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DLN: 93493120003125

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the :	2014 ca	lendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014		_			
<b>B</b> Ch	eck if a	pplicable	C Name of organization THE NATIONAL CAMPAIGN TO PREVENT		D Employ	er ide	ntification number	
☐ Add	Iress ch	nange	TEEN AND UNPLANNED PREGNANCY		52-19	7461	1	
┌ Na	ne cha	nge	Doing business as		-			
┌ Init	ıal retu	m						
Fın	al		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephor	ne num	ber	
ret	urn/terr	nınated	1776 MASSACHUSETTS AVENUE NW NO 200		(202)	178-8	500	
Am	ended	return	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 200361916		1			
☐ App	lication	n pending	WASHINGTON, DC 200301910		<b>G</b> Gross re	ceipts	62,605,851	
			F Name and address of principal officer	<b>H(a)</b> Ist	■■ his a group i	return	for	
			SARAH S BROWN 1776 MASSACHUSETTS AVENUE NW NO 200		ordinates ?		┌ Yes 🗸 No	
			WASHINGTON DC 200361916	H(h) Ara	all subordin	2+25	┌ Yes ┌ No	
					an Suborain uded?	ates	j řesj No	
<b>I</b> Ta	x-exem	pt status	s	If"N	No," attach	a lıst	(see instructions)	
	ebsite	e: ► W'	WW THENATIONALCAMPAIGN ORG	ura Gro	oup exempti	an niii	mher 🕨	
				-(-)				
				<b>L</b> Year of f	formation 199	6 <b>M</b>	State of legal domicile DC	
Ра	rt I		nmary					
			describe the organization's mission or most significant activities	C TEEN O	. IINDI ANN	ED D1	DECNANCIES	
aı.	-	IMPRO	VE THE WELL-BEING OF CHILDREN, YOUTH & FAMILIES BY REDUCING	J IEEN 8	CONPLANN	EDP	REGNANCIES	
Ě								
Ē	-							
₹	2 (	Check	this box $lacktriangledown  ag{T}$ if the organization discontinued its operations or disposed of m	nore than	25% of its	net as	sets	
Activities & Governance	l					_	1	
<b>න්</b> රෙ			r of voting members of the governing body (Part VI, line 1a)			3	25	
ij			r of independent voting members of the governing body (Part VI, line 1b)			4	23	
돌			umber of individuals employed in calendar year 2014 (Part V, line 2a) .			5	46	
ĕ			umber of volunteers (estimate if necessary)		• •	6	332	
	I		nrelated business revenue from Part VIII, column (C), line 12			7a	0	
	B	Net uiii	elated business taxable income nonitrottii 990-1, line 34		or Year	7b	Current Year	
	8	Cont	ributions and grants (Part VIII, line 1h)	PII	6,838,2	54	24,017,578	
ā	9		ram service revenue (Part VIII, line 2g)		0,030,2	0	24,017,378	
Revenue	10		stment income (Part VIII, column (A), lines 3, 4, and 7d)			<u> </u>	824,905	
ů.	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	373,45 36,85			16,394	
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		· · ·			
					7,248,5	64	24,858,877	
	13	Gran	ts and similar amounts paid (Part IX, column (A), lines 1–3)		562,1	98	446,128	
	14		fits paid to or for members (Part IX, column (A), line 4)			0	0	
ø	15	Salar 5-10	ries, other compensation, employee benefits (Part IX, column (A), lines		4,277,6	26	4,348,274	
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)		25,9	69	29,823	
<u>₹</u>			F		23,3	-	25,025	
짚	Ь	lotaii	fundraising expenses (Part IX, column (D), line 25) • 183,760					
	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,976,3		6,964,452	
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		11,842,1	-	11,788,677	
	19	Reve	nue less expenses Subtract line 18 from line 12		-4,593,5		13,070,200	
\$ §					ng of Curren Year	t	End of Year	
3.04 3.04 3.04 3.04 3.04 3.04 3.04 3.04	20	Total	l assets (Part X, line 16)		26,945,2	59	40,381,120	
Not Assets or Fund Balances	21		liabilities (Part X, line 26)		889,3		1,081,832	
2 2 2 3	22		assets or fund balances Subtract line 21 from line 20		26,055,8		39,299,288	
Pai	t II	_	nature Block				,,	
		_	f perjury, I declare that I have examined this return, including accompanyin	ıa schedu	les and stat	emen	ts and to the best of	
my k	nowled	dge and	belief, it is true, correct, and complete Declaration of preparer (other than					
prepa	rer ha	is any l	knowledge					
		***	***	].	2015-04-30			
Sign	ì	IB	nature of officer		Date			
Her		I SAR	RAH S BROWN CHIEF EXECUTIVE OFFICER					
			e or print name and title					
			Print/Type preparer's name Preparer's signature Date		ICCK I II	PTIN	2052	
Paid	t		FRANK H SMITH FRANK H SMITH 2015  Firm's name ► RAFFA PC		lf-employed m's EIN ► 52	P00639		
Pre	pare	r		"	III 2 LIN 🛌 32	13117	13	
	On		Firm's address ► 1899 L STREET NW SUITE 900	Ph	one no (202)	822-5	000	
			WASHINGTON, DC 20036					

Part III	Statement of	Program	Service	Accom	plishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . . . . . . . . . . . . .

Briefly describe the organization's mission

THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY (THE CAMPAIGN) EXISTS TO IMPROVE THE LIVES AND FUTURE PROSPECTS OF CHILDREN AND FAMILIES AND, IN PARTICULAR, TO HELP ENSURE THAT CHILDREN ARE BORN INTO STABLE, TWO-PARENT FAMILIES WHO ARE COMMITTED TO AND READY FOR THE DEMANDING TASK OF RAISING THE NEXT GENERATION OUR SPECIFIC STRATEGY IS TO PREVENT TEEN PREGNANCY AND UNPLANNED PREGNANCY, ESPECIALLY AMONG SINGLE, YOUNG ADULTS WE SUPPORT A COMBINATION OF RESPONSIBLE VALUES AND BEHAVIOR BY BOTH MEN AND WOMEN AND RESPONSIBLE POLICIES IN BOTH THE PUBLIC AND PRIVATE SECTORS IF WE ARE SUCCESSFUL, CHILD AND FAMILY WELL-BEING WILL IMPROVE THERE WILL BE LESS POVERTY, MORE OPPORTUNITIES FOR YOUNG MEN AND WOMEN TO COMPLETE THEIR EDUCATION OR ACHIEVE OTHER LIFE GOALS, FEWER ABORTIONS, AND A STRONGER NATION

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a ) (Expenses \$ 5,338,032 including grants of \$ 150,000 ) (Revenue \$ 0)

MEDIA - REACHING TEENS, YOUNG ADULTS, AND PARENTS THROUGH ENTERTAINMENT AND DIGITAL MEDIA IS ONE OF THE ORGANIZATION'S PRIORITIES ON THE ENTERTAINMENT MEDIA FRONT, THE CAMPAIGN HAS DEVELOPED PARTNERSHIPS WITH MORE THAN 100 MAJOR ENTERTAINMENT MEDIA LEADERS AND WITH EVERY MAJOR TELEVISION BROADCAST AND CABLE NETWORK MOST POPULAR WITH TEENS, THEIR PARENTS, AND WITH YOUNG ADULTS AS WELL OVER THE YEARS, CAMPAIGN MESSAGES HAVE APPEARED IN TELEVISION PROGRAMS, MAGAZINES, AND WEBSITES SEEN BY TENS OF MILLIONS OF PEOPLE THE MEDIA PROGRAM ALSO RELIES HEAVILY ON REACHING PARENTS, TEENS, AND YOUNG ADULTS THROUGH DIGITAL WEBSITES, SOCIAL NETWORKING SITES, AND MOBILE TECHNOLOGIES IN ADDITION, GAMES ARE DEVELOPED TO AFFECT TEENS' AND YOUNG ADULTS' SEXUAL ATTITUDES, KNOWLEDGE, AND BEHAVIOR A SERIES OF EVALUATION STUDIES, INCLUDING A 2014 STUDY CREDITING MTV TEEN PREGNANCY REALITY SHOWS WITH ONE-THIRD OF THE DECLINE IN THE NATION'S TEEN BIRTH RATE, SUGGEST THIS WORK IS HELPING THE CAMPAIGN MEET ITS MISSION ON THE DIGITAL FRONT, WE USE ALL FORMS OF NEW MEDIA-INCLUDING WEBSITES, SOCIAL NETWORKING SITES, MOBILE TECHNOLOGIES, AND GAMES-TO POSITIVELY CHANGE TEENS' AND YOUNG ADULTS' SEXUAL ATTITUDES, KNOWLEDGE, AND BEHAVIOR IN POSITIVE DIRECTIONS THE CAMPAIGN'S DIGITAL MEDIA AND ENTERTAINMENT MEDIA PROGRAMS WORK CLOSELY TOGETHER TO GET MESSAGES TO OUR TARGET AUDIENCES THROUGH OUR ENTERTAINMENT MEDIA PARTNERS' DIGITAL OUTLETS OUR AWARD-WINNING PROPERTIES-INCLUDING THENATIONALCAMPAIGN ORG, STAYTEEN ORG, AND BEDSIDER ORG-ATTRACT MORE THAN 9 MILLION VISITORS ANNUALLY AS PART OF THE MEDIA PROGRAM, THE CAMPAIGN RECEIVED DONATED RADIO AND TELEVISED PUBLIC SERVICE ANNOUNCEMENT AIRTIME, INTERNET AND PRINT ADVERTISING SPACE, AND DONATED SUPPLIES

4b (Code ) (Expenses \$ 1,121,730 including grants of \$ 0) (Revenue \$ 16,207)

COMMUNICATIONS - THE COMMUNICATIONS PROGRAM WORKS TO KEEP THE ISSUE OF TEEN AND UNPLANNED PREGNANCY IN THE PUBLIC'S MIND, TO COMMUNICATE THE CAMPAIGN'S MESSAGES AND IDEAS, AND TO PRODUCE AND MARKET CAMPAIGN PRODUCTS THE PROGRAM WORKS IN THREE PRIMARY AREAS PRESS RELATIONS, PUBLICATIONS, AND THE WEB THE CAMPAIGN DEVELOPS, PRODUCES, AND DISSEMINATES A WIDE RANGE OF MATERIALS FROM INFLUENTIAL RESEARCH TO POSTERS, POSTCARDS, PUBLIC SERVICE ANNOUNCEMENTS, AND A HOST OF CUTTING-EDGE DIGITAL ACTIVITIES, INCLUDING THE ANNUAL NATIONAL DAY TO PREVENT TEEN PREGNANCY AND #THXBIRTHCONTROL EFFORTS THE CAMPAIGN HAS DISTRIBUTED WELL OVER 10 MILLION MATERIALS, AND CAMPAIGN MESSAGES, RESEARCH, AND STAFF HAVE APPEARED IN MORE THAN 10,000 NEWSPAPER ARTICLES AND HAVE REACHED MILLIONS MORE THROUGH APPEARANCES ON TELEVISION AND RADIO

) (Expenses \$ 1,078,942 including grants of \$ 10,000 ) (Revenue \$

PARTNERSHIPS AND SPECIAL INITIATIVES - A KEY PART OF THE CAMPAIGN'S WORK IS TO FORGE STRATEGIC PARTNERSHIPS WITH OTHER ORGANIZATIONS THAT WILL HELP ADVANCE THE CAMPAIGN'S MISSION IN ADDITION TO WORKING WITH GROUPS IN THE FIELD, THE CAMPAIGN MAKES A CONCERTED EFFORT TO PARTNER WITH INFLUENTIAL GROUPS IN OTHER SECTORS FOR EXAMPLE, THE CAMPAIGN WORKS WITH EDUCATION GROUPS (INCLUDING THE AMERICAN ASSOCIATION OF COMMUNITY COLLEGES), MEDICAL GROUPS (INCLUDING THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS), FAITH GROUPS (INCLUDING NUEVA ESPERANZA), GROUPS FOCUSED ON CHILD WELFARE AND JUVENILE JUSTICE (INCLUDING THE NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES), AND OTHER LEADERSHIP GROUPS (INCLUDING SIGMA GAMMA RHO, A MAJOR AFRICAN-AMERICAN SORORITY) IN ESSENCE, ITS PARTNERSHIP WORK IS LARGELY GUIDED BY THE FOLLOWING. THERE ARE NUMEROUS LARGE SECTORS AND PROGRAMS (MANY OF WHICH RECEIVE IMMENSE AMOUNTS OF PUBLIC FUNDING) THAT ENGAGE AND INTERACT WITH THOUSANDS OF HIGH RISK TEENS AND YOUNG ADULTS EVERY DAY ALTHOUGH THESE SECTORS AND PROGRAMS DEAL WITH THE CONSEQUENCES OF TEEN AND UNPLANNED PREGNANCY, MOST DO LITTLE TO INCLUDE PREGNANCY PLANNING AND PREVENTION IN THEIR WORK THE CAMPAIGN WORKS CLOSELY WITH SOME OF THESE INFLUENTIAL GROUPS TO MODIFY THIS EQUATION AND INCLUDE PREGNANCY PLANNING AND PREVENTION IN THEIR PROGRAMS AND SERVICES

See Additional Data

4d Other program services (Describe in Schedule O )

(Expenses \$ 2,932,560 including grants of \$ 286,128 ) (Revenue \$

Total program service expenses ► 10,471,264

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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	Yes	
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 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 $IV^{\square}$	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Νo
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{\bullet}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
L6	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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17	Yes	
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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), 501(c)(4), and 501(c)(29) 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		No
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		No
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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. J
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 50			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
h	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	<b>7</b> c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	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?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	i	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$	14b		

Part VI
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

36	ection 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			
	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			
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		No
3		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<b>—</b>		140
<i>,</i> a	more members of the governing body?	7a		Νo
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal I	Reven	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal I	Reven	ue Cod Yes	e.) <b>No</b>
		10a		
10a	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described and the polic	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- List the States with which a copy of this Form 990 is required to be filed ►CA , CO , CT , FL , GA , IL , KY , MD , MA , MN , NJ , NY , OH , PA , VA , WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►ALICE SINGDAHLSEN

Form 990 (2014)	
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	r			
c	Total from continuation sheets to Part VII, Section A	٠			
d	Total (add lines 1b and 1c)	►	2,047,106	0	158,079

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►11

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No	

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)				
Name and business address	Description of services	Compensation				
NITID BIT LLC 855 FOLSOM STREET	WEBSITE MAINTENANCE AND SUPPORT	525,965				
SAN FRANCISCO, CA 94107						
THE ADVERTISING COUNCIL 815 SECOND AVENUE NEW YORK, NY 10017	ADVERTISING AND PUBLIC SERVICE ANNNOUNCE	446,521				
SMART DESIGN LLC 601 W 26TH ST SUITE 1820 NEW YORK, NY 10001	MARKETING AND COMMUNICATIONS CONSULTING	444,237				
GMMB INC 3050 K STREET NW SUITE 100 WASHINGTON, DC 20007	MEDIA CONSULTING AND AD PLACEMENT	318,601				
TELCORDIA OPERATIONS LTD TRINITY HOUSE CHARLESTON ROAD RAN DUBLIN EI	MOBILE MEDIA SERVICES	275,675				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►14						

Part V			ule O contains a respon		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated cam	paigns 1a	5,652				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es <b>1b</b>					
ا يِق كَ	c	Fundraising eve	ents <b>1c</b>					
ffs,	d	Related organiz	rations 1d					
છું.≌	e	Government grants	s (contributions) <b>1e</b>	410,476				
Sir	f	All other contribution		23,601,450				
uti Per	•	sımılar amounts not ıncluded above						
∄ 달	g	Noncash contribute 1a-1f \$	ons included in lines	15,042,811				
og e	h	Total. Add lines	s 1a-1f	🛌	24,017,578			
				Business Code				
Program Serwoe Revenue	2a							Ì
.¥e.⊀e	b							
ce F	С							
er v	d							
S (L	e							
Š	f	All other progra	am service revenue					
ř	g	Total. Add lines	s 2a – 2f					
	3		ome (including dividend		589,447			589,447
	4		ar amounts) Itment of tax-exempt bond p	F	303,447			303,447
	5							
	_	,	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	` '	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	37,940,912					
	b	Less cost or other basis and sales expenses	37,705,454					
	C	Gain or (loss)	235,458					
	d		s)		235,458			235,458
enne	8a	Gross income f events (not inc	luding					
Other Revenue		See Part IV, lin	а					
돌	b c		penses <b>b</b> (loss) from fundraising e	avents :				
,			rom gaming activities	events p-				
			a penses b	/ities				
		Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances .						
	h	less costofa	a   oodssold b	57,727				
			(loss) from sales of inve	41,520 entory	16,207	16,207		
		Miscellaneous		Business Code				
	11a	MISCELLANEC	ous	900099	187			187
	b							
	c							
	d		ue [					
	е	Total. Add lines	s 11a-11d		187			
	12	Total revenue.	See Instructions	▶	24,858,877	16,207	(	825,092

D-2-	TV Statement of Functional Evanges				r age 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	one must comp	lete column (Δ.)	
<u>Jectic</u>	Check if Schedule O contains a response or note to any line in this			rece column (A)	<u></u>
Do no	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	446,128	446,128		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,687,147	1,335,104	272,414	79,629
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,566,226	1,282,813	278,034	5,379
8	Pension plan accruals and contributions (include section 401(k)				<u> </u>
	and 403(b) employer contributions)	100,627	75,107	25,202	318
9	Other employee benefits	763,362	606,207	138,997	18,158
10	Payroll taxes	230,912	184,148	40,819	5,945
11	Fees for services (non-employees)				
а	Management				
b	Legal	7,000			7,000
C	Accounting	53,268		53,268	
d	Lobbying	96,000	96,000		
e	Professional fundraising services See Part IV, line 17	29,823			29,823
f	Investment management fees	61,736		61,736	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,973,894	1,957,906	15,988	
12	Advertising and promotion	1,778,972	1,777,527	1,445	
13	Office expenses	242,291	190,746	44,824	6,721
14	Information technology	1,329,946	1,285,190	38,587	6,169
15	Royalties				
16	Occupancy	557,604	404,572	136,574	16,458
<b>17</b>	Travel	208,616	200,425	5,030	3,161
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	112,032	87,424	22,189	2,419
20	Interest	2,273		2,273	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	411,535	387,138	21,817	2,580
23	Insurance	87,355		87,355	
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	DONATED SUPPLIES	41,930	41,930		
ь	INDIRECT COST RECOVERY	0	112,899	-112,899	_
c					
d					_
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,788,677	10,471,264	1,133,653	183,760
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		25, 7, 2,25	2,235,033	

Part X Balance Sheet

FGI	T X	Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	329,087	1	265,408
	2	Savings and temporary cash investments	3,141,201	2	3,162,847
	3	Pledges and grants receivable, net	1,897,204	3	14,837,332
	4	Accounts receivable, net	9,890	4	430
	5	Loans and other receivables from current and former officers, directors, trustee employees, and highest compensated employees Complete Part II of Schedule L	s, key	5	
ts	6	Loans and other receivables from other disqualified persons (as defined under substitution of the substit	loyers	6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use	24,237	8	33,400
	9	Prepaid expenses and deferred charges	103,273	9	116,951
	10a	Land, buildings, and equipment cost or other basis Complete	707,739		110,001
	ь		318,803 707,023	100	388,936
	11	Investments—publicly traded securities	20,684,711	11	21,531,564
	12	Investments—other securities See Part IV, line 11	20,004,711	12	21,001,004
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
			48,633		44,252
	15	Other assets See Part IV, line 11	<u> </u>		<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	26,945,259	16	40,381,120
	17	Accounts payable and accrued expenses	591,304	17	781,300
	18	Grants payable	96,630		132,128
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	201,433	25	168,404
	26	D	889,367	26	1,081,832
	26	Total liabilities. Add lines 17 through 25		20	1,001,002
ņč	2.7	lines 27 through 29, and lines 33 and 34.	22 202 254		22 042 620
<u>ದ</u>	27	Unrestricted net assets	23,202,851	27	23,843,626
ă	28	Temporarily restricted net assets	2,853,041	28	15,455,662
Fund Balance	29	Permanently restricted net assets		29	
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here ► and			
9	30	complete lines 30 through 34.  Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
S S	32	Retained earnings, endowment, accumulated income, or other funds		32	
Α. Δ	33	Total net assets or fund balances	26,055,892	33	39,299,288
Net			· '		
	34	Total liabilities and net assets/fund balances	26,945,259	34	40,381,120

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
	Tabel manager (manager) Bart (MMI and manager)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		24,8	358,877
2	Total expenses (must equal Part IX, column (A), line 25)	2		11 7	788,677
3	Revenue less expenses Subtract line 2 from line 1				
	Not contain the form of the supplier of the su	3		13,0	70,200
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		26,0	55,892
5	Net unrealized gains (losses) on investments	5		1	139,545
6	Donated services and use of facilities			<u> </u>	
7	Taylookaank ayaanaa	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9			33,651
10	column (B))		39,2	299,288	
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. Г</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	וו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis			1	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	е <b>2с</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 52-1974611

Name: THE NATIONAL CAMPAIGN TO PREVENT

TEEN AND UNPLANNED PREGNANCY

#### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code STATE SUPPORT	) (Expenses \$	667,398	including grants of \$	0) (Revenue \$	0)					
(Code	) (Expenses \$	547,835	ıncludıng grants of \$	217,942 ) (Revenue \$	0)					
NATIONAL CAMPAIGN FUND										

#### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

. or iii 330/ 1 art 111	211 Line for Fregram Service Accomplishments (See the Instructions)								
(Code	) (Expenses \$	536,775	including grants of \$	0 ) (Revenue \$	0 )				
PUBLIC POLICY									
(Code	) (Expenses \$	435,227	including grants of \$	68,186 ) (Revenue \$	0)				
LATINO INITIATIVE									

#### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

I OI III 990, Part	orm 990, Part III - Line 4c. Program Service Accompnishments (See the Instructions)											
(Code	) (Expenses \$	423,637	including grants of \$	0)(Revenue\$	0)							
LEADERSHIP AND	PLANNING											
(Code	) (Expenses \$	321,688	including grants of \$	0)(Revenue\$	0)							
RESEARCH												

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde		ntracto '						1	1	1 1
( <b>A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(1) THE HONORABLE THOMAS H KEAN CHAIRMAN	1 00	х		х				0	0	0
(1) ISABEL V SAWHILL PHD	1 00	х		х				0	0	0
PRESIDENT (2) STEPHEN A WEISWASSER TREASURER	1 00	х		х				0	0	0
(3) FORREST ALTON DIRECTOR	1 00	х						0	0	0
(4) ROBERT BLUM MD PHD	1 00	х						0	0	0
DIRECTOR (5) LINDA CHAVEZ	1 00	х						0	0	0
DIRECTOR  (6) VANESSA CULLINS MD  DIRECTOR	1 00	х						0	0	0
(7) SUSANNE DANIELS DIRECTOR	1 00	х						0	0	0
(8) AMANDA DEAVER DIRECTOR	1 00	х						0	0	0
(9) MARIA ECHAVESTE	1 00	х						0	0	0
DIRECTOR (UNTIL 04/2014) (10) MARK EDWARDS	1 00	х						124,130	0	0
DIRECTOR/CONSULTANT (11) IRA FISHMAN	1 00	х						0	0	0
DIRECTOR (12) WILLIAM GALSTON PHD DIRECTOR	1 00	х						0	0	0
(13) RON HASKINS PHD	1 00	х						0	0	0
DIRECTOR (14) NANCY L JOHNSON	1 00	х						0	0	0
DIRECTOR (15) IVAN JUZANG	1 00	х						0	0	0
DIRECTOR (16) JODY GREENSTONE MILLER DIRECTOR	1 00	х						0	0	0
(17) MELANIE NATHANSON  DIRECTOR (AS OF 04/2014)	1 00	х						0	0	0
(18) REV MICHAEL D PLACE STD	1 00	х						0	0	0
DIRECTOR (UNTIL 04/2014) (19) SARA ROSENBAUM	1 00	х						0	0	0
DIRECTOR (UNTIL 02/2014) (20) BRUCE ROSENBLUM DIRECTOR	1 00	х						0	0	0
(21) VICTORIA P SANT	1 00	х						0	0	0
DIRECTOR (22) MATTHEW STAGNER PHD DIRECTOR (SPEAKER	1 00	х						1,000	0	0
DIRECTOR/SPEAKER (23) MARY C TYDINGS	1 00	х						0	0	0
DIRECTOR (24) GAIL R WILENSKY PHD DIRECTOR (AS OF 04/2014)	1 00	x						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	er more than one box, unless st person is both an officer and a director/trustee) ed O = 1 O   X   m T   m						( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
(26) KIMBERLYDAWN WISDOM MD	1 00	l x						500	0	0
DIRECTOR/SPEAKER		_ ^						300	· ·	
(1) JUDY WOODRUFF  DIRECTOR	1 00	х						0	0	0
(2) SARAH S BROWN	40 00	l x		х				333,923	0	19,691
CHIEF EXECUTIVE OFFICER								000,520		
(3) SUSAN LEFKOWITZ COO (UNTIL 03/2014)	40 00			х				69,187	0	3,531
(4) ALICE SINGDAHLSEN COO (AS OF 03/2014)	40 00			Х				160,734	0	903
(5) KYLEE ACKER	40 00			х				4F 402	0	7 702
CORPORATE SECRETARY				^				45,493	0	7,783
(6) WILLIAM ALBERTCHIEF PROGRAM OFFICER	40 00				x			228,505	0	25,589
(7) LARRY SWIADER SENIOR DIRECTOR OF DIGITAL MEDIA	40 00				х			265,762	0	15,336
(8) ANDREA KANE SENIOR DIRECTOR OF POLICY	40 00				х			180,428	0	17,316
(9) KELLEEN KAYE SENIOR DIRECTOR OF RESEARCH	40 00				х			165,022	0	22,314
(10) LIANY ARROYO	40 00					.,		110.710		6.702
DIRECTOR OF PARTNERSHIPS						Х		119,740	0	6,792
(11) AMY KRAMER SENIOR DIR OF ENTERTAINMENT MEDIA	40 00					х		149,695	0	10,098
(12) MARITEL DASCO	40 00					х		102,535	0	13,138
CONTROLLER (13) LISA SHUGER	40 00									
DIRECTOR OF POLICY	40 00					x		100,452	o	15,588

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DLN: 93493120003125

Employer identification number

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Open to Public Inspection

		AL CAMPAIGN TO PREVENT NPLANNED PREGNANCY					52-1974611			
Pa	rt I	Reason for Publi	ic Charity S	Status (All organiza	itions must co	mplete this	part.) See instruction	ons.		
		zation is not a private f		, ,		<u> </u>				
1	Ī	A church, convention		•	= -	•	=			
2	<u></u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	<u></u>	A hospital or a coopei				tion 170(h)(1	)( <b>A</b> )(iii)			
4	,	·	•	<del>-</del>				i) Enter the		
•	'	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state								
5	$\Gamma$	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (Complete Part II)								
6	Г	A federal, state, or loc			: described in <b>s</b> e	ection 170(b)(	1)(A)(v).			
7	Ţ.	An organization that r						ieneral public		
-	•	described in <b>section 1</b>	,	· ·				,		
8	Γ	A community trust de	scribed in <b>sec</b> l	tion 170(b)(1)(A)(vi)	(Complete Par	tII)				
9	$\sqcap$	An organization that r	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contr	ibutions, membership	fees, and gross		
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions,	and (2) no more than 3	331/3% of		
		its support from gross	ınvestment ır	ncome and unrelated b	usiness taxable	e income (less	section 511 tax) from	n businesses		
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Pa	rt III )			
10	$\sqcap$	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ety See <b>sectio</b>	n 509(a)(4).			
11	$\sqcap$	An organization organ	ized and opera	ated exclusively for th	e benefit of, to p	erform the fun	ctions of, or to carry o	out the purposes of		
		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check								
_	_	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the								
а	ļ		-		•	• •				
		supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b	$\sqcap$	_	•			with its suppo	orted organization(s), l	by having control or		
		<b>Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) <b>You</b>								
	_	must complete Part I	•							
С	ı	Type III functionally supported organizatio	_		•			grated with, its		
d	$\Gamma$							ianization(s) that is		
	•	<b>Type III non-functionally integrated.</b> A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement.								
	_	(see instructions) You must complete Part IV, Sections A and D, and Part V.								
е	ı	Check this box if the					ıs a Type I, Type II, T	ype III functionally		
integrated, or Type III non-functionally integrated supporting organization  f Enter the number of supported organizations										
g g			nter the number of supported organizations							
9		1 To vide the following i	morniación ab	out the supported orge	71112d cloth(3)					
	(i)N	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of		
organization			organization	listed in your		monetary support	other support (see			
			(described on lines	docume	ent?	(see instructions)	instructions)			
				1-9 above or IRC section (see						
				instructions))		<u> </u>	1			
					Yes	No				
Total										

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 12,104,400 15,196,483 5,215,346 6,838,254 24,017,578 63,372,061 include any "unusual grants ") Tax revenues levied for the organization'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 12,104,400 15,196,483 5,215,346 6,838,254 24,017,578 63,372,061 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 52,888,045 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 10,484,016 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2012 (d) 2013 (a) 2010 **(b)** 2011 (e) 2014 (f) Total beginning in) 🟲 5,215,346 6,838,254 24,017,578 Amounts from line 4 12,104,400 15,196,483 63,372,061 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,573,839 1,138,824 1,388,391 578,366 589,447 5,268,867 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of 144,960 928 50,857 2,400 187 199,332 capital assets (Explain in Part VI) Total support Add lines 7 11 68,840,260 through 10 12 Gross receipts from related activities, etc (see instructions) 12 442,202 13 14 15 16

<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
	organization, check this box and <b>stop here</b>						
S	ection C. Computation of Public Support Percentage						
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	15 230 %				
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	17 240 %				
	a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a							
b 18	b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	За		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

#### **Facts And Circumstances Test**

I BACKGROUNDTHE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY ("THE CAMPAIGN") IS A NONPROFIT, NONPARTISAN ORGANIZATION INCORPORATED IN WASHINGTON, DC IN 1996 THE CAMPAIGN'S MISSION IS TO IMPROVE THE LIVES AND FUTURE PROSPECTS OF CHILDREN AND FAMILIES AND, IN PARTICULAR, TO HELP ENSURE THAT CHILDREN ARE BORN INTO STABLE, TWO-PARENT FAMILIES WHO ARE COMMITTED TO AND READY FOR THE DEMANDING TASK OF RAISING THE NEXT GENERATION OUR SPECIFIC STRATEGY IS TO PREVENT TEEN PREGNANCY AND UNPLANNED PREGNANCY, ESPECIALLY AMONG SINGLE YOUNG ADULTS. WE SUPPORT A COMBINATION OF RESPONSIBLE VALUES AND BEHAVIOR BY BOTH MEN AND WOMEN AND RESPONSIBLE POLICIES IN BOTH THE PUBLIC AND PRIVATE SECTORS IF WE ARE SUCCESSFUL, CHILD AND FAMILY WELL-BEING WILL IMPROVE. THERE WILL BE LESS POVERTY, MORE OPPORTUNITIES FOR YOUNG MEN AND WOMEN TO COMPLETE THEIR EDUCATION OR ACHIEVE OTHER LIFE GOALS, FEWER ABORTIONS, AND A STRONGER NATION THE CAMPAIGN CURRENTLY HAS NINE PROGRAMS NATIONAL CAMPAIGN FUND, MEDIA (ENTERTAINMENT AND DIGITAL), RESEARCH, COMMUNICATIONS, PARTNERSHIPS & SPECIAL INITIATIVES, PUBLIC POLICY, LEADERSHIP & PLANNING, STATE SUPPORT, AND THE LATINO INITIATIVE. II. ANALYSISTHE CAMPAIGN QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION DESCRIBED. UNDER SECTION 170(B)(1)(A)(VI) AND THEREFORE AS AN ORGANIZATION DESCRIBED IN SECTION 509(A)(1) BECAUSE IT SATISFIES THE FACTS AND CIRCUMSTANCES TEST SET FORTH IN SECTION 1 170A-9(E)(3) OF THE TREASURY REGULATIONS A THRESHOLD REQUIREMENTSTHE CAMPAIGN IS ELIGIBLE FOR A DETERMINATION OF PUBLIC SUPPORT UNDER THE FACTS AND CIRCUMSTANCES TEST BECAUSE IT MEETS THE TWO THRESHOLD REQUIREMENTS FOR CONSIDERATION FIRST, THE PORTION OF THE CAMPAIGN'S SUPPORT THAT QUALIFIES AS ELIGIBLE PUBLIC SUPPORT IS 15 23%, WHICH EXCEEDS THE 10% THRESHOLD REQUIRED UNDER TREASURY REGULATION SECTION 1 170A-9(E)(3)(I) SECOND, THE CAMPAIGN'S OPERATIONS ENSURE THAT IT WILL CONTINUE TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT, AS REQUIRED BY TREASURY REGULATION SECTION 1 170A-9(E)(3)(II) THE CAMPAIGN HAS AN ACTIVE FUNDRAISING PROGRAM TARGETING GOVERNMENT AGENCIES, INDIVIDUALS, PRIVATE FOUNDATIONS, AND FOR-PROFIT CORPORATIONS THAT SHARE ITS MISSION, THEREBY SATISFYING THE OTHER THRESHOLD REQUIREMENT FOR QUALIFYING AS PUBLICLY SUPPORTED UNDER THE FACTS AND CIRCUMSTANCES TEST B OTHER RELEVANT FACTORSIN DETERMINING WHETHER THE CAMPAIGN MEETS THE "FACTS AND CIRCUMSTANCES TEST," THE TREASURY REGULATIONS ALSO PROVIDE A LIST OF FACTORS THAT SERVE AS INDICIA OF WHETHER AN ORGANIZATION QUALIFIES AS PUBLICLY SUPPORTED THE HIGHER THE PERCENTAGE OF SUPPORT ABOVE THE 10% REQUIREMENT, THE LOWER THE ORGANIZATION'S BURDEN IN ESTABLISHING IT'S PUBLICLY SUPPORTED NATURE WITH OTHER FACTORS THESE ADDITIONAL FACTORS, DISCUSSED BELOW, PROVIDE FURTHER EVIDENCE THAT THE CAMPAIGN SATISFIES THE FACTS AND CIRCUMSTANCES TEST BECAUSE THE CAMPAIGN'S PERCENTAGE OF SUPPORT IS 15 23%, THE CAMPAIGN HAS A LESSER BURDEN IN PROVING ITS PUBLICLY SUPPORTED NATURE THROUGH THESE FACTORS 1 SOURCES OF SUPPORTTHE CAMPAIGN RECEIVES ITS PUBLIC SUPPORT FROM A WIDE VARIETY OF CONTRIBUTORS AND DOES NOT DEPEND ON A SINGLE FAMILY FOR CONTRIBUTIONS, TWO FACTS THAT PROVIDE FURTHER SUPPORT FOR THE CAMPAIGN'S QUALIFICATION AS A "PUBLICLY SUPPORTED" ENTITY THESE DONORS INCLUDE NUMEROUS TAX-EXEMPT ENTITIES, FOR-PROFIT CORPORATIONS, AND INDIVIDUALS IN 2014, THE CAMPAIGN SOLICITED FUNDS FROM OVER 390,000 VISITORS THROUGH OUR MAIN WEBSITE, WWW THE NATIONAL CAMPAIGN ORG, ENCOURAGING THEM TO MAKE A DONATION TO THE CAMPAIGN DIRECTLY THROUGH THE SITE. WE CONTINUE TO EXPLORE ADDITIONAL METHODS OF ONLINE FUNDRAISING TO BROADEN OUR OUTREACH TO POTENTIAL DONORS IN ADDITION, THE CAMPAIGN RECEIVED FUNDING FROM MORE THAN 15 OTHER FUNDING SOURCES, INCLUDING VARIOUS FOUNDATIONS, CORPORATIONS, GOVERNMENT AGENCIES, ETC IT SHOULD ALSO BE NOTED IN THE ANALYSIS OF SUPPORT THAT OVER THE PAST 5 YEARS, THE CAMPAIGN HAS RECEIVED SIGNIFICANT DONATIONS FROM A SINGLE FOUNDATION DONOR THAT IS ONE OF THE WORLD'S LEADING PHILANTHROPIC ORGANIZATIONS AND WHOSE STATED MISSION IS TO "SOLVE SOCIAL AND ENVIRONMENTAL PROBLEMS "THESE LARGE DONATIONS FROM ONE DONOR ARE A SIGNIFICANT FACTOR IN THE DROP IN PERCENTAGE OF THE CAMPAIGN PUBLIC SUPPORT OVER THIS PERIOD TO ILLUSTRATE, IF THE SIGNIFICANT DONATION WAS EXCLUDED FROM THE PUBLIC SUPPORT TEST, THE PERCENTAGE FOR 2013 AND 2014 WOULD BE 25 60% AND 18 72%, RESPECTIVELY SINCE THIS DONATION DID NOT MEET THE QUALIFICATION OF AN UNUSUAL GRANT, THE PERCENTAGE FOR 2013 AND 2014 DECREASED TO 17 24% AND 15 23%, RESPECTIVELY HOWEVER THE CAMPAIGN BELIEVES THAT AS THESE DONATIONS COME FROM AN ORGANIZATION THAT IS AN ACKNOWLEDGED WORLD LEADER IN SOLVING SOCIAL PROBLEMS, THIS IS FURTHER SUPPORT AND INDICATION OF OUR QUALIFICATION AS A "PUBLICLY SUPPORTED" ENTITY 2 REPRESENTATIVE GOVERNING BODYTHE REPRESENTATIVE NATURE OF AN ORGANIZATION'S GOVERNING BODY IS ALSO A FACTOR IN DETERMINING WHETHER IT QUALIFIES UNDER THE "FACTS AND CIRCUMSTANCES TEST" IN CONSIDERING WHETHER A BOARD IS REPRESENTATIVE, SUCH FACTORS AS THE MEMBERS' EXPERTISE IN THE RELEVANT FIELD, THEIR HISTORY OF LEADERSHIP, AND THEIR TRADITION OF PUBLIC SERVICE ARE RELEVANT THE CAMPAIGN'S BOARD OF DIRECTORS INCLUDES A VARIETY OF INDIVIDUALS WITH EXCEPTIONAL BACKGROUNDS, EXPERIENCE, AND EDUCATION THE BOARD INCLUDES REPRESENTATION FROM UNIVERSITIES, COMMUNITIES, AND NONPROFIT LEADERS IN THE UNITED STATES, ALL WITH AN INTEREST IN IMPROVING THE LIVES AND FUTURE PROSPECTS OF CHILDREN AND FAMILIES, ACCORDINGLY, IT "REPRESENTS A BROAD CROSS-SECTION OF THE VIEWS AND INTERESTS OF THE COMMUNITIES THE CAMPAIGN SERVES "THE FOLLOWING INDIVIDUALS CURRENTLY SERVE ON THE CAMPAIGN'S BOARD OF DIRECTORS THE HONORABLE THOMAS HI KEAN - CHIEF EXECUTIVE OFFICER, THK CONSULTING, CHAIRMAN, THE ROBERT WOOD JOHNSON FOUNDATION, CHAIRMAN, THE CARNEGIE CORPORATION OF NEW YORK, FORMER GOVERNOR OF NEW JERSEY ISABEL V SAWHILL, PH D - SENIOR FELLOW, ECONOMIC STUDIES, THE BROOKINGS INSTITUTIONSTEPHEN A WEISWASSER - PARTNER, COVINGTON & BURLINGSARAHS BROWN - CHIEF EXECUTIVE OFFICER, THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY FORREST ALTON - CHIEF EXECUTIVE OFFICER, SOUTH CAROLINA CAMPAIGN TO PREVENT TEEN PREGNANCY ROBERT BLUM, M.D., PH.D. - WILLIAM H. GATES SR. PROFESSOR AND CHAIR, HEALTH SCIENCES, JOHN HOPKINS UNIVERSITY LINDA CHAVEZ - CHAIRMAN, CENTER FOR EQUAL OPPORTUNITY VANESSA CULLINS, M.D., M.P.H., M.B.A.- VICE PRESIDENT FOR MEDICAL AFFAIRS, PLANNED PARENTHOOD FEDERATION OF AMERICA, INC SUSANNE DANIELS - PRESIDENT, PROGRAMMING, MTV NETWORKSAMANDA DEAVER -PARTNER, PRISM PUBLIC AFFAIRSMARIA ECHAVESTE - SENIOR FELLOW, CENTER FOR AMERICAN PROGRESS (THROUGH 4/14) MARK EDWARDS - CO-FOUNDER, UPSTREAM, CO-CHAIR, OPPORTUNITY NATIONIRA FISHMAN - CHIEF OPERATING OFFICER, NFL PLAYERS ASSOCIATIONWILLIAM GALSTON, PHD - SENIOR FELLOW, GOVERNANCE STUDIES, THE BROOKINGS INSTITUTIONRON HASKINS, PHD -SENIOR FELLOW, ECONOMIC STUDIES, AND CO-DIRECTOR, CENTER FOR CHILDREN AND FAMILIES, THE BROOKINGS INSTITUTION, SENIOR CONSULTANT, THE ANNIE E CASEY FOUNDATIONNANCY L JOHNSON - SENIOR PUBLIC POLICY ADVISOR, FEDERAL PUBLIC POLICY AND HEALTHCARE GROUP, BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PCIVAN JUZANG - FOUNDER AND PRESIDENT, MEE PRODUCTIONS, INC JODY GREENSTONE MILLER - PRESIDENT AND CEO, THE BUSINESS TALENT GROUPMELANIE NATHANSON - PARTNER, NATHANSON+HAUCKREV FATHER MICHAEL D PLACE, STD - FORMER SENIOR VICE PRESIDENT, RESURRECTION HEALTH CARE (THROUGH 4/14)SARA ROSENBAUM - HIRSH PROFESSOR AND CHAIR, DEPARTMENT OF HEALTH POLICY, MILKEN INSTITUTE SCHOOL OF PUBLIC HEALTH, THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER (THROUGH 2/14) BRUCE ROSENBLUM - PRESIDENT, TELEVISION AND DIGITAL MEDIA, LEGENDARY ENTERTAINMENT, CHAIRMAN AND CEO, ACADEMY OF TELEVISION ARTS & SCIENCESVICTORIA P SANT-PRESIDENT, THE SUMMIT FOUNDATIONMATTHEW STAGNER, PHD - SENIOR FELLOW AND DIRECTOR, CHICAGO HUMAN SERVICES, MATHEMATICA POLICY RESEARCHMARY C TYDINGS - MANAGING DIRECTOR, RUSSELL REYNOLDS ASSOCIATESGAIL R WILENSKY, PH D - SENIOR FELLOW, PROJECT HOPE KIMBERLY DAWN WISDOM, M.D. - SENIOR VICE PRESIDENT, COMMUNITY HEALTH & EQUITY AND CHIEF WELLNESS OFFICER, HENRY FORD HEALTH SYSTEM JUDY WOODRUFF - CO-ANCHOR AND MANAGING EDITOR, PBS NEWS HOUR3 PUBLIC PARTICIPATION IN PROGRAMSUNDER SECTION 1 170A-9(E)(3)(VI)(C)(1) OF THE TREASURY REGULATIONS, ONE FACTOR INDICATING THAT AN ORGANIZATION QUALIFIES AS PUBLICLY SUPPORTED UNDER THE FACTS AND CIRCUMSTANCES TEST IS THAT "MEMBERS OF THE PUBLIC HAVING SPECIALIZED KNOWLEDGE OR EXPERTISE, PUBLIC OFFICIALS, OR CIVIC OR COMMUNITY LEADERS" PARTICIPATE IN, OR SPONSOR, THE ORGANIZATION'S PROGRAMS AS DISCUSSED ABOVE, ALL OF THE CAMPAIGN'S DIRECTORS ARE EXPERTS AND LEADERS IN THEIR RESPECTIVE FIELDS. AND WE

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2010 AMOUNT \$ 144,960 2011 AMOUNT \$ 928 2012 AMOUNT \$ 50,857 2013 AMOUNT \$ 2,400 2014 AMOUNT \$ 187
PART II, LINE 17A - FACTS & CIRCUMSTANCES TEST CONTINUATION	ALSO HAVE 10 EXPERT ADVISORY GROUPS THAT HAVE WIDELY DIVERSE MEMBERS WHO ADD ADDITIONAL EXPERTISE TO OUR RESEARCH, EDUCATION, AND OTHER PROGRAMS IN ADDITION, THE CAMPAIGN REGULARLY PROVIDES ACCESS TO IMPORTANT RESEARCH STUDIES IN ITS FIELD TO THE GENERAL PUBLIC VIA MULTIPLE WEBSITES, WHICH IS ANOTHER FACTOR THAT MAY BE CONSIDERED IN THE EVALUATION OF PUBLIC SUPPORT

DLN: 93493120003125

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE NATIONAL CAMPAIGN TO PREVENT				Employer ide	Employer identification number			
	N AND UNPLANNED PREGNANCY			52-197461				
Par	Complete if the oi	rganization is exempt under	section 501(	c) or is a section 52	/ organization.			
1	Provide a description of the o	rganızatıon's dırect and ındırect politic	cal campaign act	ivities in Part IV				
2	Political expenditures			►	\$			
3	Volunteer hours							
Par	t I-B Complete if the or	rganization is exempt under	section 501(	c)(3).				
1	Enter the amount of any excis	e tax incurred by the organization und	der section 4955	▶	\$			
2	Enter the amount of any excis	e tax incurred by organization manag	ers under sectior	n 4955 <b>►</b>	\$			
3	If the organization incurred a	section 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No			
4a	Was a correction made?				☐ Yes ☐ No			
b	If "Yes," describe in Part IV							
		rganization is exempt under			01(c)(3).			
1		ended by the filing organization for se			\$			
2	Enter the amount of the filing exempt function activities	organızatıon's funds contrıbuted to ot	her organizations	for section 527	\$			
3	Total exempt function expend	itures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$			
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No			
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.							
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
_								
		see the instructions for Form 990 or 990						

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b>	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EI	ίΝ,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	2,665		
b	Total lobbying expenditures to influence a legisla	162,273		
С	Total lobbying expenditures (add lines 1a and 1b	164,938		
d	O ther exempt purpose expenditures	11,602,669		
e	Total exempt purpose expenditures (add lines 1	c and 1d)	11,767,607	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	738,380	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not 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		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	184,595	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -	0	
j	If there is an amount other than zero on either lin	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) Lobbying nontaxable amount 737,929 1,000,000 740,006 738,380 3,216,315 Lobbying ceiling amount 4,824,473 (150% of line 2a, column(e)) 158,766 165,177 164,938 Total lobbying expenditures 182,150 671,031 185,002 Grassroots nontaxable amount 184,482 250,000 184,595 804,079 Grassroots ceiling amount 1,206,119 (150% of line 2d, column (e)) 14,850 7,026 2,665 32,366 Grassroots lobbying expenditures

	filed Form 5768 (election u	on is exempt under section 501(c)(3) and has I under section 501(h)).				
For e	each "Yes" response to lines 1a through 1: below, p	provide in Part IV a detailed description of the lobbying	(a	1)	(1	<b>)</b>
actıv	rity.		Yes	No	Amo	ount
1 a		empt to influence foreign, national, state or local public opinion on a legislative matter or referendum,				
b c	Paid staff or management (include compensa Media advertisements?	tion in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the publi	c?				
e	Publications, or published or broadcast state	ments?				
f	Grants to other organizations for lobbying pur	poses?				
g	Direct contact with legislators, their staffs, g	overnment officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventio	ns, speeches, lectures, or any similar means?				
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organiza	tion to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred	d under section 4912				
C	If "Yes," enter the amount of any tax incurred	d by organization managers under section 4912				
d	If the filing organization incurred a section 49	912 tax, did it file Form 4720 for this year?				
Par		on is exempt under section 501(c)(4), section !	5 <b>01(</b> c)	)(5), o	r sect	ion
	501(c)(6).				Ye	es No
1	Were substantially all (90% or more) dues re	ceived nondeductible by members?		Г	1	.5 110
2	Did the organization make only in-house lobb	•		⊢	2	
3	- · · · · · · · · · · · · · · · · · · ·	ying and political expenditures from the prior year?			3	
Par		on is exempt under section 501(c)(4), section !	501(c	)(5), o	r sect	ion
	501(c)(6) and if either (a)	BOTH Part III-A, lines 1 and 2, are answered "				
_	line 3, is answered "Yes."		1 4 1			
1 2	Dues, assessments and similar amounts from	olitical expenditures (do not include amounts of political	1			
	expenses for which the section 527(f) tax w		2a			
a b	Current year Carryover from last year		2b			
c	Total		2c			
3		e)(1)(A) notices of nondeductible section 162(e) dues	3			
4		c exceeds the amount on line 3, what portion of the excess				
•		ne reasonable estimate of nondeductible lobbying and				
	political expenditure next year?		4			
5	Taxable amount of lobbying and political expe	enditures (see instructions)	5			
Pa	art IV Supplemental Information					
	ovide the descriptions required for Part I-A , line see instructions), and Part II-B, line 1 Also, co	e 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou Implete this part for any additional information	up list),	Part II	-A , lines	s 1 and
	Return Reference	Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

#### DLN: 93493120003125

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury

# **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.

Open to Public Inspection

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

	me of the organization	Employer identification number						
	ENATIONAL CAMPAIGN TO PREVENT N AND UNPLANNED PREGNANCY		52-1974611					
Pa	organizations Maintaining Donor Ad	vised Funds or Other Similar Fu						
	organization answered "Yes" to Form 990	(a) Donor advised funds		(b) Funds and other accounts				
1	Total number at end of year	(a) Bonot advised fands		(b) Funds and other decounts				
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
- 5	Did the organization inform all donors and donor advis-	ors in writing that the assets held in done	radv	IS A d				
_	funds are the organization's property, subject to the or		or aut	☐ Yes ☐ No				
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneconferring impermissible private benefit?							
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Forn	n 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		rically important land area d historic structure				
2	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in th	ne forr	n of a conservation				
	easement on the last day of the tax year	Г		T				
	Takal musik sa afasa sa	-		Held at the End of the Year				
а	Total number of conservation easements	-	2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified history	` '	2c					
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/1 //06, and not on a	2d					
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	d by th	ne organization during				
	the tax year 🛌							
4	Number of states where property subject to conservat	ion easement is located ►						
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of	f violations, and Yes No				
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents o	during the year				
7	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	durın	g the year				
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 1	70(h)(4)(B)(ı)				
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial						
Par	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.				
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reven	or rese	earch in furtherance of public				
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ts held for public exhibition, education, c						
	(i) Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$				
	(ii) Assets included in Form 990, Part X			<b>►</b> \$				
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r finan	cial gain, provide the				
а	Revenue included in Form 990 Part VIII line 1			<b>b</b> → <b>c</b>				

**b** Assets included in Form 990, Part X

Par	<b>Tit</b> Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Tr	<u>'easu</u>	res, or O	tne	<u>r Similar A</u>	sse	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of t	he follo	owing that a	are a	significant us	se of	ıts	
а	Public exhibition		d	Γ	Loan	or exch	nange progr	ams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	r the o	rganızatıon	ı's ex	empt purpose	e in		
5	During the year, did the organization solicit								ıılar	_		_
	assets to be sold to raise funds rather than t										Yes	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	a "Y	es" to Form	990	),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	dıary	forc	ontribu	tions o	or other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	I and complete the	follov	ving t	able		_					
							-		Α	mou	ınt	
С	Beginning balance						-	1c				
d	Additions during the year							1d				
е	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21,	for e	scrowc	rcusto	odial accou	nt lıa	bility?	$\Gamma$	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	I Check here if the	expla	anatı	on has	been p	rovided in f	art :	XIII			Γ
Pa	rt V Endowment Funds. Complete											
		(a)Current year	(b)	<b>)</b> Prior	year	<b>b (c)</b> Tv	vo years back	(d)	Three years back	(e)	)Four ye	ars back
1a	Beginning of year balance							_		-		
Ь	Contributions							_		-		
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end baland	e (lın	e 1g	, colum	n (a)) h	neld as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment -											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiza	ation	that	are held	d and a	dministere	d for	the			
	organization by								_	<b>/</b> **	Yes	No
	(i) unrelated organizations			•				•		a(i)		
b	(ii) related organizations							• .	<del></del>	1(ii) 3b		
4	Describe in Part XIII the intended uses of the	ne organization's en	dowm	ent f	unds				L		I	
Par	t VI Land, Buildings, and Equipme	ent. Complete if t	he o	rgar	ızatıoı	n answ	vered 'Yes	' to	Form 990, F	art	IV, lır	ne
	11a. See Form 990, Part X, line	10.							T			
	Description of property				) Cost or sis (inves		( <b>b)</b> Cost or o basis (oth		(c) Accumula depreciation		( <b>d)</b> Bo	ok value
1a	Land											
b	Buildings											
С	Leasehold improvements						48	5,285	459	,350		25,935
d	Equipment						60	9,925	527	,401		82,524
_е	Other						2,61	2,529	2,332	,052		280,477
Tota	<b>I.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part >	K, colu	ımn (	B), line	10(c).)			📂			388,936

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Forr	m 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year r	narket value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Col	mplete if the organization	n answered 'Yes' to Fo	rm 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of va	 luation
(a) bescription of investment	(D) Book value	Cost or end-of-year r	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization		), Part IV, line 11d See F	orm 990, Part X, line 15
(a) Descrip	otion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			ma 44a -:: 445 C
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	ilzation answered 'Yes' t	o Form 990, Part IV, li	ne 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
DEFERRED RENT	100,273		
OBLIGATIONS UNDER CAPITAL LEASES	68,131		
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	168,404	h	

	the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Retu	r <b>n</b> Complete if
1	Total revenue, gains, and other support per audited financial statements	1	40,516,83
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a 139,545		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	15,719,694
3	Subtract line <b>2e</b> from line <b>1</b>	3	24,797,14
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 61,736		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	61,736
_	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part 1, line 12)	5	24,858,87
	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	_	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	_	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per Re	turn. Complete
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	per Re	turn. Complete
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	per Re	turn. Complete
Pari	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	per Re	turn. Complete
Par 1 2 a b	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	per Re	turn. Complete
Part  1 2 a b c	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	per Re	turn. Complete
Parr 1 2 a b c	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	per Re	<b>turn.</b> Complete
Par 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	per Re	27,273,439 27,273,439 15,546,498
Par 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	per Re	27,273,439 27,273,439 15,546,498
1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	per Re	27,273,439 27,273,439 15,546,498
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	per Re	27,273,439 27,273,439 15,546,498

#### Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
	THE CAMPAIGN PERFORMED AN EVALUATION FOR UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2014, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 41,520
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 41,520

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

Indicate whether the organization raised funds through any of the following activities. Check all that apply

DLN: 93493120003125

OMB No 1545-0047

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

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the Attach to Form 990 or Form 990-EZ.

Inspection

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY

Internet and email solicitations

Mail solicitations

Phone solicitations

In-person solicitations

**Employer identification number** 

52-1974611

e Solicitation of non-government grants

Solicitation of government grants

□ Special fundraising events

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-E.
	filers are not required to complete this part.

	n highest paid individuals or at least \$5,000 by the organ		undraise	rs) pursuant to agreeme	ents under which the fur	ndraiser is
(i) Name and address individual or entity (fundraisei		fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
JEFFERSON CONSULTING GRO LLC 1401 K STREET NV SUITE 900	v		No	0	25,000	-25,000
WASHINGTON, DC 20005						
2						
3						
4						
5						
6						
7						
8						
9						
10						
			<u> </u>		25,000	-25,000

registration or licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported les 1 and 6b. List				
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))				
			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts								
Ф.ДФ	2	Less Contributions								
<u>~</u>	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
£O.	5	Noncash prizes								
Expenses	6	Rent/facility costs								
ă	7	Food and beverages .								
Direct	8	Entertainment								
ā	9	Other direct expenses .								
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		( )				
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)						
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than				
<u>Ф</u>		\$13,000 ON TOTAL 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add				
Revenue				bingo/progressive bingo		col (a) through col (c))				
<u>~</u>	1	Gross revenue								
Expenses	2	Cash prizes								
xper	3	Non-cash prizes								
Dreat E	4	Rent/facility costs								
چ	5	Other direct expenses								
	6	Volunteer labor			│ Yes					
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)						
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)						
9	Ent	er the state(s) in which the organiza	ation conducts gaming a	ctivities						
а	Enter the state(s) in which the organization conducts gaming activities  a Is the organization licensed to conduct gaming activities in each of these states?									
<b>b</b> If "No," explain										
10a b		re any of the organization's gaming   Yes," explain	licenses revoked, suspe	nded or terminated during	the tax year?					
U	TI	163, EXPIAIII								

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>						
11	Does the organization conduct gaming	activities with nonn	members?	T <sub>Yes</sub> [							
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity								
	formed to administer charitable gaming	,,		Г <sub>Yes</sub> Г	— No						
13	Indicate the percentage of gaming acti		1 1	, , , ,							
а	The organization's facility		13a		%						
b	An outside facility				%						
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records								
	Name <b>▶</b>										
	Address ►										
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming								
154				┌ Yes 「	– <sub>No</sub>						
b	If "Yes," enter the amount of gaming revenue received by the organization * \$ and the amount of gaming revenue retained by the third party * \$										
С	If "Yes," enter name and address of the third party										
	Name ►										
	Address 🏲										
16	Gaming manager information										
	Name 🟲										
	Gaming manager compensation 🕨 \$		······								
	Description of services provided										
	Director/officer	<del>_</del> Employee	☐ Independent contractor								
17	Mandatory distributions										
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to								
	retain the state gaming license?			Γ <sub>Yes</sub> [	Γ <sub>No</sub>						
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent								
	ın the organization's own exempt activi		·								
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr								
	Return Reference		Explanation								

DLN: 93493120003125

OMB No 1545-0047

# **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE NATIONAL CAMPAIGN TO PREVENT

TEEN AND UNPLANNED PREGNANCY

**Schedule I** 

(Form 990)

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

Employer identification number 52-1974611

### Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Process   Monters   Mont								
TEASO   CONTROL   CONTRO	organization	<b>(b)</b> EIN			cash	valuation (book, FMV, appraisal,	non-cash assistance	
Security Contents of Number   Security Contents of Number   Security Contents of Contents of Number   Security Contents of C	TEXAS 2300 W COMMERCE STREET SUITE 203	20-5793076	501(C)(3)	100,000				HEALTHCARE
PREVENT TEEN AUSTIN, TX 78746	ASSOCIATION OF NURSE PRACTITIONERS IN WOMEN'S HEALTH 505 C STREET NE	13-3216405	501(C)(3)	100,000				BEDSIDER IN THE CLINICAL SETTING AND TO DISSEMINATE THE
ASSOCIATION 25 N RODP ST SUITE 211 CARGON CITY, NV 19701  (C) PLANINED PARENTHOU D (C) PLANINED	PREVENT TEEN PREGNANCY 1706 INTERVAIL DRIVE	26-4012273	501(C)(3)	75,000				PREGNANCY IN TEXAS AS AN ADULT ISSUE AND ENGAGE KEY AUDIENCES BY RAISING AWARENESS ABOUT TEEN PREGNANCY AND EFFECTIVE TEEN PREGNANCY PREVENTION
OF LA 400 W 90TH STREET LOS ANGELES, CA 90007  (6) NUEVA ESPERANZA INC 400 W 90TH STREET CURRICULUM INTO THAIN PROMOTORS TO INTEGRATE PROGRESSION CONTINUE AND THE REPORT OF THE PROGRESSION CONTINUE AND THE REPORT OF THE PROGRESSION CONTINUE AND THE RESEARCH COMMUNITY COMPROMISO  (7) VISION Y COMPROMISO  1000 N ALAMEDA ST SUITE 550  (8) HINDS COMMUNITY COLEGE PO BOX 1100  (9) HINDS COMMUNITY COLEGE PO BOX 1100  (10) HINDS COLEGE PO BOX 1100  (10) HI	ASSOCIATION 755 N ROOP ST SUITE 211	88-0336974	501(C)(3)	50,000				ASSESS THE USE OF THE BEDSIDER PROGRAM IN THE COMMUNITY HEALTH CENTER SETTING AND TO DISSEMINATE THE
### A261 N STH STREET PHILADELPHIA, PA 19140  #### PHILADELPHIA, PA 19140  #### PROPOSAL TO COUNTY TO HISPANIC PAITH LEADERS AND DEVELOP A PROPOSAL TO CREATE A TEEN PREGNANCY PREVENTION VIDEO RELATED TO THE TOOLKIT  ##### TOOLKIT TO THE TOOLKIT  #### TOOLKIT TO THE TOOLKIT  ##### TEEN PREGNANCY PREVENTION VIDEO RELATED TO THE TOOLKIT  ###################################	OF LA 400 W 30TH STREET	95-2408623	501(C)(3)	47,672				TEEN COMMUNICATION - TRAIN PROMOTORES TO INTEGRATE FAMILIES TALKING TOGETHER CURRICULUM INTO THEIR WORK WITH CALIFORNIA LATINO
COMPROMISO 1000 N ALAMEDA ST SUITE 350 LOS ANGELES, CA 90012  (8) HINDS COMMUNITY COLLEGE PO BOX 1100 RAYMOND, MS 39154  (8) HINDS 39154  (8) HINDS COMMUNITY COLLEGE PROGRAM WITH CALIFORNIA DESIGNED TO ADDRESS A PLAN OF ACTION FOR THE PREVENTION OF UNPLANNED PREGNANCY OUTLINED IN MISSISSIPPI SENATI BILL 2563	4261 N 5TH STREET	23-2552707	501(C)(3)	33,942				TEEN PREGNANCY PREVENTION TOOLKIT TO HISPANIC FAITH LEADERS AND DEVELOP A PROPOSAL TO CREATE A TEEN PREGNANCY PREVENTION VIDEO RELATED TO THE
COLLEGE PO BOX 1100 PROGRAM WITH ACTIVITIES DESIGNED TO ADDRESS A PLAN OF ACTION FOR THE PREVENTION OF UNPLANNED PREGNANCY OUTLINED IN MISSISSIPPI SENATE BILL 2563	COMPROMISO 1000 N ALAMEDA ST SUITE 350	32-0071651	501(C)(3)	29,514				LATINO PARENT- TEEN COMMUNICATION - TRAIN PROMOTORES TO INTEGRATE FAMILIES TALKING TOGETHER CURRICULUM INTO THEIR WORK WITH CALIFORNIA LATINO
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	COLLEGE PO BOX 1100 RAYMOND,MS 39154				ble			DEVELOP AND IMPLEMENT A PILOT PROGRAM WITH ACTIVITIES DESIGNED TO ADDRESS A PLAN OF ACTION FOR THE PREVENTION OF UNPLANNED PREGNANCY OUTLINED IN MISSISSIPPI SENATE

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Return Reference Explanation								
PART I, LINE 2	SOME OF THESE GRANTS ARE AWARDED THROUGH A COMPETITIVE, PEER-REVIEWED PROCESS WHILE OTHERS ARE AWARDED BASED ON OUR INTERNAL STAFF EXPERTISE IN THE FIELD A FORMAL PROCESS HAS BEEN DEVELOPED WHEREBY THE CAMPAIGN PERIODICALLY MONITORS THE SUBSTANTIVE PROGRESS OF THE GRANT PROGRAM, REVIEWS FINANCIAL REPORTS FROM THE GRANTEE, REVIEWS THE GRANTEE'S PUBLICLY AVAILABLE FINANCIAL REPORTS AND TAX FILINGS (WHERE APPLICABLE), AND ALSO HOLDS PERIODIC CONFERENCE CALLS WITH THE GRANTEE TO CONFIRM THAT THE FUNDS ARE BEING EXPENDED AS AGREED UPON IN THE AWARD DOCUMENT								

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 52-1974611

Name: THE NATIONAL CAMPAIGN TO PREVENT

TEEN AND UNPLANNED PREGNANCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY FUTURES OF TEXAS2300 W COMMERCE STREET SUITE 203 SAN ANTONIO,TX 78207	20-5793076	501(C)(3)	100,000				SUPPORT THE TEXAS WOMEN'S HEALTHCARE COALITION

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL ASSOCIATION OF NURSE PRACTITIONERS IN WOMEN'S HEALTH505 C STREET NE WASHINGTON, DC 20002	13-3216405	501(C)(3)	100,000				ASSESS THE USE OF BEDSIDER IN THE CLINICAL SETTING AND TO DISSEMINATE THE RESULTS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TEXAS CAMPAIGN TO PREVENT TEEN PREGNANCY1706 INTERVAIL DRIVE AUSTIN,TX 78746	26-4012273	501(C)(3)	75,000				REFRAME TEEN PREGNANCY IN TEXAS AS AN ADULT ISSUE AND ENGAGE KEY AUDIENCES BY RAISING AWARENESS ABOUT TEEN PREGNANCY AND EFFECTIVE TEEN PREGNANCY PREVENTION STRATEGIES		

Form 990,Schedule 1, Pai	rt II, Grants an	<u>a Otner Assistance</u>	e to Domestic Org	<u>anizations and Do</u>	<u>mestic Governmei</u>	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA PRIMARY CARE ASSOCIATION755 N ROOP ST SUITE 211 CARSON CITY,NV 89701	88-0336974	501(C)(3)	50,000				ASSESS THE USE OF THE BEDSIDER PROGRAM IN THE COMMUNITY HEALTH CENTER SETTING AND TO DISSEMINATE THE RESULTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PLANNED PARENTHOOD OF LA400 W 30TH STREET LOS ANGELES,CA 90007	95-2408623	501(C)(3)	47,672				LATINO PARENT- TEEN COMMUNICATION - TRAIN PROMOTORES TO INTEGRATE FAMILIES TALKING TOGETHER CURRICULUM INTO THEIR WORK WITH CALIFORNIA LATINO FAMILIES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NUEVA ESPERANZA INC 4261 N 5TH STREET PHILADELPHIA,PA 19140	23-2552707	501(C)(3)	33,942				DISTRIBUTE THE TEEN PREGNANCY PREVENTION TOOLKIT TO HISPANIC FAITH LEADERS AND DEVELOP A PROPOSAL TO CREATE A TEEN PREGNANCY PREVENTION VIDEO RELATED TO THE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
VISION Y COMPROMISO 1000 N ALAMEDA ST SUITE 350 LOS ANGELES,CA 90012	32-0071651	501(C)(3)	29,514				LATINO PARENT- TEEN COMMUNICATION - TRAIN PROMOTORES TO INTEGRATE FAMILIES TALKING TOGETHER CURRICULUM INTO THEIR WORK WITH CALIFORNIA LATINO FAMILIES					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
HINDS COMMUNITY COLLEGEPO BOX 1100 RAYMOND,MS 39154	64-6000453	501(C)(3)	10,000				DEVELOP AND IMPLEMENT A PILOT PROGRAM WITH ACTIVITIES DESIGNED TO ADDRESS A PLAN OF ACTION FOR THE PREVENTION OF UNPLANNED PREGNANCY OUTLINED IN MISSISSIPPI SENATE BILL 2563					

DLN: 93493120003125

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY

**Employer identification number** 

52-1974611

Pai	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des			1b		
2	Did the organization require substantiation prior to re directors, trustees, officers, including the CEO/Execu			2		
3	Indicate which, if any, of the following the filing organiorganization's CEO/Executive Director Check all that used by a related organization to establish compensa	at apply	y Do not check any boxes for methods			
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant	<u>~</u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro-	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions mı	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any			
a	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7	Yes	
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in	Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 SARAH S BROWN, CHIEF EXECUTIVE OFFICER	(i) (ii)	303,923	30,000	0	18,600	1,091 0	353,614 0	0
2 ALICE SINGDAHLSEN, COO (AS OF 03/2014)	(i) (ii)	153,234	7,500 0	0	0	903	161,637	0
3 WILLIAM ALBERT, CHIEF PROGRAM OFFICER	(i) (ii)	218,505	10,000	0	14,115	11,474	254,094 0	0
4 LARRY SWIADER, SENIOR DIRECTOR OF DIGITAL MEDIA	(i) (ii)	236,762	29,000 0	0	14,238	1,098 	281,098	0
5 ANDREA KANE, SENIOR DIRECTOR OF POLICY	(i) (ii)	175,678 0	4,750 0	0	11,100	6,216	197,744	0
6 KELLEEN KAYE, SENIOR DIRECTOR OF RESEARCH	(i) (ii)	160,522	4,500 0	0	10,500	11,814	187,336	0
7 AMY KRAMER, SENIOR DIR OF ENTERTAINMENT MEDIA	(i) (ii)	145,195 0	4,500 0	0	9,000	1,098 0	159,793 0	0

Schedule J (Form 990) 2014

#### Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
•	ANY BONUSES RECEIVED BY OFFICERS, KEY EMPLOYEES, AND HIGHEST PAID EMPLOYEES LISTED IN FORM 990, PART VII WERE BASED ON KEY PERFORMANCE INDICATORS

Schedule J (Form 990) 2014

DLN: 93493120003125

OMB No 1545-0047

Open to Public

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY

▶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.

**Noncash Contributions** 

Name of the organization

Inspection **Employer identification number** 

52-1974611

Pa	rt I	Types of Property								
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	r	<b>(d</b> Method of d Ioncash contrib	- etermı		ts
1	A rt—W	orks of art			- 5					
		istorical treasures .								
3	Art—F	ractional interests								
4	Books	and publications								
5	Clothir	ng and household								
	goods									
		nd other vehicles								
		and planes								
		ctual property		_						
		ties—Publicly traded .	Х	2	15,000,881	FMV				
		ties—Closely held stock .								
	or trus	ties—Partnership, LLC, t interests								
		ties—Miscellaneous								
13	contrib	ed conservation oution—Historic ures								
14		ed conservation								
	contrib	oution—Other								
15	Reale	state—Residential .								
		state—Commercial								
		state—Other								
		tibles								
		nventory								
		and medical supplies .	Х	1	41,930	FMV				
		ermy								
		ical artifacts								
		ific specimens								
		ological artifacts								
		• ()								
		►() ►()								
	Other									
			hy the orga	ınızatıon durıng the tax yea	r for contributions	<u> </u>				
				283, Part IV, Donee Acknowledge		29			Yes	No
30a	Durin	g the year did the organiza	tion receiv	e by contribution any prope	erty reported in Part I, lines	1 thr	rough 28 that		165	
					ition, and which is not requi					
		empt purposes for the entil						30a		No
h		s," describe the arrangeme				•		Sua		No_
31					review of any non-standard	contr	ributions?	31	Yes	
32a	Does	the organization hire or use	e third parti	ies or related organizations	to solicit, process, or sell i	nonca	ash			
		butions?						32a		Νo
Ь	If"Y≏	s," describe in Part II								
33			an amount	: in column (c) for a type of	property for which column (	a)ıs	checked.			
_		ıbe ın Part II		. (-)) - 0	. , ,	,	· <b>,</b>			

Part II Supplem

**Supplemental Information.** Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

DLN: 93493120003125

OMB No 1545-0047

Inspection

## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

Name of the organization
THE NATIONAL CAMPAIGN TO PREVENT Employer identification number TEEN AND UNPLANNED PREGNANCY 52-1974611

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE	
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTO RS ARE REQUIRED TO REVIEW AND ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY ONCE PER YEAR A LL STAFF MEMBERS ALSO SIGN AND ACKNOWLEDGE THIS POLICY AT THE INITIAL HIRE AND ON AN ANNUA L BASIS THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND HANDLES ANY INSTANC
	ES WHERE A CONFLICT OF INTEREST IS REPORTED BY BOARD MEMBERS. THE CEO AND/OR COOREVIEW AN DHANDLE INSTANCES OF REPORTED CONFLICTS OF INTEREST BY STAFF MEMBERS. FURTHER, THE CHAIR OF THE FINANCE AND DEVELOPMENT COMMITTEE OF THE BOARD IS THE COMPLIANCE OFFICER AND IS SODESIGNATED IN THE EMPLOYEE HANDBOOK.
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS DETERMINED AND APPROVED BY THE COMPENSA TION COMMITTEE OF THE BOARD OF DIRECTORS AND THE BOARD ITSELF USING A STUDY COMPARING THE CAMPAIGN'S SALARIES TO THOSE OF HUNDREDS OF OTHER NOT-FOR-PROFIT ORGANIZATIONS THIS REVIE W WAS LAST CONDUCTED IN 2014 FOR THE CEO'S 2015 SALARY COMPENSATION OF EMPLOYED OFFICERS AND KEY EMPLOYEES IS SET BY THE CEO USING THE SAME NATIONALLY-AVAILABLE DATA THIS WAS LAS T DONE IN DECEMBER OF 2014
FORM 990, PART VI, SECTION C, LINE 19	THE CAMPAIGN'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE IN ITS MAIN OFFICE AND CAN BE SEEN ON REQUEST TO THE CEO OR COO THE CAMPAIG N ALSO MAKES COPIES OF THE CURRENT YEAR'S AUDITED FINANCIAL STATEMENTS AND FEDERAL FORM 99 0 AVAILABLE ON ITS WEBSITE
FORM 990, PART IX, LINE 11G	SURVEY AND EVALUATION SERVICES PROGRAM SERVICE EXPENSES 291,521 MANAGEMENT AND GENERAL E  XPENSES 1,470 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 292,991 WRITERS AND WEB  CONTENT PR  OGRAM SERVICE EXPENSES 175,162 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING  EXPENSES 0  TOTAL EXPENSES 175,162 COMMUNICATIONS AND MEDIA CONSULTING PROGRAM SERVICE  EXPENSES 497  ,456 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES  497,456 C  ONSULTANTS AND CONTRACT SERVICES PROGRAM SERVICE EXPENSES 926,557 MANAGEMENT  AND GENERAL  EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 926,557 TEMPORARY HELP PROGRAM  SERVI  CE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 14,518 FUNDRAISING EXPENSES 0  TOTAL EXPEN  SES 14,518 EXECUTIVE RECRUITMENT SERVICES PROGRAM SERVICE EXPENSES 67,210  MANAGEMENT AN  D GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 67,210

DLN: 93493120003125

OMB No 1545-0047

Open to Public **Inspection** 

# **SCHEDULE R**

(Form 990)

Department of the Treasury Internal Revenue Service

**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.

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

Name of the organization THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY

**Employer identification number** 

52-1974611

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
(a) Name, address, and EIN (ıf applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity					
(1) BEDSIDER LLC 1776 MASSACHUSETTS AVENUE NW SUITE WASHINGTON, DC 200361916 27-5460689	MAKE SOFTWARE APPLICATIONS AVAILABLE IN AN ONLINE STORE	DE	0		THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY					

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling	Section !	512(b)
		or foreign country)		(if section 501(c)(3))	entity	(13) cor	ntrolled
					•	entity?	
						Yes	No

Yes No

Yes

No

(a) Name, address, and EIN of related organization  (b) Primary activity I Legal domicile (state or foreign country)  (state or foreign countr	Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated					atıon ansv	vered "Ye:	s" on Form	990, Part I	V, line 34	4
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	<b>(k)</b> Percentage ownership

Part IV	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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a)(b)(c)(d)Name of related organizationTransaction type (a-s)Amount involved type (a-s)Method of determining amount involved Method of determining amount involved	ount II	nvolved	l
-				

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									$\Box$	1			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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