lines 4a-c, list the persons and provide the   | •  | 70  |     |            |
|    |   |  |     |     |            |
|    | Only section 501(c)(3) and 501(c)(4) organizations must co        | omplete lines 5-9.   |     |     |            |
| 5  | For persons listed in Form 990, Part VII, Section A, line 1a, d   | id 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, di  | id the organization pay or accrue any compensation         |     |     |            |
|    | contingent on the net earnings of                                 |  | 1   |     |            |
| а  | The organization?   |  | 6a  |     | _X_        |
| b  | Any related organization?   |  | 6b  |     | <u> </u>   |
|    | If "Yes" to line 6a or 6b, describe in Part III                   |  |     |     |            |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, de  | d 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 accounts | crued pursuant to a contract that was subject to the       |     |     |            |
|    | initial contract exception described in Regulations section 53    | 3 4958-4(a)(3)? If "Yes," describe in Part III             | 8   |     | <u>X</u> _ |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttat | ple presumption procedure described in                     |     |     |            |
|    | Begulations section 53 4958-6(c)?                                 |  | اما |     |            |

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

Schedule J (Form 990) 2013

NATIONAL ABORTION FEDERATION

43-1097957

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2013

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 Title      |      | (ı) Base<br>compensation | (II) Bonus & Incentive compensation                | (III) Other<br>reportable<br>compensation | compensation       | Denents        | (a)-(i)(a)           | reported as deferred<br>in prior Form 990 |
| (1) VICKI SAPORTA       | Ξ    | 270,720.                 | 0.   | 10,004.                                   | 17,850.            | 13,593.        | 312,167.             | 0   |
|                         | (ii) | 0                        | 0  |   | 0                  | 0              |                      | 0   |
| INE STONE               | Ξ    | 0                        | 0.   | 0   | 0                  | 0              |                      | 0   |
| CHIEF FINANCIAL OFFICER | (ii) | 141,711.                 | 0  | • 0                                       | 9,003.             | 8,966.         | 159,68               |   |
|                         | Θ    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | ≘ :  |                          |  |   |                    |                |                      |   |
|                         | ≣ :  |                          |  |   |                    |                |                      |   |
|                         | ≘ (€ |                          |  |   |                    |                |                      |   |
|                         | 3    |                          |  |   |                    |                |                      |   |
|                         | 3    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | (II) |                          |  |   |                    |                |                      |   |
|                         | (I)  |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | ₿    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | ⋾    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | 3    |                          |  |   |                    |                |                      |   |
|                         | Ξ    |                          |  |   |                    |                |                      |   |
|                         | ⊞    |                          |  |   |                    |                |                      |   |
|                         | ε    |                          |  |   |                    |                |                      |   |
|                         | 3    | :                        |  |   |                    |                |                      |   |
|                         |      |                          |  |   |                    |                |                      |   |

Schedule J (Form 990) 2013

332112 09-13-13

332113 09-13-13

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

|     | NATIONAL ABO   | RTION                         | <b>FEDERATIO</b>                                 | N   | 43-                            | 1097     | 957    |                 |
|-----|--|-------------------------------|--|---|--------------------------------|----------|--------|-----------------|
| Pa  | rt I Types of Property                               |                               |  |   |                                |          |        |                 |
|     |  | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of d<br>noncash contrib | letermır |        | ts              |
| 1   | Art Works of art                                     |                               |  |   |                                |          |        |                 |
| 2   | Art · Historical treasures                           |                               |  |   |                                | _        |        |                 |
| 3   | Art - Fractional interests                           |                               |  |   |                                |          |        |                 |
| 4   | Books and publications                               |                               |  |   |                                |          |        |                 |
| 5   | Clothing and household goods                         |                               |  |   |                                |          |        |                 |
| 6   | Cars and other vehicles                              |                               |  |   |                                |          |        |                 |
| 7   | Boats and planes                                     |                               |  |   |                                |          |        |                 |
| 8   | Intellectual property                                |                               |  |   |                                |          |        |                 |
| 9   | Securities - Publicly traded                         | X                             | 4  | 2,491,826.  | MARKET VALU                    | JE       |        |                 |
| 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 )                                 | X                             | 1  | 14,113.   | MARKET VALU                    | JE       |        |                 |
| 26  | Other ( )  | •                             |  |   |                                |          |        |                 |
| 27  | Other ( )  |                               |  |   |                                |          |        |                 |
| 28  | Other ( )  |                               |  |   |                                |          |        |                 |
| 29  | Number of Forms 8283 received by the organization    | ation during                  | the tax year for c                               | ontributions  |                                |          |        |                 |
|     | for which the organization completed Form 828        | 3, Part IV, D                 | Donee Acknowledg                                 | jement 29   |                                |          | 0      |                 |
|     |  |                               |  |   |                                |          | Yes    | No              |
| 30a | During the year, did the organization receive by     | contributio                   | n any property rep                               | orted in Part I, lines 1 - 28, t  | hat it must hold for           |          |        |                 |
|     | at least three years from the date of the initial co | ontribution,                  | and which is not r                               | equired to be used for exen   | npt purposes for               |          |        |                 |
|     | the entire holding period?                           |                               |  |   | . , ,                          | 30a      |        | Х               |
| b   | If "Yes," describe the arrangement in Part II        |                               |  |   |                                |          |        |                 |
| 31  | Does the organization have a gift acceptance po      | olicy that re                 | quires the review                                | of any non-standard contrib   | utions?                        | 31       | х      |                 |
| 32a | Does the organization hire or use third parties o    | r related or                  | ganizations to solid                             | cit, process, or sell noncash   |                                |          |        |                 |
|     | contributions?                                       |                               |  |   |                                | 32a      |        | Х               |
| b   | If "Yes," describe in Part II                        |                               |  |   |                                |          |        | _ <del></del> _ |
| 33  | If the organization did not report an amount in c    | olumn (c) fo                  | or a type of proper                              | ty for which column (a) is ch   | ecked,                         |          |        |                 |
|     | describe in Part II                                  |                               |  |   |                                |          |        |                 |
| _HA | For Paperwork Reduction Act Notice, see t            | he Instruct                   | ions for Form 990                                | ).  | Schedule M                     | (Form    | 990) ( | 2013)           |

332 14 1 09-03-13

| Schedule M (Form 990) (2013) NATIONAL ABORTION FEDERATION   | 43-1097957 Page 2   |
|---|---|
| Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information | and whether the organization nation of both Also complete |
| SCHEDULE M, PART I, COLUMN (B):   |   |
| THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS.   |   |
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332142 09-03-13

Schedule M (Form 990) (2013)

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| NATIONAL ABORTION FEDERATION 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 \$ 246,831. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.            |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| CANADIAN PROGRAM: NAF ESTABLISHED A PROGRAM 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         |  |  |  |  |  |  |  |

332211 09-04-13

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

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization Employer identification number NATIONAL ABORTION FEDERATION 43~1097957 MEETINGS OF OTHER CANADIAN MEDICAL ORGANIZATIONS. EXPENSES \$ 203,219. 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 QUALITY CARE. EXPENSES \$ 76,132. 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. Schedule O (Form 990 or 990-EZ) (2013) FORM 990, PART VI, SECTION B, LINE 11:

THE 990 WAS PREPARED BY THE OUTSIDE 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.

Name of the organization Employer identification number NATIONAL ABORTION FEDERATION 43-1097957 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 WITH THE PRESIDENT/CEO. THE PRESIDENT/CEO DETERMINES THE SALARIES OF THE KEY EMPLOYEES OF THE ORGANIZATION. THE BOARD APPROVES WRITTEN COMPENSATION SCHEDULES FOR EMPLOYEES AS PART OF THE ANNUAL BUDGET PROCESS. THESE SCHEDULES ARE DEVELOPED BY REVIEWING COMPENSATION DATA FOR COMPARABLE POSITIONS AT SIMILAR NON-PROFIT ORGANIZATIONS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, NH, NJ, NM, NY, OH OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV FORM 990, PART VI, SECTION C, LINE 19: NAF PROVIDES A LINK ON ITS WEBSITE TO BOTH WWW.CHARITYNAVIGATOR.ORG AND WWW.GUIDESTAR.ORG, WHERE THE ORGANIZATION'S FINANCIAL STATEMENTS CAN BE VIEWED. IN ADDITION, NAF PROVIDES GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND ANNUAL REPORT, TO ALL WHO REQUEST THEM. TELEPHONE-ANSWERING INSTRUCTIONS STATE THAT REQUESTS FOR THESE DOCUMENTS ARE TO BE FORWARDED TO THE APPROPRIATE SENIOR ADMINISTRATIVE AND FINANCIAL STAFF FOR RESPONSE. SIMILARLY, REQUESTS THAT ARE RECEIVED VIA EMAIL ARE FORWARDED TO THE APPROPRIATE SENIOR ADMINISTRATIVE AND FINANCIAL STAFF FOR RESPONSE. Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection

Employer identification number 43-1097957 ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 NATIONAL ABORTION FEDERATION Name of the organization

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

| organizations during the tax year                  |                            |   |                               |                                       |                               |  |
|--|----------------------------|---|-------------------------------|---------------------------------------|-------------------------------|--|
| (a) Name, address, and EIN of related organization | (b)<br>Primary activity    | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |
|  |                            |   |                               | 501(c)(3))                            |                               | Yes No   |
| NATIONAL ABORTION FEDERATION CANADA                | ENSURES SAFE, LEGAL, AND   |   |                               |                                       |                               |  |
| 104-284 HELMCKEN ROAD                              | ACCESSIBLE ABORTION CARE   |   |                               |                                       |                               |  |
| VICTORIA, BC, CANADA                               | IN CANADA,                 | CANADA  | 501(C)(3)                     |                                       | NAF                           | ×  |
| NAF HOTLINE FUND - 26-4703759                      | NATIONAL TOLL-FREE HOTLINE |   |                               |                                       |                               | :<br>!   |
| 1660 L ST NW, SUITE 450                            | FOR CONFIDENTIAL           |   |                               |                                       |                               |  |
| WASHINGTON, DC 20036                               | CONSULTATIONS & REFERRALS, | DISTRICT OF COLUMBIA 501(C)(3)                | 01(C)(3)                      | LINE 11                               | NAF                           | ×  |
|  |                            |   |                               |                                       |                               |  |
|  |                            |   |                               |                                       |                               |  |
|  |                            |   |                               |                                       |                               |  |
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Schedule R (Form 990) 2013

43-1097957

Page Z

Schedule R (Form 990) 2013 NATIONAL ABORTION FEDERATION

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

General or Percentage managing ownership partner? Schedule R (Form 990) 2013 Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Percentage ownership Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ε ž Disproportionate allocations? Ξ Share of total income Yes Share of end-of-year assets Ø Type of entity (C corp, S corp, or trust) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) 44 <u>ပ</u> (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 332162 09-12-13 Part IV

Page 3

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

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule   |                                  |  |  |              | Yes.           | S<br>S      |
|--|----------------------------------|--|--|--------------|----------------|-------------|
| 1 Dufing the tax year, did the organization engage in any of the following transaction a Receipt of (i) interest (ii) annuities (iii) revelties or (iii) from a controlled entity. | s with one or more re            | transactions with one or more related organizations listed in Parts II-IV? | in Parts II-IV?                              | +            | \\ \frac{1}{1} | ,           |
|  |                                  |  |  | e e          | }              | : ۵         |
| b oin, grant, or capital contribution to related organization(s)   |                                  |  |  | <del>Q</del> | 1              | ×           |
| <ul> <li>Gift, grant, or capital contribution from related organization(s)</li> </ul>  |                                  |  |  | <b>ب</b>     | _              | ×           |
| d Loans or loan guarantees to or for related organization(s)   |                                  |  |  | 7            |                | ×           |
| e Loans or loan guarantees by related organization(s)  |                                  |  |  |              |                | ×           |
|  |                                  |  |  | ש            | -              | 4           |
| f Dividends from related organization(s)   |                                  |  |  | <b>=</b>     |                | ×           |
| g Sale of assets to related organization(s)  |                                  |  |  | 5            |                | ×           |
| h Purchase of assets from related organization(s)  |                                  |  |  | ŧ            |                | ×           |
| i Exchange of assets with related organization(s)  |                                  |  |  | 1            |                | ×           |
| j Lease of facilities, equipment, or other assets to related organization(s)   |                                  |  |  | =            |                | ×           |
| 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)   | anization(s)                     |  |  | =            | ×              |             |
| <ul> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>  | anization(s)                     |  |  | Ē            |                | ×           |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | tion(s)                          |  |  | Ę            |                | ×           |
| <ul> <li>Sharing of paid employees with related organization(s)</li> </ul>   |                                  |  |  | 9            |                | ×           |
| n Reimbilisement haid to related organization(s) for exnenses  |                                  |  |  | Į            |                | <b>&gt;</b> |
|  |                                  |  |  | 5 5          | ×              | 4           |
|  |                                  |  |  |              |                |             |
| r Other transfer of cash or property to related organization(s)  |                                  |  |  | <b>+</b> ;   |                | ××          |
| 1  | who must complete th             | is line, including covered   | relationships and transaction thresholds     | 2            |                | 4           |
| (a)<br>Name of related organization  | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved   | (d)<br>Method of determining amount involved | volved       |                |             |
|  |                                  |  |  | :            |                | 1           |
| (1) NAF HOTLINE FUND   | ı                                | 195,593.   | FMV  |              |                |             |
| (2) NAF HOTLINE FUND   | a                                | 66,394.FMV   | FMV  |              |                |             |
| (3) NAF - CANADA   | Ŏ                                | 40,861.  | FMV  |              |                |             |
| (4)  |                                  |  |  |              |                |             |
| (5)  |                                  |  |  |              |                |             |
| (9)  |                                  |  |  |              |                |             |
| 332163 09-12-13  | 45                               |  | Schedule R (Form 990) 2013                   | R (Form 9    | 33O) 2C        | 013         |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

| (k)<br>ercentage<br>wnership  |   |  |  |      | Schedule R (Form 990) 2013 |
|---|---|--|--|------|----------------------------|
| rai or P.   | 2                                       |  |  | <br> | or a g                     |
| Genera<br>Dartne  | O N N N N N N N N N N N N N N N N N N N |  |  |      | R (F)                      |
| Dispropor- |   |  |  |      | Schedule                   |
| Oisproportionale allocations?   | ON Salar                                |  |  |      |                            |
| (g) Share of end-of-year assets   | ļ                                       |  |  |      |                            |
| (f)<br>Share of<br>total<br>income  |   |  |  |      |                            |
| (e) Are all Are all 501(c)(3) 0053 Vec No   |   |  |  |      |                            |
| (d)  Refall Predominant income parties sec (related, unrelated, solicity) excluded from tax under section 512-514) yes No.  |   |  |  |      |                            |
| (c) Legal domicile (state or foreign country)   | 1                                       |  |  |      |                            |
| (b) Primary activity  |   |  |  |      |                            |
| (a) Name, address, and EIN of entity  |   |  |  |      |                            |

| Schedule R  | (Form 990) 2013                    | NATIONAL             | ABORTION           | FEDERATION                     | 43-10       | )97957 Page <b>5</b>                          |
|-------------|------------------------------------|----------------------|--------------------|--------------------------------|-------------|---|
| Part VII    | (Form 990) 2013  Supplemental Info | ormation             |                    |                                |             |   |
|             | Provide additional inform          | mation for reenances | to questions on S  | chedule R (see instructions)   |             |   |
|             | 1 Tovide additional linor          | nation for responses | to questions on Si | cheddle H (see illistractions) |             |   |
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