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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2015

Open to Public Inspection

			C Name of organization	ginning 01-01-2015 , and ending	12-31-201:		D Emple	over i	dentification number		
B Chec Addr		applicable hange	THE NATIONAL CAMPAIGN TO TEEN AND UNPLANNED PREG					52-1974611			
— Nam		_		52-1	9/46	011					
i ivam — Initia			Doing business as								
Final		4111	Number and street (or P O b	oox if mail is not delivered to street address	s) Room/suit	te	E Teleph	E Telephone number			
		rmınated	1776 MASSACHUSETTS AVEN	(202	478	3-8500					
- Ame	nded	return	City or town, state or province								
— Appli	ıcatıo	n pending	WASHINGTON, DC 2003619	16			G Gross	receip	ts \$ 6,805,716		
			F Name and address	of principal officer		H(a) I	s this a group	o retu	ırn for		
			VIRGINIA EHRLICH 1776 MASSACHUSET	TS AVENUE NW NO 200			ubordinates?		□Yes □No		
			WASHINGTON, DC 2				Are all subord ncluded?	ınate	s 「Yes「No		
						I	f "No," attacl	n a lis	st (see instructions)		
Tax-	-exer	npt status	✓ 501(c)(3) / 501(c) () ◀ (insert no)	527	H(c)	Group exemp	tıon r	number ►		
We	ebsit	e:► WV	W THENATIONALCAMPA	AIGN ORG							
∢ Form	of or	rganızatıon	Corporation Trust Ass	sociation Other 🕨		L Year	of formation 1	996	M State of legal domicile DC		
Par	t Ι	Sum	mary			•					
				ıssıon or most sıgnıfıcant actıvıtıes							
	<u>I</u>	MPROVE	THE WELL-BEING OF CH	HILDREN, YOUTH & FAMILIES BY	REDUCIN	G TEEN	& UNPLANN	ED P	REGNANCIES		
<u>ا</u> ک	_										
ŧΙ	_										
		<u> </u>					250/ 5:				
ž	2	C neck tr	iis box 🞮 - ir the organizati	on discontinued its operations or d	isposea or	more th	an 25% orits	net	assets		
Activities & Governation	3	Number	of voting members of the go	overning body (Part VI, line 1a) .				з	27		
ğ l			of independent voting mem		4	26					
	5	Total nu	mber of individuals employe	ed ın calendar year 2015 (Part V, lı	ine 2a) .			5	54		
<u> </u>	6 Total number of volunteers (estimate if necessary)								401		
-				rom Part VIII, column (C), line 12				7a	0		
	b N	let unrela	ated business taxable inco	me from Form 990-T, line 34 .				7b			
							Prior Year		Current Year		
a l	8								3,650,412		
Revenue		9 Program service revenue (Part VIII, line 2g)							4,000		
출	10 11								539,067 7,072		
	12	Total revenue, add lines 9 through 11 (must equal Dart VIII column (A.) line						,394			
	12	12)	revenue dua imes o cirrod	gii 11 (iiiabe equai) are 1111/ ee aii	(, , , , , , , , , ,		24,858	,877	4,200,551		
	13	Grant	s and similar amounts paid	(Part IX, column (A), lines 1-3)			446	,128	180,000		
	14		·	(Part IX, column (A), line 4)				0	0		
φ l	15	Saları 5–10		nployee benefits (Part IX, column (A), lines		4,348	8,274 4,302,356			
Expenses	16a		<i>)</i> ssional fundraising fees (Pa	,823	6,388						
<u>⊕</u>	ь		indraising expenses (Part IX, colu	020	0,500						
	17		expenses (Part IX, column	,452	6,009,410						
	18		expenses Add lines 13-1	,677	10,498,154						
	19			,200	-6,297,603						
8 %		Revenue less expenses Subtract line 18 from line 12							End of Year		
Not Assets or Fund Balances		-				-5					
Ass Ba	20		assets (Part X, line 16)				40,381		33,401,950		
<u> </u>	21 22		liabilities (Part X, line 26)	otract line 21 from line 20		'	39,299		960,863 32,441,087		
Part			nature Block	Stract line 21 from line 20	• • •		39,299	,200	32,441,087		
				ve examined this return, including a	accompany	/ına sche	edules and sta	atem	ents, and to the best of		
ny kno	owle	dge and	belief, it is true, correct, ar	nd complete Declaration of prepare							
orepar	er h	as any k	nowledge								
		****	***				2016-05-04				
Sign		Sign	ature of officer				Date				
Here			GINIA EHRLICH CHIEF EXECUTIVE	OFFICER							
		Туре	e or print name and title								
_			Print/Type preparer's name FRANK H SMITH	Preparer's signature FRANK H SMITH		ate 016-05-03	Check if self-employed	PTII P00	N 639053		
Paid		<u> </u>	Firm's name F RAFFA PC			05	Firm's EIN 🕨 5				
Prep		er	Firm's name RAFFA PC Firm's address • 1899 L STREET	NW SUITE 900			Phone no (20)				
Use	On	ıly [ˈ						_, 522			
		I	WASHINGTON, I	JC 20030			1				

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

. . ✓ Yes ☐ No

orm	990 (2015)				Page 2
Par		-	ervice Accomplishmen	its In this Part III	
1	Briefly describe the org				· · · · · · · · · · · · · · · · · · ·
AND STAE SENI SING AND BEIN	FUTURE PROSPECTS OF STATE OF S	OF CHILDREN ILLIES WHO A IC STRATEGY VE SUPPORT A ES IN BOTH T RE WILL BE LE	AND FAMILIES AND, IN PA RE COMMITTED TO AND RE IS TO PREVENT TEEN PRE COMBINATION OF RESPO HE PUBLIC AND PRIVATE SESS POVERTY, MORE OPPO	REGNANCY (THE CAMPAIGN) EXIST RTICULAR, TO HELP ENSURE THAT EADY FOR THE DEMANDING TASK O GNANCY AND UNPLANNED PREGN NSIBLE VALUES AND BEHAVIOR B SECTORS IF WE ARE SUCCESSFUL RTUNITIES FOR YOUNG MEN AND TIONS, AND A STRONGER NATION	CHILDREN ARE BORN INTO F RAISING THE NEXT ANCY, ESPECIALLY AMONG Y BOTH MEN AND WOMEN CHILD AND FAMILY WELL-
2	the prior Form 990 or 9	90-EZ?		ring the year which were not listed on	
	If "Yes," describe these				
3	Did the organization ce services? If "Yes," describe these		·	s in how it conducts, any program	
4	Describe the organizati expenses Section 501	on's program s (c)(3) and 501	ervice accomplishments for e	each of its three largest program serving Fired to report the amount of grants and Propried	
4a	(Code) (Expenses \$	3,875,880 including of	grants of \$ 50,000) (Revenue	\$)
	ENTERTAINMENT MEDIA FE AND CONSEQUENCES TO IT WEBSITES, BLOGS, ETC) TELEVISION SHOWS, MAGA NEARLY 4 MILLION INDIVIDI INCLUDING TEEN MOM, 16 INCLUDING A 2014 STUDY THIS WORK IS HELPING TH SOCIAL NETWORKING SITE	RONT, THE CAMPA IS TARGET AUDIEN THE CAMPAIGN HA ZINE ARTICLES, AI UALS THE ENTER & PREGNANT, AN CREDITING MTV T IE CAMPAIGN MEE IS, MOBILE TECHN E MEDIA PROGRAM	IGN WORKS TO GET MESSAGES ABO NCES VIA THE ENTERTAINMENT CON IS PARTNERED WITH OVER 100 TOP ND WEBISODES BETWEEN 2008-201 TAINMENT MEDIA TEAM HAS COLLAE D OTHER POPULAR SHOWS DEPICTI TEEN PREGNANCY REALITY SHOWS IN TITS MISSION ON THE DIGITAL FRO OLOGIES, AND GAMES-TO POSITIVE IN THE CAMPAIGN RECEIVED DONAT	NMENT AND DIGITAL MEDIA IS ONE OF THE OI JUT TEEN PREGNANCY, UNPLANNED PREGNAN- ITENT THEY ALREADY LIKE TO CONSUME (TV, MEDIA OUTLETS, AND OUR MESSAGING HAS IN 4 ALONE THESE PARTNERSHIPS HAVE ALLOWING BORATED WITH A WIDE VARIETY OF ENTERTAL NG PREGNANCY OR BIRTH CONTROL USE A SE WITH ONE-THIRD OF THE DECLINE IN THE NATE ONT, THE CAMPAIGN USED ALL FORMS OF NEW LY CHANGE TEENS AND YOUNG ADULTS' SEXULA ED RADIO AND TELEVISED PUBLIC SERVICE AN	CY, CONTRACEPTION, PREVENTION, SOCIAL MEDIA, MAGAZINES, SEEN FEATURED IN MORE THAN 4,700 ED OUR PSA PLACEMENTS TO REACH NMENT MEDIA PROGRAMS, ERIES OF EVALUATION STUDIES, TION'S TEEN BIRTH RATE, SUGGEST MEDIA-INCLUDING WEBSITES, AL ATTITUDES, KNOWLEDGE, AND
4b	(Code) (Expenses \$	1,225,033 including o	grants of \$ 5,000) (Revenue	\$ 4,918)
	COMMUNICATE CAMPAIGN REGULARLY DEVELOPS, PRI CUTTING-EDGE DIGITAL AC HAS DISSEMINATED MORE CAMPAIGN WEBSITE, AND A TIMES AND IN ELECTRONIC	MESSAGES AND II ODUCES, AND DISC CTIVITIES, INCLUD THAN THREE MILL ALMOST SEVEN MI C MEDIA ALMOST 3	DEAS THE PROGRAM WORKS IN TH SEMINATES A WIDE RANGE OF MATI ING THE ANNUAL NATIONAL DAY TO ION COPIES OF THE CAMPAIGN'S 30 LLION VISITS TO THE STAY TEEN WE IT BILLION TIMES THE COMMUNICA	SUE OF TEEN AND UNPLANNED PREGNANCY I REE AREAS PRESS RELATIONS, PUBLICATIONS ERIALS-FROM INFLUENTIAL RESEARCH TO POS PREVENT TEEN PREGNANCY AND #THXBIRTH 100+ PUBLICATIONS, RECEIVED MORE THAN FO EBSITE THE CAMPAIGN HAS BEEN FEATURED I TIONS TEAM HAS SENT OUT OVER 150 ELECTE OR THE NATIONAL CAMPAIGN AND STAY TEEN	S, AND ON THE WEB THE CAMPAIGN ITERS, POSTCARDS, AND A HOST OF CONTROL EFFORTS THE CAMPAIGN UR MILLION VISITS TO THE NATIONAL N PRINT MORE THAN 1 5 BILLION CONIC NEWSLETTERS (WHICH REACH
4c	(Code) (Expenses \$	948,521 including o	grants of \$ 75,000) (Revenue	\$
	PARTNERSHIPS AND SPECI ON THE ROLE OF PERSONA AND TO REACH OUT TO IN THOSE WORKING ON TEEN	AL INITIATIVES - T IL RESPONSIBILITY TERESTED GROUP: AND UNPLANNED	HE PURPOSE OF THE PARTNERSHIP -FOR BOTH MALES AND FEMALES-IN S AND ORGANIZATIONS AS WELL AS	S PROGRAM AND SPECIAL INITIATIVES IS TO (I REDUCING TEEN AND UNPLANNED PREGNAN FAITH COMMUNITIES TO PARTNER IN THIS W H A VARIETY OF ACTIVITIES, INCLUDING THE	CATALYZE A NATIONAL DISCUSSION CY AMONG SINGLE, YOUNG ADULTS, ORK THE CAMPAIGN SUPPORTS
	See Additional Data				
4d	Other program service	as (Dascriba in	Schedule O)		
М	(Expenses \$	2,973,627	•	50,000) (Revenue \$	4,000)

9,023,061

Total program service expenses ►

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Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	NO
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? If "Yes," complete Schedule D, Part 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	9		No
10	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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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
C	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	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	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? <i>If "Yes," complete Schedule F, Parts I and IV </i>	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
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		No
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		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	204		

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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part III	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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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	

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Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v			
					Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	53			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	ven	dors and reportable	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	2a	54			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3a 3b		Νo
	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities acc	gnatu	re or other authority	4a		NI -
b	account)? If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	c and	Financial Accounts	-ra		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	na the	tax vear?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited t			5u 5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			3B		
	Trives, to fine 3a or 3b, and the organization meriorin 3300 rv	•		5c		
	Does the organization have annual gross receipts that are normally greater than $\$10$ organization solicit any contributions that were not tax deductible as charitable contributions.	rıbutı	ons?	6а		Νo
	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su • •	ch contributions or gifts	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?		d partly for goods and	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor.		ed?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal proper					
d	file Form 8282?	7d	 [7c		Νo
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the orequired?		zation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?		the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	sınes	s holdings at any time			
0-	Did the sponsoring organization make any taxable distributions under section 4966	•		8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9a 9b		
10	Section 501(c)(7) organizations. Enter	iceu p		36		
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	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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? N additional information the organization must report on Schedule O	ote. S	See the instructions for	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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax	year	?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ii	n Schedule O	14b		

Part VI	Governance.	Management, and Dis	isclosure
	GOVCI Hallet,	rialiagement, and Dis	isclosul c

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.

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

Se	ection A. Governing Body and Management		· · ·	, •
-	ction A. Governing Body and Flanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 27			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26			
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	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		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			
,	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	
ь	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 R	eveni	ie Cod	e.)
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
l 7	List the States with which a copy of this Form 990 is required to be filed ► CA , CO , CT , FL , GA , IL , KY , MD , M , PA , VA , WI	A,MN	1 , NJ , I	NY,ОН
L8	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. Check all that apply own website. Another's website. Upon request. Other (explain in Schedule O)			

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

Part VII 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	more t perso	tion (han d in is l	(C) on (do not check an one box, unless is both an officer director/trustee)				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the		
		organizations below		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table												
										Form 990 (2015)		

	(A) Name and Title	(B) Average hours per week (list any hours	more t	tion (han (on is	one l both	oox, an d	heck unless officer stee)	;	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estim amount of compen from	ated of other isation the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 MISC)		organizat relai organiz	ted
See	Additional Data Table											
1b	Sub-Total						<u> </u>			1		
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S			•				2,100,915	0		179,510
2	Total number of individuals (\$100,000 of reportable com	ıncludıng but not l	limited	to the	se l	ıste	d abov	e) wl	ho received more th	nan		
										_	Yes	No
3	Did the organization list any on line 1a? If "Yes," complete							yee, •	or highest compen		3	No
4	For any individual listed on li							n and	d other compensatı			140

npensated emp	•	3		No
		3		No
scation from the	_			
	2			
		4	Yes	
		5		No
•	for such ation or individ	for such	ation or individual for	for such •••••••••••••••••••••••••••••••••••

Section B. Independent Contractors

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	WEBSITE MAINTENANCE AND SUPPORT	523,599
855 FOLSOM STREET		
SAN FRANCISCO, CA 94107		
SMART DESIGN LLC	MARKETING AND COMMUNICATIONS	280,107
601 WEST 26TH STREET SUITE 1820 NEW YORK, NY 10001		_
TELCORDIA OPERATIONS LTD	MOBILE MEDIA SERVICES	253,151
TRINITY HOUSE CHARLESTON ROAD RAN DUBLIN EI		
WEBB MASON INC	PRINTING AND FULFILLMENT SERVICES	231,492
10830 GILROY ROAD		
HUNT VALLEY, MD 21031		
MARISA NIGHTINGALE	MEDIA CONSULTING	187,673
3930 MCKINLEY STREET NW WASHINGTON, DC 20015		
3. Total number of independent contractors (including but not limited to these listed above	\ who recalled more than	

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 🕨 13

art V	4 + 1	Statement o			II D IVIII			_
		Check if Schedi	ule O contains a respon	ise or note to any iir	(A)	(B)	(C)	 (D)
					Total revenue	Related or	Unrelated	Revenue
						exempt function	business revenue	excluded from tax under
						revenue	revenue	sections
	4-			3,816				512-514
ខ្ទ	1a	Federated cam						
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership du	es 1b					
5 萬	С	Fundraising eve	ents 1c					
ξ i	d	Related organiz	ations 1d					
5 ≝	e	Government grants	s (contributions) 1e	1,003,913				
Siri								
Contributions, Giffs, and Other Similar A	f	similar amounts no	ons, gifts, grants, and 1f ot included above	2,642,683				
<u> </u>	g		ons included in lines	34,617				
<u> </u>	h	1a-1f \$ Total. Add lines	s 1a-1f		3,650,412			
5 E		Total. Add lines	S 1 d - 1 1	· · · · •	3,030,412			
<u>a</u>				Business Code				
E	2a	TRAINING REGISTE	RATIONS	900099	4,000	4,000		
Program Serwoe Revenue	ь							
	С							
	d							
έ	e							
Š ≅	f	All other progra	m service revenue					· · · · · · · · · · · · · · · · · · ·
윤	g	Total. Add lines	s 2a – 2f		4,000			
	3		ome (including divident		1,000			
		and other simila	aramounts)		499,592			499,592
	4		tment of tax-exempt bond p					
	5	Royalties						
	_		(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	С	expenses Rental income						
	له ا	or (loss)	me or (loss)					
	d	Net Telltal Illcol						
	7a	Gross amount	(ı) Securities	(II) Other				
	'-	from sales of assets other	2,575,947					
		than inventory						
	ь	Less cost or						
		other basis and sales expenses 2,536,472						
	С	Gain or (loss)	39,475					
	d	Net gain or (los	s)		39,475			39,475
<u>v</u>	8a	Gross income f						
		events (not inc	luding					
omer nevenue		\$ of contributions	reported on line 1c)					
ב		See Part IV, lin						
<u> </u>			a					
5	b		penses b					
	C		(loss) from fundraising e	events 🛌				
	ya 	Gross income f See Part IV, lin	rom gaming activities lie 19					
		,	a					
	ь	Less direct ex	penses b					
	c	Net income or (loss) from gaming activ	/ities				
	10a	Gross sales of						
		returns and allo	owances . a	73,611				
	ь	less costofa	oods sold b	68,693				
			(loss) from sales of inve		4,918	4,918		
ŀ		Miscellaneous		Business Code				
	11a	OTHERINCOM		900099	2,154			2,154
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	L	🕨				
					2,154			
	12	rocar revenue.	See Instructions	· · · · •	4,200,551	8,918	0	541,221

	IX	-				
Section	n 501	1(c)(3) and 501(c)(4) organizations must complete all columns A	All other organiza	ations must com	plete column (A)	
		Check if Schedule O contains a response or note to any line in th	ıs Part IX			<u></u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		estic governments See Part IV, line 21	180,000	180,000		
2		nts and other assistance to domestic orduals See Part IV, line 22				
3	gove	its and other assistance to foreign organizations, foreign ernments, and foreign individuals See Part IV, lines 15 16				
4	Bene	efits paid to or for members				
5		pensation of current officers, directors, trustees, and employees	1,745,371	1,270,562	365,250	109,559
6	(as c	pensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)				
7	Othe	er salaries and wages	1,480,329	1,139,214	312,824	28,291
8		sion plan accruals and contributions (include section 401(k) 403(b) employer contributions)	93,410	78,624	13,168	1,618
9	Othe	er employee benefits	745,720	540,519	170,373	34,828
10	Payr	oll taxes	237,526	189,461	41,955	6,110
11	Fees	for services (non-employees)				
а	Mana	agement				
b	Lega		9,419	2,100		7,319
С		ounting	48,204		48,204	
d		lying	74,823	74,823		
e		essional fundraising services See Part IV, line 17	6,388			6,388
f		stment management fees	58,891		58,891	
g	amo	er (If line 11g amount exceeds 10% of line 25, column (A) unt, list line 11g expenses on Schedule O)	1,873,591	1,830,309	43,282	
12		ertising and promotion	1,191,300	1,189,366	974	960
13		e expenses	256,385	199,817	49,243	7,325
14		mation technology	1,044,123	988,557	47,602	7,964
15		alties	502.074	402.074	454.074	20.720
16		upancy	592,874	403,071	161,074	28,729
17		el	228,438	220,306	2,896	5,236
18		e, or local public officials				
19	Conf	erences, conventions, and meetings	219,361	203,841	14,369	1,151
20	Inte	rest	2,934		2,934	
21	Payr	ments to affiliates				
22	Depr	reciation, depletion, and amortization	292,385	266,762	22,617	3,006
23	Insu	rance	72,398		72,398	
24	misc 10%	er expenses Itemize expenses not covered above (List sellaneous expenses in line 24e If line 24e amount exceeds of line 25, column (A) amount, list line 24e expenses on edule O)				
а		IATED SUPPLIES	34,617	34,617		
b	LOS	S ON DISPOSAL	9,427	9,427		
c	MIS	CELLANEOUS	240		240	
d	IND	IRECT COST RECOVERY	0	201,685	-201,685	
е	Allo	ther expenses				
25	Tota	l functional expenses. Add lines 1 through 24e	10,498,154	9,023,061	1,226,609	248,484
26	repo educ	t costs.Complete this line only if the organization rted in column (B) joint costs from a combined sational campaign and fundraising solicitation ck here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 265,408 242,428 1 1 2 3.162.847 2 3.985.616 Savings and temporary cash investments 14,837,332 6,695,494 3 3 4 4 8.584 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 33,400 8 95,687 8 116.951 62,078 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 3,740,977 10a Complete Part VI of Schedule D b 10b 3,460,125 388,936 10c 280,852 Less accumulated depreciation 21,531,564 11 21,987,067 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 44,252 15 44,144 16 Total assets. Add lines 1 through 15 (must equal line 34) 40,381,120 16 33,401,950 781,300 753,233 17 **17** 132.128 18 62,500 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 168,404 25 145,130 1,081,832 26 960.863 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 23.843.626 24,124,398 27 27 15,455,662 8,316,689 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 32,441,087 39,299,288 33

Total liabilities and net assets/fund balances

33.401.950

40.381.120

34

	(2013)			ŀ	age 1
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				. [고
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,2	200,55
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,4	198,154
3	Revenue less expenses Subtract line 2 from line 1	3		-6,2	97,603
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		39,2	299,288
5	Net unrealized gains (losses) on investments	5		- 4	85,598
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-75,000
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		32,4	41,087
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		• •		. N-
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	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 on			
	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				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	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?	e	За	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-1974611

Name: THE NATIONAL CAMPAIGN TO PREVENT

TEEN AND UNPLANNED PREGNANCY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code STATE SUPPORT) (Expenses \$	693,518	including grants of \$) (Revenue \$	4,000)
(Code LATINO INITIATIVE) (Expenses \$	685,125	including grants of \$) (Revenue \$)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

TOTHI 990, Part	111 - 4 Program Servic	e Accompi	sillients (See the Ins	ti uctions)	
(Code) (Expenses \$	643,490	ıncludıng grants of \$	50,000) (Revenue \$)
PUBLIC POLICY					
(Code) (Expenses \$	606,916	ıncludıng grants of \$) (Revenue \$)
LEADERSHIP AND	PLANNING				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 344,578 including grants of \$) (Revenue \$) RESEARCH Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Part	Compensated Employees, and Inde		ntracto	rs					1	I	1 1
Section	hours per week (list any hours		Position (do not check more than one box, unless person is both an officer					i	compensation from the organization (W-	compensation from related organizations (W-	Estimated amount of other compensation from the
Commence		organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related
Maria Registration			х		х				0	0	0
TRANSPORT TRAN			х		х				0	0	0
TRANSMER TRANSM	STEPHEN A WEISWASSER										
DRECTOR STAN POPPO			X		Х				0	0	0
ROBERT BLUM NO PHO			Х						0	0	0
NUMBER CONTROL NUMB	DIRECTOR	1.00									
DRECTOR NAMES CALLING NO DRECTOR 100 X NO 0 DRECTOR 100 X 0 0 0 0 0 0 0 0 0 0 0			х						0	0	0
DRECTOR	LINDA CHAVEZ										
DIRECTOR SUSMINED DMINES DIRECTOR SUSMINED DMINES DIRECTOR DIRECTOR TAMADO DEBENER 1.00 X DIRECTOR TAMADO DMINES 1.00 X DIRECTOR TAMADO DMINES TO THE STANDAM			X						0	0	0
DRECTOR 100			v						0	0	0
DIRECTOR MANDA DAVER 1.00 X MANSE EDWARDS MANSE EDWARDS			_ ^						Ů	0	Ŭ
AMANDA DEVVER DERECTOR MARK EDWARDS 100 X			×						0	0	0
DIRECTOR MARK EDWARDS 1 00 DIRECTOR MARK EDWARDS 1 100 X DIRECTOR MARK EDWARDS X DIRECTOR MARK EDWARDS X DIRECTOR MARK EDWARDS X DIRECTOR X		1.00									
DIRECTOR			х						0	0	0
IRA FISHMAN			х						0	0	0
DIRECTOR		1.00									
WILLIAM GALSTON PHD			x						0	0	О
DIRECTOR	WILLIAM GALSTON PHD		, , , , , , , , , , , , , , , , , , ,								
NANCY L JOHNSON	DIRECTOR		^						0	0	0
DIRECTOR X			Х						0	0	0
NAME			х						0	0	0
DIRECTOR	IVAN JUZANG	1 00									
DIRECTOR			X						0	0	0
X			х						0	0	0
REV MICHAEL D PLACE STD			х						0	0	0
X		1 00									
DIRECTOR (AS OF 04/2015)			Х						0	0	0
X			х						0	0	0
VICTORIA P SANT 1 00 X 0 0 DIRECTOR X 0 0 0 MATTHEW STAGNER PHD 1 00 X 0 0 DIRECTOR X 0 0 0 MARY C TYDINGS 1 00 X 0 0 DIRECTOR X 0 0 0 GAIL R WILENSKY PHD 1 00 X 0 0 DIRECTOR X 0 0 0			х						0	0	0
DIRECTOR 1 00 X 0 0 MARTHEW STAGNER PHD X 0 0 0 MARY C TYDINGS 1 00 X 0 0 DIRECTOR X 0 0 0 GAIL R WILENSKY PHD 1 00 X 0 0 DIRECTOR X 0 0 0	VICTORIA P SANT		X						0	0	0
MARY C TYDINGS	DIRECTOR		<u> </u>								
X			Х						0	0	0
DIRECTOR X 0 0			x						0	0	0
			х						0	0	0
KIMBERLYDAWN WISDOM MD 100 X 0 0 0	KIMBERLYDAWN WISDOM MD	1 00	x						0	0	0
DIRECTOR											

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount more than one box, unless compensation hours per compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest compensated employee Former Individual trustee or director organizations Institutional Trustee related below emplo) ee organizations dotted line) 1 00 JUDY WOODRUFF 0 0 0 Х DIRECTOR 40 00 SARAH S BROWN Х 188,167 0 10,316 Χ CHIEF EXEC OFFICER (UNTIL 06/2015) 40 00 VIRGINIA EHRLICH Χ Χ 150,085 0 4,347 CHIEF EXEC OFFICER (AS OF 08/2015) 40 00 ALICE SINGDAHLSEN Х 219,519 0 11,984 CHIEF OPERATING OFFICER 40 00 DANIELA KUCZ Χ 0 39,203 4,015 CORPORATE SECRETARY (AS OF 01/2015) 40 00 KYLEE ACKER Х 5,692 0 520 CORPORATE SECRETARY (UNTIL 01/2015) 40 00 LARRY SWIADER Х 252,746 0 16,078 SENIOR DIRECTOR OF DIGITAL MEDIA 40.00 WILLIAM ALBERT Χ 240,806 0 29,329 CHIEF PROGRAM OFFICER 40 00 ANDREA KANE Χ 186,240 0 19,837 SENIOR DIRECTOR OF POLICY 40 00 KELLEEN KAYE Х 177,427 0 24,819 SENIOR DIRECTOR OF RESEARCH 40.00 AMY KRAMER . Х 153,815 0 10,426 SENIOR DIR OF ENTERTAINMENT MEDIA 40 00 ELIZABETH ANNE HILL Χ 134,703 0 2,832 DIRECTOR OF MARKETING 40 00 LIANY ARROYO Х 128,124 0 12,577 DIRECTOR OF PARTNERSHIPS 40 00 KATHERINE SUELLENTROP Х 123,584 0 19,668 SENIOR DIRECTOR OF STATE SUPPORT 40 00 MARITEL DASCO 100,804 0 12,762 Χ

CONTROLLER

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493125013716

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

2015

Open to Public Inspection

		ne organization AL CAMPAIGN TO PREVENT					Employer identifica	ition number
		NPLANNED PREGNANCY					52-1974611	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p	art.) See instructio	ns.
The	organi	zation is not a private fo	oundation bec	auseıtıs (Forlines 1	through 11, ch	eck only one b	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	o)(1)(A)(i).	
2	Г	A school described in	section 170(b)(1)(A)(ii).(Attach So	hedule E (Form	n 990 or 990-E	(Z))	
3	Ē	A hospital or a cooper						
4	Ė	A medical research or). Enter the
•	,	hospital's name, city, and state					,	
5	Γ		ted for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit c	lescribed in section
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	l)(A)(v).	
7	굣	An organization that n described in section 1				om a governme	ental unit or from the g	eneral public
8	Γ	A community trust des	scribed in sec l	tion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	Г	receipts from activitie from gross investmen organization after Jun	es related to it it income and e 30, 1975 S	ves (1) more than 33 as exempt functions—s unrelated business tax eesection 509(a)(2).	ubject to certa xable income (l (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 1 tax) from businesse	331/3% of its support
10	<u>'</u> _	An organization organ						
11	ı	An organization organ one or more publicly s						
а	Γ	the box in lines 11a th Type I. A supporting o supported organization	nrough 11d tha organization op n(s) the power	at describes the type of perated, supervised, or to regularly appoint o	of supporting or controlled by i r elect a majori	ganızatıon and ts supported o	complete lines 11e, 1 rganization(s), typical	.1f, and 11g ly by giving the
_	_	organization You mus	•	•				
b	ı	Type II. A supporting	_	•				
		management of the su must complete Part IV			same persons t	nat control or r	nanage the supported	organization(s) You
С	Г	Type III functionally i	•		n operated in c	onnection with	and functionally integ	rated with, its
_	,	supported organization						y,,
d	Γ	Type III non-function						
		not functionally integr					ement and an attentiv	eness requirement
_	_	(see instructions) You					a a Tuna I Tuna II T	una III funationally
е	ı	Check this box if the or integrated, or Type III	=				s a rype i, rype ii, r	ype III lunctionally
f	Ente	r the number of support						
g		Provide the following i	-					
9		Trovide the following r	mormation ab	out the supported orga	2461011(3)			
Nar	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organ listed in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
						<u> </u>		
					Yes	No		
				 				

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (d)2014 (e)2015 (c)2013 (f)Total (or fiscal year beginning in) 🟲 1 Gifts, grants, contributions, and 15,121,483 5,215,346 6,838,254 24.017.578 3,650,412 54,843,073 membership fees received (Do not include any unusual grants) 2 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 15,121,483 5,215,346 6,838,254 24,017,578 3,650,412 54,843,073 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 44,459,828 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 10,383,245 from line 4 Section B. Total Support Calendar year (e)2015 (a)2011 **(b)**2012 (c)2013 (d)2014 (f)Total (or fiscal year beginning in) 🟲 15,121,483 5,215,346 6,838,254 24,017,578 3,650,412 54,843,073 Amounts from line 4 Gross income from interest. dividends, payments received on 1,138,824 1,388,391 578,366 589,447 499,592 4,194,620 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 928 50,857 2,400 187 2,154 56,526 capital assets (Explain in Part VI) Total support. Add lines 7 59,094,219 through 10 12 Gross receipts from related activities, etc (see instructions) 12 439,916 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. Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 17 570 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 15 230 % 16a 33 1/3% support test - 2015. 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 - 2014. 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 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**▽ organization b 10%-facts-and-circumstances test - 2014. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning 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 nurnose 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, 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 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 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 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

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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 Part VI 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		ı
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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3с		
4 a	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		ı
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	4b		
c	by or in connection with its supported organizations. 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) ? 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.	4 c		
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	Type I or Type II only. 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		ı
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 Part VI .	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 Part VI .	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? If "Yes," provide detail in Part VI .	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 Part VI .	9c		
0a	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		l
	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		<u> </u>
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		

Pai	Supporting Organizations (continued)			
Se	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 Part VI 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
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		
Ŀ	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 Part VI 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	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

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

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	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	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

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 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 WHEN 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 EIGHT PROGRAMS MEDIA (ENTERTAINMENT AND DIGITAL), COMMUNICATIONS, PARTNERSHIPS AND SPECIAL INITIATIVES, STATE SUPPORT, THE LATINO INITIATIVE, PUBLIC POLICY, LEADERSHIP AND PLANNING, AND RESEARCH 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 17 57% 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 ORGANIZATIONS BURDEN IN ESTABLISHING ITS 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 17 57%, 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 2015, THE CAMPAIGN SOLICITED FUNDS FROM OVER 340,000 VISITORS THROUGH THE MAIN WEBSITE, WWW THENATIONALCAMPAIGN ORG, AND FROM OVER 8 MILLION VISITORS THROUGH WWW BEDSIDER ORG, ENCOURAGING THEM TO MAKE A DONATION TO THE CAMPAIGN DIRECTLY THROUGH THE SITES 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 18 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'S PUBLIC SUPPORT OVER THIS PERIOD TO ILLUSTRATE, IF THE SIGNIFICANT DONATION WAS EXCLUDED FROM THE PUBLIC SUPPORT TEST, THE PERCENTAGE FOR 2014 AND 2015 WOULD BE 18 72% AND 19 72%, RESPECTIVELY SINCE THIS DONATION DID NOT MEET THE QUALIFICATION OF AN UNUSUAL GRANT, THE PERCENTAGE FOR 2014 AND 2015 DECREASED TO 15 23% AND 17 57%, 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 BODY THE 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 H KEAN - CHIEF EXECUTIVE OFFICER, THK CONSULTING, CHAIRMAN, THE CARNEGIE CORPORATION OF NEW YORK, FORMER GOVERNOR OF NEW JERSEY ISABEL V SAWHILL, PHD - SENIOR FELLOW, ECONOMIC STUDIES, THE BROOKINGS INSTITUTIONSTEPHEN A WEISWASSER - SENIOR COUNSEL, COVINGTON & BURLINGSARAH S BROWN - CHIEF EXECUTIVE OFFICER, THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY (THROUGH 6/15) VIRGINIA EHRLICH, D ED, M P H, M S - CHIEF EXECUTIVE OFFICER, THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY (AS OF 8/15) FORREST ALTON - CHIEF EXECUTIVE OFFICER, SOUTH CAROLINA CAMPAIGN TO PREVENT TEEN PREGNANCY ROBERT BLUM, M.D., M.P.H., PH.D. - WILLIAM H. GATES SR PROFESSOR AND CHAIR, JOHN HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTHLINDA CHAVEZ - CHAIRMAN, CENTER FOR EQUAL OPPORTUNITY VANESSA CULLINS, M.D., M.P.H., M.B.A. - VICE PRESIDENT FOR EXTERNAL MEDICAL AFFAIRS, PLANNED PARENTHOOD FEDERATION OF AMERICA, INC SUSANNE DANIELS - VICE PRESIDENT, YOUTUBE ORIGINALSAMANDA DEAVER - PRESIDENT, UPSTREAM STRATEGIC COMMUNICATIONSMARK EDWARDS - CO-FOUNDER, UPSTREAM USA, CO-CHAIR, OPPORTUNITY NATIONIRA FISHMAN -MANAGING DIRECTOR/CHIEF OPERATING OFFICER, NFL PLAYERS ASSOCIATIONWILLIAM GALSTON, PH D - 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 -CORPORATE ETHICIST, FORMER SENIOR VICE PRESIDENT, RESURRECTION HEALTH CARE (AS OF 4/15)THE HONORABLE DEBORAH P PRYCE - SENIOR PUBLIC POLICY ADVISOR, ICE MILLER LLP (AS OF 4/15)BRUCE ROSENBLUM - PRESIDENT, TELEVISION AND DIGITAL MEDIA, LEGENDARY ENTERTAINMENT, CHAIRMAN AND CEO, ACADEMY OF TELEVISION ARTS & SCIENCESVICTORIA P SANT - PRESIDENT, THE SUMMIT FOUNDATIONMATTHEW STAGNER, PH D - SENIOR FELLOW AND DIRECTOR OF HUMAN SERVICES, MATHEMATICA POLICY RESEARCHMARY C TYDINGS - MANAGING DIRECTOR, RUSSELL REYNOLDS ASSOCIATESGAIL R WILENSKY, PHD - 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 THE CAMPAIGN ALSO HAS 10 EXPERT ADVISORY GROUPS THAT HAVE WIDELY DIVERSE MEMBERS WHO ADD ADDITIONAL EXPERTISE TO THE ORGANIZATION'S RESEARCH, E

Return Reference	Explanation
	OTHER INCOME - 2011 AMOUNT \$ 928 2012 AMOUNT \$ 50,857 2013 AMOUNT \$ 2,400 2014 AMOUNT \$ 187 2015 AMOUNT \$ 2,154
INCOME	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047 2015

DLN: 93493125013716

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.

Open to Public Inspection

If the organization answered "Yes" on 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 If the organization answered "Yes Section 501(c)(3) organizations the 	s" on Form 990, Part IV, Line 4, or nat have filed Form 5768 (election und nat have NOT filed Form 5768 (election s" on Form 990, Part IV, Line 5 (Pro e instructions), then	Form 990-EZ, Pa er section 501(h)) n under section 50	rt VI, line 47 (Lobbying A Complete Part II-A Do not 1(h)) Complete Part II-B Do	activities), then complete Part II-B o not complete Part II-A
Name of the organization			Employer iden	tification number
THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY			52-1974611	
Part I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.
1 Provide a description of the org2	ganızatıon's dırect and ındırect politic	cal campaign activ	vities in Part IV	
Political expenditures				
▶				
				\$
3				
Volunteer hours				
Part I-B Complete if the or	ganization is exempt under	section 501/c)(3)	
-	e tax incurred by the organization und		<u>,(5).</u>	<u></u>
I Little the amount of any excise	e tax incurred by the organization and	►		>
2 Enter the amount of any excise	e tax incurred by organization manag	ers under section	4955	\$
3 If the organization incurred a s	ection 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		=0.1.		4 () (0)
Part I-C Complete if the or	-			1(c)(3).
1 Enter the amount directly experience ▶	ended by the filing organization for se	ction 527 exempt	function activities	\$
2				
Enter the amount of the filing organiz	ation's funds contributed to other or	ganızatıons for se	ction 527	
exempt function activities				
►				
				\$
3 Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 1120)-POL, line 17b	\$
4				
Did the filing organization file Form 1 3	120-POL for this year?			
F., F.,				
organization made payments f amount of political contribution	nd employer identification number (E: For each organization listed, enter thins received that were promptly and dipolitical action committee (PAC) If	e amount paid fror irectly delivered t	n the filing organization's f o a separate political orga	unds Also enter the nization, such as a
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions receive and promptly and directly delivered to a separate political

		and promptly and directly delivered to a separate political organization If none, enter -0-
for Form 990 or 990	for Form 990 or 990-EZ.	for Form 990 or 990-EZ. Cat No 50084S Schedule C (1

chedule C (I	m 330 0 330 E2/2013
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(b))
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures	` '	(b) Affiliated group totals
(The term "expenditures" means amounts paid or incurred.)	totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

 $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)

Total lobbying expenditures (add lines 1a and 1b)

 $oldsymbol{d}$ O ther exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d) ${f e}$

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

ΓYes Γ

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 beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	1,000,000	740,006	738,380	678,023	3,156,409
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,734,614
_c	Total lobbying expenditures	165,177	182,150	164,938	159,394	671,659
_d	Grassroots nontaxable amount	250,000	185,002	184,595	169,506	789,103
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,183,655
f	Grassroots lobbying expenditures	7,026	7,825			30,107
				Sched	lule C (Form 990	or 990-EZ) 2015

12,591 146,803

159,394

10,401,065

678,023

169,506

	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	(a)	(b)
or each "Yes" r ctivity.	esponse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes	
a olunteers?		1 1	ı
	I		
b Paid staf	J ff or management (include compensation in expenses reported on lines 1c through 1i)?		
c ledia advertis	ements?		
	<u> </u>		
d lailings to me	mbers, legislators, or the public?		
I			
e Publicati	ions, or published or broadcast statements?		
f Grants to	o other organizations for lobbying purposes?		
g Direct co			1
h Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i ther activitie	s?		
I			
j otal Add line	s 1c through 1:		
	activities in line 1 cause the organization to be not described in section 501(c)(3)?		4
	enter the amount of any tax incurred under section 4912 enter the amount of any tax incurred by organization managers under section 4912		L
•	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or section
dicili A	501(c)(6).		Yes No
1 Were sub	ostantially all (90% or more) dues received nondeductible by members?		1
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less?		2
3 Did the o	organization agree to carry over lobbying and political expenditures from the prior year?		3
Part III-B	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."		
1 ues, assessn	nents and similar amounts from members		
1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
a urrent year			
2a			
ь			
arryover from	last year		
C C			
otal .			
2c 3 Aggregat	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
oes the organ	ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		
4 Taxable	amount of lobbying and political expenditures (see instructions)	5	
Part IV	Supplemental Information		
Provide the d	escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr	oup list), Part	II-A, lines 1 and
	ctions), and Part II-B, line 1 Also, complete this part for any additional information eurn Reference Explanation		
	·		90 or 990EZ) 2015

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DLN: 93493125013716

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Department of the Treasury

rnal	Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.i<i>r</i></u>	s.gov/f	<u>orm990</u> .	Inspection
	me of the organ			Empl	oyer ident if icat	ion number
	NATIONAL CAMPAI N AND UNPLANNED			52-1	974611	
a'			Advised Funds or Other Similar F			
	Compl	ete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.			
	Tatal numbe	ar at and of year	(a) Donor advised funds	(b)	Funds and othe	raccounts
		er at end of year				
	Aggregate v year)	value of contributions to (during				
	Aggregate v	value of grants from (during year)				
	Aggregate v	value at end of year				
	_		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advis		┌ Yes ┌ No
	used only for c conferring imp	haritable purposes and not for the ermissible private benefit?	and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a	iny othei	r purpose	┌Yes ┌No
	till Conse	rvation Easements. Comple	ete if the organization answered "Yes"	on Forn	n 990, Part IV	', line 7.
		•	e organization (check all that apply)			
	·	on of land for public use (e g , recre	· ·			
	_	of natural habitat	Preservation of a	certified	i nistoric struct	urė
	·	on of open space				
		s 2a through 2d if the organization he last day of the tax year	held a qualified conservation contribution in	the form	of a conservati	ion
		, 			Held at the	End of the Yea
	Total number of	of conservation easements		2a		
	Total acreage	restricted by conservation easeme	ents	2b		
	Number of con	servation easements on a certified	historic structure included in (a)	2c		
		servation easements included in (c ure listed in the National Register	e) acquired after 8/17/06, and not on a	2d		
	Number of con	servation easements modified, trai	nsferred, released, extinguished, or terminat	ed by th	e organızatıon d	luring the
	tax year ►					
	Number of stat	tes where property subject to cons	ervation easement is located 🛌			
		nization have a written policy regar I enforcement of the conservation e	ding the periodic monitoring, inspection, har	ıdlıng of	┌ Yes	s
	Staff and volur	nteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing cons	servation easen	nents during the
	-					
	A mount of exp	enses incurred in monitoring, inspe	ecting, handling of violations, and enforcing o	onserva	ition easements	during the yea
	►\$	nservation easement reported on lu	ne 2(d) above satisfy the requirements of se	ction 17	O(h)(4)	
	(B)(ı) and sect	ion 170(h)(4)(B)(II)?			☐ Yes	•
	balance sheet,		ts conservation easements in its revenue ar of the footnote to the organization's financia sements			
1	t IIII Organ	izations Maintaining Collec	ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar A	\ssets.
_	If the organiza works of art, hi	tion elected, as permitted under SF istorical treasures, or other similar	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education, note to its financial statements that describe	or resea	arch in furtherar	
	works of art, hi		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items			
(i) Revenue incli	uded on Form 990. Part VIII. line 1		. ¢		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(ii) Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

-\$

Par	t III	Organizations Maintaining (continued)	Collections of Art,	His	stori	cal Tr	easures,	or Oth	ner Simila	ar Asso	ets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other record	s, cl	neck a					nt use of	ıts	
а	ГР	ublic exhibition		d	Γ	Loan	or exchange	progran	ns			
b	Γs	cholarly research		e	Γ	Other						
С	ГР	reservation for future generations										
4	Provide Part >	de a description of the organization's	s collections and explai	n ho	w they	/ furthe	r the organı	zatıon's	exempt pur	pose in		
5		g the year, did the organization solid s to be sold to raise funds rather th								Yes	┌ No	
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		rm	990,	Part I	V, line 9, d	or repo	rted an ar	nount o	n Forn	n 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other intermed	diary	for c	ontrıbu	tions or oth	erasset		Yes	┌ No	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete th	e fol	llowin	g table				Amoun	t	
c	Beg	ginning balance						1c				
d	A d	ditions during the year						1d				
е	Dis	tributions during the year						1e				
f	End	ding balance						1f				
2a	Did th	ie organization include an amount o	n Form 990, Part X, line	21,	for es	crow o	r custodial a	account	liability?	Yes	┌ No	
												_
b	If "Y e	s," explain the arrangement in Part										<u> </u>
Pa	rt V	Endowment Funds. Comple	te if the organization	ans	were							
			(a)Current year	(b) Pr	nor yea	ır b	(c)Two years	back (d)Three years	back (e)Four ye	ars back
1a		nning of year balance										
b	Cont	ributions 										
c	Net II losse	nvestment earnings, gains, and s										
d	Gran	ts or scholarships										
e		r expenditures for facilities rograms 										
f	- A dmı	nistrative expenses										
g	End o	of year balance										
2	Provi	de the estimated percentage of the	current year end balanc	e (lır	ne 1g,	colum	n (a)) held a	s		•		
а	Board	designated or quasi-endowment 🕨		·								
ь		anent endowment 📂										
C		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%									
За		nere endowment funds not in the pos		tion	that a	re helc	l and admini	stered fo	or the			
-		ization by	Joes Ston of the organiza		ciide e	ire mere	and damin	Jeerea i	or the		Yes	No
	(i) un	related organizations								3a(i)		
		lated organizations								3a(ii)		
4		s" on 3a(II), are the related organizate in Part XIII the intended uses of								. 3b		
	rt VI	Land, Buildings, and Equip		-								
		Complete if the organization a		m 9	90, F	art IV	, line 11a.	See Fo	rm 990, P	art X, lı		
		Description of property		C	ost or o	(a) other bas stment)	sis Cost or o	ther basis ner)	Accum (c)depred		(d) Boo	ok value
1a	Land											
b	Buildin	gs		· 🖳								
c	Leaseh	old improvements		\perp				485,285		484,730		555
		nent						609,925		560,656		49,269
				<u>.l</u>				2,645,767		,414,739		231,028
Tota	ı l. A dd l	ines 1a through 1e (Column (d) mus	t equal Form 990, Part X,	colu	mn (B), line 1	!0(c).)			▶		280,852

See Form 990, Part X, line 12.	<u> </u>		
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related.	'es' on Form 990 Pa	ert IV lung 11c -	
Complete if the organization answered 'Y (a) Description of investment		b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13))-		
Part IX Other Assets. Complete if the organization a (a) Descript		990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
(4)			(D) Book raids
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			
■ STIDE Other Liabilities. Complete if the organi		es' on Form 990	
Other Liabilities. Complete if the organic See Form 990, Part X, line 25.	ization answered 'Ye		
See Form 990, Part X, line 25.			
See Form 990, Part X, line 25. 1. (a) Description of liability	ization answered 'Ye		
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ization answered 'Ye		
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT AND LEASE INCENTIVE LIABILITY	(b) Book value		
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT AND LEASE INCENTIVE LIABILITY	zation answered 'Ye		
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT AND LEASE INCENTIVE LIABILITY	(b) Book value		
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT AND LEASE INCENTIVE LIABILITY	(b) Book value		
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT AND LEASE INCENTIVE LIABILITY	(b) Book value		
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT AND LEASE INCENTIVE LIABILITY	(b) Book value		
See Form 990, Part X, line 25.	(b) Book value		
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT AND LEASE INCENTIVE LIABILITY	(b) Book value		
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes DEFERRED RENT AND LEASE INCENTIVE LIABILITY	(b) Book value		

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	rn
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	7,828,111
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a -485,598	3	
b	Donated services and use of facilities	5	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	3	
e	Add lines 2a through 2d	2e	3,686,451
3	Subtract line 2e from line 1	3	4,141,660
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 58,89:	1	
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	58,891
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,200,551
Part	Reconciliation of Expenses per Audited Financial Statements With Expens Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	es per Re	turn.
1	Total expenses and losses per audited financial statements	1	14,611,312
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	6	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d 68,69	3	
e	Add lines 2a through 2d	2e	4,172,049
3	Subtract line 2e from line 1	3	10,439,263
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 58,89	1	
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	58,891
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10.498.154

Part XIII **Supplemental Information**

5

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 ınformatıon

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Return Reference	Explanation
PART X, LINE 2	THE CAMPAIGN PERFORMED AN EVALUATION FOR UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2015, 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 68,693
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 68,693

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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OMB No 1545-0047

Schedule I (Form 990)

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

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

Inspection

Department of the Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number THE NATIONAL CAMPAIGN TO PREVENT 52-1974611 TEEN AND UNPLANNED PREGNANCY 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 ✓ Yes 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" on 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 (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) NATIONAL CARES 32-0207585 501(C)(3) 55,000 INTEGRATION OF MENTORING MOVEMENT ADAPTED TEEN PREGNANCY (1) INC 5 PENN PLAZA 23RD FLOOR PREVENTION NEW YORK, NY 10001 CURRICULA INTO THE GRANTEE'S GROUP MENTORING PROGRAMS THE RISING AND THE HBCU RISING 84-0772595 50,000 501(C)(3) EDUCATE STATE NATIONAL CONFERENCE LEGISLATORS ABOUT OF STATE LEGISLATURES POLICY OPTIONS TO PREVENT TEEN 7700 EAST FIRST PLACE DENVER, CO 80230 PREGNANCY 52-1591381 50,000 **ASSOCIATION OF** 501(C)(3) TARGETED CLINICIAN AND REPRODUCTIVE HEALTH (3) PROFESSIONALS **I**PATIENT 1300 19TH STREET NW EDUCATION, SUITE 200 ENHANCED WASHINGTON, DC 20036 PROVIDER COMPETENCE, AND IMPROVED PERFORMANCE IN PRACTICE TO REDUCE THE RATES OFUNINTENDED PREGNANCY IN THE MILITARY SIGMA GAMMA RHO 35-6020472 501(C)(3) 25,000 PROVIDE THE (4) SORORITY INC UNPLANNED 1000 SOUTHHILL DRIVE PREGNANCY MODULE TO 50% OF MEMBERS SUITE 200 CARY, NC 27513 WHO HAVE BEEN OR WILL BE INDUCTED INTO SIGMA GAMMA RHO SORORITY BETWEEN JULY 1, 2014 AND NOVEMBER 15,2015

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I	(Form 990) 2015
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b) Number of recipients	(c)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 Info	formation. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.						
Return Reference Ex											

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

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Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

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

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

2015 Open to Public Inspection

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

Employer identification number

52-1974611

Pa	rt I Questions Regarding Compensation	on						
					Yes	No		
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed on Form ride any relevant information regarding these items					
	First-class or charter travel	Г	Housing allowance or residence for personal use					
	Travel for companions	Γ	Payments for business use of personal residence					
	Tax idemnification and gross-up payments	Γ	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 reimbursement or provision of all of the expenses			1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?							
3	- · · · · · · · · · · · · · · · · · · ·	that apply	y Do not check any boxes for methods the CEO/Executive Director, but explain in Part III					
	Compensation committee		Written employment contract					
	Independent compensation consultant	<u> </u>	Compensation survey or study					
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990 or a related organization	0, Part VI	I, Section A, line $1a$ with respect to the filing organization					
а	a Receive a severance payment or change-of-control payment?							
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?								
c Participate in, or receive payment from, an equity-based compensation arrangement?						No		
	If "Yes" to any of lines 4a-c, list the persons and \ensuremath{I}	provide th	e applicable amounts for each item in Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiz	zations mu	ust complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	a, did the organization pay or accrue any					
а	The organization?			5a		No		
b	Any related organization?			5b		No		
	If "Yes," on line 5a or 5b, describe in Part III							
6	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	a, did the organization pay or accrue any					
a	The organization?			6a		Νo		
b	Any related organization?			6b		Νo		
	If "Yes," on line 6a or 6b, describe in Part III							
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7	Yes			
8	Were any amounts reported on Form 990, Part VII subject to the initial contract exception described in Part III		accured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe	8		No		
9	If "Yes" on line 8, did the organization also follows	the rebutt	able presumption procedure described in Regulations					

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 on 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	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) (iii) Bonus & incentive Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 SARAH S BROWN CHIEF EXEC OFFICER	(i)	188,167	0	0	9,600	716	198,483	0
(UNTIL 06/2015)	(ii)	0	0	0	0	0	0	0
2 VIRGINIA EHRLICH CHIEF EXEC OFFICER (AS	(i)	125,085	25,000	0	0	4,347	154,432	0
OF 08/2015)	(ii)	0	0	0	0	0	0	0
3 ALICE SINGDAHLSEN CHIEF OPERATING OFFICER	(i)	209,519	10,000	0	10,858	1,126	231,503	0
	(ii)	0	0	0	0	0	0	0
4 LARRY SWIADER SENIOR DIRECTOR OF	(i)	248,746	4,000	0	14,952	1,126	268,824	0
DIGITAL MEDIA	(ii)	0	0	0	0	0	0	0
5 WILLIAM ALBERT CHIEF PROGRAM OFFICER	(i)	230,806	10,000	0	14,700	14,629	270,135	0
	(ii)	0	0	0	0	0	0	0
6 ANDREA KANE SENIOR DIRECTOR OF	(i)	181,740	4,500	0	11,436	8,401	206,077	0
POLICY		0	0	0	0	0	0	0
7 KELLEEN KAYE SENIOR DIRECTOR OF	(i)	172,927	4,500	0	11,100	13,719	202,246	0
RESEARCH	(ii)	0	0	0	0	0	0	0
8 AMY KRAMER SENIOR DIR OF	(i)	149,815	4,000	0	9,300	1,126	164,241	0
ENTERTAINMENT MEDIA		0	0	0	0	0	0	0

Schedule J (Form 990) 2015

Part III 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 INDIVIDUAL AS WELL AS ORGANIZATIONAL PERFORMANCE VIRGINIA EHRLICH, CHIEF EXECUTIVE OFFICER, RECEIVED A DISCRETIONARY
	BONUS APPROVED BY THE BOARD PRESIDENT AND THE CHAIRMAN OF THE FINANCE & DEVELOPMENT COMMITTEE

Schedule J (Form 990) 2015

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SCHEDULE M (Form 990)

Noncash Contributions

▶ 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

Department of the Treasury Internal Revenue Service

Name of the organization
THE NATIONAL CAMPAIGN TO PREVENT **Employer identification number**

EN A	ND UNPLANNED PREGNANCY				52-1974611		
Par	t I Types of Property			<u>'</u>			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of c noncash contri	_	ınts
1 /	Art—Works of art						
2 /	Art—Historical treasures .						
3 /	Art—Fractional interests						
4 E	Books and publications						
5 (Clothing and household						
	goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .						
	Securities—Closely held stock .						
	Securities—Partnership, LLC, or trust interests						
	Securities—Miscellaneous						
	Qualified conservation contribution—Historic						
1 (structures						
	Real estate—Residential .						
	Real estate—Commercial						
	Real estate—Other						
	Collectibles						
	Food inventory						
	Drugs and medical supplies .	X	79,408	34,617	FMV		
	Taxidermy		,	,			
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
)ther ▶ ()						
) ther ▶ ()						
	ther ► (
3 C	ther ► (
	Number of Forms 8283 received	by the orga	inization during the tax yea	r for contributions			
	or which the organization comple				29		
						Yes	s No
0a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that		
	it must hold for at least three ye	ars from the	e date of the initial contribu	ıtıon, and which is not requi	red to be used		
	for exempt purposes for the enti	re holdina r	period?			30a	No
	If "Yes," describe the arrangement					30a	INC
L	Does the organization have a gif	t acceptan	ce policy that requires the	review of any non-standard	contributions?	31 Yes	;
2a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell i	noncash 	32a	 No
b	If "Yes," describe in Part II					52u	140
	If the organization did not report	an amount	in column (c) for a type of	property for which column (a) is checked		
-	describe in Part II	. an amount	column (c) for a type of	property for which column (a, is checked,		

Page 2

3 C	116	æ	uı	_	141	_	<u>. r</u>	U	 	7	7	<u> </u>	<u>, </u>	١.	<u> </u>	<u> </u>	_	_
	P	а	П	3	П	1		Г	S	ì	11	<u> </u>	n	Ī	e	r	n	•

nental 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) (2015)

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2015

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SCHEDULE 0

(Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

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

Supplemental Information to Form 990 or 990-EZ

► 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.

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FEDERAL FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH THE ASSISTANCE OF THE CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER, AND THE CONTROLLER ONCE THE FEDERAL FORM 990 IS COMPLETE, AND BEFORE IT IS SUBMITTED TO THE INTERNAL REVENUE SERVICE, THE DRAFT FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND IS ALSO MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS FOR COMMENT
FORM 990, PART VI, SECTION B, LINE 12C	THE CAMPAIGN HAS A FORMAL CONFLICT OF INTEREST POLICY THE MEMBERS OF THE BOARD OF 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 COO REVIEW AN D HANDLE 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 SO DESIGNATED 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 2015
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 215,726 MANAGEMENT AND GENERAL E XPENSES 15,582 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 231,308 WRITERS AND WEB CONTENT P ROGRAM SERVICE EXPENSES 236,820 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 236,820 COMMUNICATIONS AND MEDIA CONSULTING PROGRAM SERVICE EXPENSES 45 1,161 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 451,161 CONSULTANTS AND CONTRACT SERVICES PROGRAM SERVICE EXPENSES 827,218 MANAGEMENT AND GENERA L EXPENSES 27,700 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 854,918 EXECUTIVE RECRUITMENT S ERVICES PROGRAM SERVICE EXPENSES 854,918 EXECUTIVE RECRUITMENT S ERVICES PROGRAM SERVICE EXPENSES 99,384 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING E XPENSES 0 TOTAL EXPENSES 99,384
FORM 990, PART XI, LINE 9	LOSS ON DONOR RESTRICTED PLEDGE CONTRIBUTION -75,000

DLN: 93493125013716

OMB No 1545-0047

2015

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SCHEDULE R (Form 990)

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

Department of the Treasury

Internal Revenue Service

Employer identification number
52-1974611

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets		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	0		ONAL CAMPAIGN TO TEEN AND UNPLANNEI CY)	
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	tax year.				rt IV, lın	e 34 because ıt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity s (if section 501(d	tatus c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(l ontrolle tity?
							Yes	No
	+							+-

Schedule R (Form 990) 2015												Page 2
Part III Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.												
(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	al Direct cile controlling or entity gn	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownershi
				514)			Yes	No		Yes	No	
												-

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

Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule										
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a						
f b Gift, grant, or capital contribution to related organization(s)				1b						
: Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)										
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)										
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
k Lease of facilities, equipment, or other assets from related organization(s)										
l Performance of services or membership or fundraising solicitations for related organization(s)										
$m{m}$ 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)										
o Sharing of paid employees with related organization(s)				10						
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r Other transfer of cash or property to related organization(s)										
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	e this line, including co	vered relationships	and transaction thresholds							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	nvolved					

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships															
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section sed, ted, organizations? I from ider s 512-		(e) Are all partners section 501(c)(3) organizations?		ners Share of	re of Share of end-of-year	(h) Disproprtionate		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No			
											1	1	İ		
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Part VII Supplemental Information

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

Explanation

Return Reference

Schedule R (Form 990) 2015