Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning , 2002, and ending

B Check if applicable: Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending ☐

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NATIONAL ABORTION FEDERATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1755 MASSACHUSETTS AVE., NW | 600

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20036

D Employer identification number
43-1097957

E Telephone number
(202) 667-5881

F Accounting method: ☐ Cash [X] Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes [X] No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes [X] No

I Enter 4-digit GEN ▶

M Check ▶ ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site ▶N/A

J Organization type (check only one) ▶ [X] 501(c) (03) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25 000 The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

L Gross receipts Add lines 6b 8b 9b and 10b to line 12 ▶ 2,207,962

Part I — Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	1,077,674		
	b	Indirect public support	1b	53,153.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 1,130,827 noncash $ NONE)			1d	1,130,827.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	511,166.
	3	Membership dues and assessments			3	535,338.
	4	Interest on savings and temporary cash investments			4	30,631.
	5	Dividends and interest from securities			5	
	6 a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2,207,962.
Expenses	13	Program services (from line 44, column (B))			13	3,556,144
	14	Management and general (from line 44, column (C))			14	121,001.
	15	Fundraising (from line 44, column (D))			15	463,365
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	4,140,510
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-1,932,548
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	5,299,921.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,367,373.

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ______ noncash $ ______)	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	190,653	165,868.	7,626.	17,159.
26 Other salaries and wages	26	1,369,281	1,184,446	59,498.	125,337.
27 Pension plan contributions	27	80,580	70,197.	3,325.	7,058.
28 Other employee benefits	28	146,134	127,305.	6,029.	12,800
29 Payroll taxes	29	159,237	138,719	6,570.	13,948
30 Professional fundraising fees	30				
31 Accounting fees	31	10,000	8,576	295.	1,129
32 Legal fees	32	3,323	2,850	98.	375
33 Supplies	33	64,117	51,992	1,853	10,272.
34 Telephone	34	84,629.	82,619.	608	1,402.
35 Postage and shipping	35	77,188	51,667.	553	24,968
36 Occupancy	36	141,475	121,337.	4,168.	15,970.
37 Equipment rental and maintenance	37	9,451	8,391	219.	841.
38 Printing and publications	38	221,110	101,996	279.	118,835.
39 Travel	39	336,424.	315,500	13,079	7,845
40 Conferences, conventions, and meetings	40	278,598.	264,284.	13,802.	512.
41 Interest	41				
42 Depreciation depletion etc ile)	42	51,161	43,879.	1,507	5,775.
43 Other expenses not covered above (itemize) STMT 11	43a	917,149	816,518	1,492	99,139.
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) ***Organizations completing columns (B)-(D), carry these totals to lines 13-15***	44	4,140,510.	3,556,144	121,001	463,365

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______, (ii) the amount allocated to Program services $ ______, (iii) the amount allocated to Management and general $ ______, and (iv) the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments (See page 24 of the instructions)

What is the organization s primary exempt purpose? ▶ STMT 12

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a	MEMBERSHIP SERVICES SEE STATEMENT 12A-1 (Grants and allocations $ NONE	505,975
b	TRAINING AND PROFESSIONAL EDUCATION SEE STATEMENT 12A-1 (Grants and allocations $ NONE	611,199.
c	PUBLIC AFFAIRS, GOVERNMENT RELATIONS, AND LEGAL SEE STATEMENT 12A-1 (Grants and allocations $ NONE	531,253.
d	CLINIC SECURITY/LAW ENFORCEMENT EDUCATION SEE STATEMENT 12A-2 (Grants and allocations $ NONE	296,400.
e	Other program services (attach schedule) STMT 13 (Grants and allocations $ NONE	1,611,317.
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	3,556,144.

Part IV Balance Sheets (See page 24 of the instructions)

Note	*Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets						
45	Cash - non-interest-bearing			193	45	350
46	Savings and temporary cash investments			3,657,821.	46	3,295,841
47a	Accounts receivable	47a	108,617.			
b	Less allowance for doubtful accounts	47b		83,612	47c	108,617
48a	Pledges receivable	48a				
b	Less allowance for doubtful accounts	48b			48c	
49	Grants receivable			2,027,500	49	245,000
50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule)	51a				
b	Less allowance for doubtful accounts	51b			51c	
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges			32,874.	53	27,930.
54	Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
55a	Investments - land, buildings, and equipment basis	55a				
b	Less accumulated depreciation (attach schedule)	55b			55c	
56	Investments - other (attach schedule)				56	
57a	Land, buildings, and equipment basis	57a	311,295.			
b	Less accumulated depreciation (attach schedule)	57b	185,913.	120,990	57c	125,382.
58	Other assets (describe ▶)				58	
59	**Total assets** (add lines 45 through 58) (must equal line 74)			5,922,990	59	3,803,120
Liabilities						
60	Accounts payable and accrued expenses			286,355.	60	144,700.
61	Grants payable				61	
62	Deferred revenue				62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
b	Mortgages and other notes payable (attach schedule)				64b	
65	Other liabilities (describe ▶ STMT 21)			336,714.	65	291,047.
66	**Total liabilities** (add lines 60 through 65)			623,069	66	435,747
Net Assets or Fund Balances						
	Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted			1,236,102	67	1,236,180.
68	Temporarily restricted			4,063,819	68	2,131,193
69	Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70	Capital stock, trust principal, or current funds				70	
71	Paid-in or capital surplus, or land, building, and equipment fund				71	
72	Retained earnings, endowment, accumulated income, or other funds				72	
73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			5,299,921.	73	3,367,373.
74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			5,922,990	74	3,803,120

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

a	Total revenue, gains, and other support per audited financial statements ▶	a	2,207,962
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	2,207,962.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	2,207,962

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	4,140,510
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	4,140,510
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	4,140,510

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 25		190,653	14,000.	NONE

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule - see page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions — 81a 12,125			
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) — 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5) or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c N/A			
d	Section 162(e) lobbying and political expenditures — 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 — 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b N/A			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders — 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE , section 4912 ▶ NONE , section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE			
90a	List the states with which a copy of this return is filed ▶ DISTRICT OF COLUMBIA AND NEW YORK			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	30	
91	The books are in care of ▶ NATIONAL ABORTION FEDERATION Telephone no ▶ 202-667-5881			
	Located at ▶ 1755 MASS AVE , NW STE 600, WASH , DC ZIP + 4 ▶ 20036			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

Part VII **Analysis of Income-Producing Activities** (See page 31 of the instructions.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a GROUP PURCHASING					120,965.
b PUBLICATION FEES					8,720
c MEETING REVENUE					360,690.
d OTHER INCOME			01	20,791.	
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					535,338.
95 Interest on savings and temporary cash investments			14	30,631.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				51,422	1,025,713

105 Total (add line 104, columns (B), (D), and (E)) ▶ 1,077,135

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII **Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	STMT 26

Part IX **Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
NOT APPLICABLE	%			
	%			
	%			

Part X **Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please [redacted] 8-12-03

Date

PRESIDENT & CEO

[redacted]

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	**Organization Exempt Under Section 501(c)(3)** (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust **Supplementary Information - (See separate instructions.)** ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ	OMB No 1545-0047 **2002**

Name of the organization: NATIONAL ABORTION FEDERATION

Employer identification number: 43-1097957

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SUSAN DUDLEY 1755 MASS AVE. NW	DEPUTY DIR 40	65,194.	5,408.	NONE
JEAN ANNA LAMB 1755 MASS AVE, NW	DEVELOPMEN 40	55,925	4,544	NONE
RICK MARSHALL 1755 MASS AVE, NW	GP DIRECTOR 40	50,410	3,559	NONE
BARBARA SAPIN 1755 MASS AVE, NW	GENERAL COUNSEL 40	54,413.	NONE	NONE
Total number of other employees paid over $50,000 . . ▶	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
DEBORAH VANDERHEI 18416 HIGH STREET, EDMONDS, WA 98020	CONSULTING	50,225
Total number of others receiving over $50,000 for professional services . . . . . . ▶	NONE	

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

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Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 12,125 (Must equal amounts on line 38, Part VI-A, or line i or Part VI-B)	1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
STMT 27 d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4		X

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments*

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ ____________

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	5,116,786	2,467,052	2,924,844	984,837	11,493,519
16 Membership fees received	509,708	483,355	677,420	454,153.	2,124,636
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	461,296	377,970	459,860.	332,463	1,631,589
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	123,578	144,521	63,972	25,181	357,252
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	6,211,368	3,472,898	4,126,096	1,796,634	15,606,996.
24 Line 23 minus line 17	5,750,072	3,094,928	3,666,236	1,464,171	13,975,407.
25 Enter 1% of line 23	62,114	34,729	41,261	17,966.	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 ▶ **26a** 279,508.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts ▶ **26b** 9,047,752.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 13975407

d Add Amounts from column (e) for lines 18 357,252. 19 ______ 22 ______ 26b 9,047,752 ▶ **26d** 9,405,004.

e Public support (line 26c minus line 26d total) ▶ **26e** 4,570,403.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) SEE STMT 28 ▶ **26f** 32 7032 %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year

(2001) ______ (2000) ______ (1999) NOT APPLICABLE (1998) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2001) ______ (2000) ______ (1999) ______ (1998) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c** ______

d Add Line 27a total ______ and line 27b total ______ ▶ **27d** ______

e Public support (line 27c total minus line 27d total) ▶ **27e** ______

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f** ______

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15 NONE

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a [ ] if the organization belongs to an affiliated group
Check ▶ b [ ] if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		NONE
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		12,125
38 Total lobbying expenditures (add lines 36 and 37)	38		12,125
39 Other exempt purpose expenditures	39		4,128,385.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		4,140,510
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
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	41		357,026
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		89,257
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*			

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 instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2002	**(b)** 2001	**(c)** 2000	**(d)** 1999	**(e)** Total
45 Lobbying nontaxable amount	357,026	424,209	290,535.	291,467	1,363,237
46 Lobbying ceiling amount (150% of line 45(e))					2,044,856
47 Total lobbying expenditures	12,125.	6,961.	8,540.	3,468.	31,094.
48 Grassroots nontaxable amount	89,257.	106,052.	72,634.	72,867	340,810.
49 Grassroots ceiling amount (150% of line 48(e))					511,215.
50 Grassroots lobbying expenditures	NONE	NONE	NONE	NONE	NONE

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

NATIONAL ABORTION FEDERATION

2002

43-1097957

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation	
PANASONIC FAX(2)	01/30/1996	3,230	100 000			3,230	3,230	3,230	SL		5 000					
COMPUTERS&UPGRA(6)	02/07/1996	8,223	100 000			8,223	8,223		SL		5 000					*
SCANMAKER II(2)	02/27/1996	580	100 000			580	580	580	SL		5 000					
MODEMS(2)	06/06/1996	261	100 000			261	257		SL		5 000					*
MEMORY(2)	03/06/1996	232	100 000			232	216	216	SL		5 000					
SHREDDER	04/23/1996	250	100 000			250	242	242	SL		5 000					
MONITOR	05/07/1996	145	100 000			145	141		SL		5 000					*
MODEMS(2)	05/23/1996	240	100 000			240	236	236	SL		5 000					
EXEC CHAIRS(4)	05/13/1996	784	100 000			784	616	728	SL		7 000				112	
LAPTOP	07/31/1996	2,560	100 000			2,560	2,560	2,560	SL		5 000					
LAPTOP	02/07/1997	1,550	100 000			1,550	1,395	1,551	SL		5 000				156	
OFFICE FURN/DESKS	03/17/1997	8,552	100 000			8,552	5,499	6,721	SL		7 000				1,222	
OFFICE FURN/DESKS	04/07/1997	8,348	100 000			8,348	5,368	6,561	SL		7 000				1,193	
CONFERENCE TABLE	04/07/1997	3,036	100 000			3,036	1,953	2,387	SL		7 000				434	
CONFERENCE TABLE)	07/22/1997	3,036	100 000			3,036	1,953	2,387	SL		7 000				434	
FILE CABINETS	07/22/1997	1,102	100 000			1,102	707	864	SL		7 000				157	
COMPUTER NETWORK	08/19/1997	35,333	100 000			35,333	31,801	35,333	SL		5 000				3,532	
OFFICE FURN	09/30/1997	1,347	100 000			1,347	865	1,057	SL		7 000				192	
CHAIRS	10/07/1997	2,460	100 000			2,460	1,580	1,931	SL		7 000				351	
Less Retired Assets																
Subtotals																

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
2X9024 1 000

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation*
FILE CABIN/CHAIRS	10/01/1997	1,709	100 000			1,709	1,098	1,342	SL		7 000				244
FILE CABINETS	10/23/1997	2,250	100 000			2,250	1,445	1,766	SL		7 000				321
OFFICE FURN	10/15/1997	1,368	100 000			1,368	878	1,073	SL		7 000				195
PAGEMAKER SOFTWARE	11/18/1997	559	100 000			559	360	440	SL		7 000				80
COMPUTER	12/02/1997	1,125	100 000			1,125	1,013	1,637	SL		5 000				624
CHAIRS	12/16/1997	1,408	100 000			1,408	905	1,106	SL		7 000				201
DELIVERY/INSTALLAT	06/30/1997	2,112	100 000			2,112	1,359	1,661	SL		7 000				302
SHREDDER	06/30/1997	906	100 000			906	577	706	SL		7 000				129
OFFICE FURN/DESKS	01/07/1998	705	100 000			705	353	454	SL		7 000				101
COMPUTERS/PRINT(3)	02/03/1998	5,670	100 000			5,670	3,969	5,103	SL		5 000				1,134
COMPUTER EQUIP	05/13/1998	470	100 000			470	329	423	SL		5 000				94
OFFICE FURN/CHAIRS	08/25/1998	1,630	100 000			1,630	815	1,048	SL		7 000				233
COMPUTERS (3)	10/28/1998	6,039	100 000			6,039	4,228	5,436	SL		5 000				1,208
FILE SERVER	12/01/1998	1,063	100 000			1,063	745	958	SL		5 000				213
COMPUTER/FIREWALL	12/17/1998	1,050	100 000			1,050	735	945	SL		5 000				210
COMPUTER/FIREWALL	12/18/1998	560	100 000			560	392	504	SL		5 000				112
COMPUTER/FIREWALL	12/18/1998	1,640	100 000			1,640	1,148	1,476	SL		5 000				328
CCTV EQUIP	12/18/1998	3,802	100 000			3,802	1,901	2,444	SL		7 000				543
ELECTRONIC ENTRY	12/18/1998	1,367	100 000			1,367	683	878	SL		7 000				195
Less Retired Assets															
Subtotals															

Listed Property

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation*
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
2X9024 1 000

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMP(6)/PRINTER(1)	12/22/1998	6,866	100 000			6,866	4,806	6,179	SL		5 000				1,373
OFFICE FURN/CHAIRS	01/04/1999	1,914	100 000			1,914	685	958	SL		7 000				273
COMPUTERS(2)	01/26/1999	2,794	100 000			2,794	1,397	1,956	SL		5 000				559
OFFICE FURN	03/11/1999	1,895	100 000			1,895	677	948	SL		7 000				271
COMPUTERS(4)	03/25/1999	3,988	100 000			3,988	1,995	2,793	SL		5 000				798
TELEPHONES(10)	04/08/1999	5,448	100 000			5,448	2,725	3,815	SL		5 000				1,090
MONITOR	04/22/1999	449	100 000			449	225	315	SL		5 000				90
OFFICE FURN	04/20/1999	10,258	100 000			10,258	3,662	5,127	SL		7 000				1,465
OFFICE FURN	05/07/1999	1,610	100 000			1,610	575	805	SL		7 000				230
FAX MACHINES(2)	05/14/1999	2,090	100 000			2,090	1,045	1,463	SL		5 000				418
COMPUTERS(2)	06/03/1999	2,737	100 000			2,737	1,367	1,914	SL		5 000				547
COMPUTER	06/17/1999	1,094	100 000			1,094	547	766	SL		5 000				219
COMPUTER	06/17/1999	1,515	100 000			1,515	758	1,061	SL		5 000				303
OUTDOOR LIGHTING	07/15/1999	1,650	100 000			1,650	590	826	SL		7 000				236
VOICE MAIL SYST	07/15/1999	4,305	100 000			4,305	2,153	3,014	SL		5 000				861
COMPUTER RELATED	08/17/1999	1,996	100 000			1,996	998	1,397	SL		5 000				399
VOICE MAIL SYST	08/02/1999	3,370	100 000			3,370	1,685	2,359	SL		5 000				674
COMOUTER RELATED	08/05/1999	4,513	100 000			4,513	2,257	3,160	SL		5 000				903
COMPUTER	08/19/1999	1,479	100 000			1,479	740	1,036	SL		5 000				296
Less Retired Assets															
Subtotals															

Listed Property

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
2X9024 1 000

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation*
MONITORS(5)	08/19/1999	1,220	100 000			1,220	610	854	SL		5 000				244
COMPUTER	08/24/1999	1,128	100 000			1,128	565	791	SL		5 000				226
OFFICE FURN	10/01/1999	609	100 000			609	218	305	SL		7 000				87
OFFICE FURN	10/01/1999	8,970	100 000			8,970	3,203	4,484	SL		7 000				1,281
COMPUTERS(3)	10/05/1999	7,306	100 000			7,306	4,783	6,244	SL		5 000				1,461
COMPUTERS(4)	10/15/1999	4,390	100 000			4,390	2,195	3,073	SL		5 000				878
OFFICE FURN	11/12/1999	696	100 000			696	248	347	SL		7 000				99
TELEPHONES(5)	11/29/1999	802	100 000			802	400	560	SL		5 000				160
COMPUTERS(2)	01/01/1995	2,874	100 000			2,874	2,874		SL		5 000				
COMPUTERS	03/13/2000	4,400	100 000			4,400	1,613	2,493	SL		5 000				880
COMPUTERS	08/17/2000	2,032	100 000			2,032	541	947	SL		5 000				406
COMPUTERS	08/07/2000	2,547	100 000			2,547	721	1,230	SL		5 000				509
MAILING MACHINE	10/15/2000	5,300	100 000			5,300	1,325	2,385	SL		5 000				1,060
PROJECTOR	10/20/2000	5,729	100 000			5,729	1,337	2,483	SL		5 000				1,146
COMPUTERS	10/30/2000	9,532	100 000			9,532	2,224	4,130	SL		5 000				1,906
OFFICE EQUIPMENT	03/03/2000	1,136	100 000			1,136	416	643	SL		5 000				227
OFFICE EQUIPMENT	04/14/2000	1,038	100 000			1,038	364	572	SL		5 000				208
OFFICE EQUIPMENT	05/22/2000	1,472	100 000			1,472	466	760	SL		5 000				294
OFFICE EQUIPMENT	11/09/2000	1,844	100 000			1,844	430	799	SL		5 000				369
Less Retired Assets															
Subtotals															

Listed Property

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation*
Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
2X9024 1 000

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation*
OFFICE EQUIPMENT	01/11/2001	2,073	100 000			2,073	296	592	SL		7 000				296
OFFICE EQUIPMENT	01/31/2001	2,095	100 000			2,095	478	897	SL		5 000				419
OFFICE EQUIPMENT	03/14/2001	1,083	100 000			1,083	275	492	SL		5 000				217
COMPUTER	03/19/2001	1,889	100 000			1,889	377	755	SL		5 000				378
COMPUTER	06/22/2001	3,271	100 000			3,271	421	1,075	SL		5 000				654
COMPUTER	07/19/2001	2,056	100 000			2,056	264	675	SL		5 000				411
PRINTER	08/24/2001	1,500	100 000			1,500	100	400	SL		5 000				300
COMPUTER	10/05/2001	1,775	100 000			1,775	89	444	SL		5 000				355
MONITORS	10/30/2001	1,256	100 000			1,256	42	293	SL		5 000				251
OFFICE FURNITURE	11/02/2001	547	100 000			547	13	91	SL		7 000				78
OFFICE FURNITURE	11/20/2001	8,217	100 000			8,217	98	1,272	SL		7 000				1,174
MONITORS	12/05/2001	1,785	100 000			1,785	30	387	SL		5 000				357
MONITORS	01/01/2002	3,080	100 000			3,080		616	SL		5 000				616
SOFTWARE	01/01/2002	6,458	100 000			6,458		2,153	SL		3 000				2,153
HARD DRIVES	01/01/2002	600	100 000			600		120	SL		5 000				120
MONITORS	01/01/2002	770	100 000			770		154	SL		5 000				154
SERVER	01/01/2002	1,971	100 000			1,971		394	SL		5 000				394
COMPUTER	01/01/2002	1,798	100 000			1,798		360	SL		5 000				360
LAPTOP	02/01/2002	2,392	100 000			2,392		439	SL		5 000				439
Less Retired Assets															
Subtotals															

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
2X9024 1 000

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
AMD 1700	03/01/2002	2,505	100 000			2,505		418	SL		5 000				418
AMD 1700+	03/01/2002	1,649	100 000			1,649		275	SL		5 000				275
COMPUTER	03/01/2002	1,681	100 000			1,681		280	SL		5 000				280
FIREWALL	03/01/2002	6,020	100 000			6,020		717	SL		7 000				717
DIGITAL CAMERA	03/01/2002	585	100 000			585		98	SL		5 000				98
PRINTER	03/01/2002	592	100 000			592		99	SL		5 000				99
FAX MACHINE	03/01/2002	435	100 000			435		73	SL		5 000				73
CHAIRS	03/01/2002	390	100 000			390		46	SL		7 000				46
PRINTER	04/01/2002	443	100 000			443		66	SL		5 000				66
SOFTWARE	04/01/2002	4,458	100 000			4,458		1,115	SL		3 000				1,115
SMART UPS 700 NET	04/01/2002	337	100 000			337		84	SL		3 000				84
COMPUTER	04/01/2002	1,945	100 000			1,945		292	SL		5 000				292
COMPUTER	04/01/2002	796	100 000			796		119	SL		5 000				119
CHAIRS	04/01/2002	1,879	100 000			1,879		201	SL		7 000				201
MONITOR	04/01/2002	161	100 000			161		24	SL		5 000				24
GO SOFTWARE	04/01/2002	556	100 000			556		139	SL		3 000				139
HARD DRIVE	06/01/2002	707	100 000			707		82	SL		5 000				82
COMPUTER	06/01/2002	1,181	100 000			1,181		138	SL		5 000				138
COMPUTER	06/01/2002	1,147	100 000			1,147		134	SL		5 000				134
Less Retired Assets															
Subtotals															

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
2X9024 1 000

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation*
COMPUTER	06/01/2002	2,094	100 000			2,094		244	SL		5 000				244
MONITOR	06/01/2002	1,825	100 000			1,825		213	SL		5 000				213
HARD DRIVE	07/01/2002	238	100 000			238		24	SL		5 000				24
COMPUTER	08/01/2002	1,177	100 000			1,177		98	SL		5 000				98
ADOBE PHOTOSHOP 7	08/01/2002	779	100 000			779		108	SL		3 000				108
MONITOR	09/01/2002	1,531	100 000			1,531		102.	SL		5 000				102
PRINTER	09/01/2002	288	100 000			288		19	SL		5 000				19
COMPUTER	10/02/2002	2,125	100 000			2,125		106	SL		5 000				106
DIGITAL CAMERA	11/01/2002	357	100 000			357		12	SL		5 000				12
DVD DRIVE	11/01/2002	118	100 000			118		4	SL		5 000				4
PRINTER	12/01/2002	487	100 000			487		8	SL		5 000				8
Less Retired Assets		11,503				11,503	11,495								
Subtotals		311,297				311,297	134,763	185,923							51,160

Listed Property

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	30% & ITC Reduction in basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation*
Less Retired Assets															
Subtotals															
TOTALS		311,297				311,297	134,763	185,923							51,160

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
2X9024 1 000

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONSULTANTS AND TEMPS	292,143.	208,641.	377.	83,125.
INTERNS	101,777.	101,777.		
INSURANCE	9,780.	8,335.	300.	1,145.
DUES AND SUBCRIPTIONS	59,356.	57,070.	249.	2,037.
SPONSORSHIP	3,490.	3,490.		
ADVERTISING	16,056.	5,397.		10,659.
BANK CHARGES	15,219.	13,053.	448.	1,718.
MISCELLANEOUS	7,109.	6,899.	43.	167.
EDUCATIONAL MATERIALS	389,153.	389,153.		
HOTLINE FUND	20,517.	20,517.		
MERCHANDISE RESALE	2,549.	2,186.	75.	288.
TOTALS	917,149.	816,518.	1,492.	99,139.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE A NATIONAL PROFESSIONAL MEMBERSHIP ORGANIZATION FOR ABORTION SERVICE PROVIDERS; TO ENSURE THE SAFETY AND QUALITY OF ABORTION PRACTICE WITH ACCREDITED CONTINUING MEDICAL EDUCATION, CLINICAL POLICY GUIDELINES, ABORTION PROTOCOLS, AND QUALITY IMPROVEMENT PROGRAMS; TO PROVIDE 24-HOUR EMERGENCY ASSISTANCE AND ON-THE-GROUND SUPPORT TO CLINICS BESIEGED BY VIOLENCE AND HARASSMENT; TO EDUCATE LAW ENFORCEMENT OFFICIALS ABOUT CLINIC VIOLENCE AND ADVOCATE FOR INCREASED PROTECTION FOR ABORTION PROVIDERS; TO WORK TOWARD REVERSING THE DECLINE IN THE NUMBER OF TRAINED AND COMMITTED ABORTION PROVIDERS; TO INCREASE ABORTION TRAINING OPPORTUNITIES; TO PROVIDE ACCURATE INFORMATION AND RESOURCES TO WOMEN WHO ARE MAKING DECISIONS CONCERNING THEIR PREGNANCIES, AND PROVIDE REFERRALS TO COMPASSIONATE, QUALIFIED ABORTION PROVIDERS IF THEY CHOOSE TO TERMINATE THEIR PREGNANCIES.

Part III - Statement of Service Accomplishments **Program Service Expenses**

A Membership Services·

NAF was the first to recognize the need for evidence-based guidelines for quality abortion care and we first published NAF's *Clinical Policy Guidelines* (CPGs) in 1996 The CPGs are updated and reissued annually in order to help providers stay current in abortion practice, and enhance the quality and safety of care received by women Our Quality Improvement (QI) Program includes clinic site visits to assess member compliance with the CPGs, and provides technical consultation to help providers meet regulatory requirements We develop and disseminate research-based clinical publications to our members on the latest medical technologies Our group purchasing program ensures that members can benefit from volume pricing on supplies and equipment to support their clinical work — $ 505,975

B. Training and Professional Education:

NAF provides the only abortion-specific ongoing program of accredited continuing medical education available to physicians and other health care providers In addition to our Annual Meeting (attendance approximately 600 -700) and our Risk Management Seminar (attendance approximately 200 - 300), NAF sponsors numerous regional workshops on clinically relevant topics NAF's training programs are recognized by the Accreditation Council for Continuing Medical Education, and are regularly approved for physician credit by the American College of Obstetricians, and Gynecologists, the American Medical Association and American Academy of Family Physicians — $ 611,199

C Public Affairs, Government Relations, and Legal

NAF's public policy and government relations programs are designed to help educate the public about the medical needs of women seeking abortion care, and about abortion access issues, through our media relations program, website, patient education materials, fact sheets, and issue papers We participate in numerous media interviews, and provide background information on abortion issues to the media and government officials We developed a patient project that has put a human face on the public debate about abortion policies We provide information on legal and regulatory issues to our members, and develop specialized legal publications to meet our members' needs — $ 531,253

D. Clinic Security/Law Enforcement Education:

We are available 24 hours a day, 7 days a week, to respond to the emergency needs of our members In the event of violence or threatened violence, we provide immediate on-site support and post-incident stress management training for clinic staff In order to help providers with their security needs, we provide professional security audits for clinics and providers' homes, and staff preparedness training We vigorously advocate for increased clinic protection, and investigation of anti-choice violence, with law enforcement officials at the federal, regional, state, and local levels In a coalition project, we organize community-based law enforcement briefings, which bring together law enforcement officials and abortion providers	$	296,400

E. Access Initiative:

Our Access Initiative works to reverse the shortage of abortion providers and abortion training, and provides accurate information and resources to women who are making decisions concerning their pregnancies NAF is the only organization working nationally to educate advanced practice clinicians about abortion services We have convened a series of seminars to prepare NAF clinics to become formal sites for medical residency training in abortion practice We participate in and exhibit at a wide range of health conferences in order to reach health care providers with information about abortion training opportunities and resources NAF operates the only national toll-free, bilingual hotline that provides individual consultation to women and referrals to the broadest range of qualified abortion providers Our hotline also provides case management support to low income women and women with other special needs We also sponsor an outreach program to ensure that our resources about quality abortion care are available to more women in otherwise under- served communities	$	523,225

F. Medical Abortion Education Program:

NAF's Medical Abortion Education Program developed and is implementing a comprehensive educational program to prepare health care professionals to safely provide medical abortion to their patients The program offers a series of multi-media educational materials, and CME- accredited workshops and conferences on medical abortion at both the regional and national levels	$	1,088,092
Total	$	3,556,144

FORM 990, PART III - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
ACCESS INITIATIVE - SEE STATEM	NONE	523,225.
MEDICAL ABORTION EDUCATION PRO	NONE	1,088,092.
TOTALS	NONE	1,611,317.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
PREPAID MEMBERSHIP DUES	197,453.
OTHER DEFERRED ITEMS	93,594.
TOTALS	291,047.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HERB JONES, MD PLANNED PARENTHOOD OF BLUE RIDGE 105 SOUTH PANTOPS ROAD CHARLOTTESVILLE, VA 22911	DIRECTOR AS REQ	NONE	NONE	NONE
E. STEVE LICHTENBERG, MD FAMILY PLANNING ASSOCIATES MED GRP 5086 NORTH ELSTON AVENUE CHICAGO, IL 60630	DIRECTOR AS REQ	NONE	NONE	NONE
PABLO RODRIGUEZ, MD PLANNED PARENTHOOD OF RHODE ISLAND 247 ROOSEVELT AVE PAWTUCKET, RI 02860	VICE CHAIR AS REQ	NONE	NONE	NONE
ERIC SCHAFF, MD DEPARTMENT OF FAMILY MEDICINE UNIVERSITY OF ROCHESTER 1000 SOUTH AVENUE, STE N348 BOX 101 ROCHESTER, NY 14620	CHAIR AS REQ	NONE	NONE	NONE
TINA WELSH WOMEN'S HEALTH CENTER OF DULUTH 32 EAST FIRST STREET, SUITE 300 DULUTH, MN 55802	TREASURER AS REQ	NONE	NONE	NONE
VICKI BREITBART, MSW,EDD PLANNED PARENTHOOD OF NEW YORK CITY 26 BLEEKER STREET NEW YORK, NY 10012	SECRETARY AS REQ	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LUCINDA FINLEY, ESQ. UNIVERSITY OF BUFFALO SCHOOL OF LAW 513 O'BRIAN HALL NORTH CAMPUS BOX 601100 BUFFALO, NY 14260	DIRECTOR AS REQ	NONE	NONE	NONE
DIAN HARRISON, MSW PLANNED PARENTHOOD OF GOLDEN GATE 815 EDDY STREET, SUITE 100 SAN FRANCISCO, CA 94109	DIRECTOR AS REQ	NONE	NONE	NONE
MONA REIS PRESIDENTIAL WOMEN'S CENTER 100 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	DIRECTOR AS REQ	NONE	NONE	NONE
YAMILA AZIZE-VARGAS, PHD DEPT. OB/GYN, SCHOOL OF MEDICINE UNIVERSITY OF PUERTO RICO BOX 10000 SUITE 292 CAYAY, PR 00737	DIRECTOR AS REQ	NONE	NONE	NONE
SUSAN CAHILL, PA-C DEPARTMENT OF FAMILY MEDICINE UNIV ROCHESTER SCHOOL OF MEDICINE 1000 SOUTH AVE, STE N348, BOX 101 ROCHESTER, NY 14620	DIRECTOR AS REQ	NONE	NONE	NONE
PAT SMITH, MD MORGENTALER CLINIC 727 HILLSDALE AVENUE EAST TORONTO, ONTARIO, MAS 1V4	DIRECTOR AS REQ	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
FELICIA STEWART, MD UCSF CTR FOR REPROD HEALTH RESEARCH 3333 CALIFORNIA STREET SUITE 335, BOX 0744 SAN FRANCISCO, CA 94143-0744	DIRECTOR AS REQ	NONE	NONE	NONE
FRANCINE THOMPSON EMMA GOLDMAN CLINIC FOR WOMEN 227 NORTH DUBUQUE STREET IOWA CITY, IA 52245	DIRECTOR AS REQ	NONE	NONE	NONE
PAUL DRISGULA PLANNED PARENTHOOD MOHAWK HUDSON 414 UNION STREET SCHENECTADY, NY 12305	DIRECTOR AS REQ	NONE	NONE	NONE
DEBORAH OYER, MD AURORA MEDICAL SERVICES 1001 BROADWAY SUITE 320 SEATTLE, WA 98122	DIRECTOR AS REQ	NONE	NONE	NONE
IGNACIO CASTUERA, DD COMMUNITY UNITED METHODIST CHURCH 865 VIA DE LA PAZ PACIFIC PALISADES, CA 90272	DIRECTOR AS REQ	NONE	NONE	NONE
ROSLYN KADE, MD PLANNED PARENTHOOD CINCINNATI REGIO 2314 AUBURN AVE CINCINNATI, OH 45219	DIRECTOR AS REQ	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JACQUELINE DARROCH, PHD ALAN GUTTMACHER INSTITUTE 120 WALL STREET NEW YORK, NY 10005	DIRECTOR AS REQ	NONE	NONE	NONE
VICKI SAPORTA NATIONAL ABORTION FEDERATION 1755 MASSASHUSETTES AVEUNE, NW SUITE 600 WASHINGTON, DC 20036	PRESIDENT AND CEO 40	190,653.	14,000.	NONE
	GRAND TOTALS	190,653.	14,000.	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	GROUP PURCHASING SEE STATEMENT 26A
93B	PUBLICATION FEES SEE STATEMENT 26A
93C	MEETINGS AND CONFERENCE REVENUE AND REGISTRATION FEES SEE STATEMENT 26A
94	MEMBERSHIP DUES AND ASSESSMENTS SEE STATEMENT 26A

Part VIII – Relationship of Activities to the Accomplishment of Exempt Purposes

93A. Group Purchasing:
This activity is a membership service which allows NAF members to receive discounts on medical supplies.

93B. Publication Fees:
This activity involves distributing publications related to the organization's exempt purpose.

93C. Meetings and Conference Revenue and Registration Fees:
These meetings and conferences provide professional accredited education related to the organization's exempt purpose.

94. Membership Dues and Assessments:
This activity supports staff, office, and related expenses to provide membership services; research issues of concern to members; produce reports, and other educational materials; and provide field support and on-site training to members

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

THE NATIONAL ABORTION FEDERATION (NAF) DOES NOT COMPENSATE MEMBERS OF BOARD OF DIRECTORS FOR SERVICES ON THE BOARD. NAF DOES, HOWEVER, PAY CONSULTING FEES FOR WORK DONE IN RELATION TO SPECIFIC PROGRAM AREAS, WHICH MEMBERS OF THE BOARD MAY RECEIVE.

SEE STATEMENT FOR PART V OF FORM 990.

The National Abortion Federation has several ongoing programs that raise money from the public. In 2002, NAF started a direct mail program, major gifts program, and planned giving program. As a result of these programs, NAF expects to diversify its funding base and increase contributions from the general public.

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [x]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note *Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: *Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only* ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	NATIONAL ABORTION FEDERATION	43-1097957
	Number, street, and room or suite no If a P O box, see instructions 1755 MASSACHUSETTS AVE., NW	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON, DC 20036	

Check type of return to be filed (file a separate application for each return)

[x] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T(sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the **whole** group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 08/15 , 2003 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [x] calendar year 2002 or

▶ [ ] tax year beginning ______ , ______, and ending ______ , ______

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions . . . $

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit . . . $

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . $

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct, and complete, and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ CPA Date ▶ 5/14/03

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

Reznick Fedder & Silverman, CPAs
7700 Old Georgetown Road, Suite 400
Bethesda, MD 20814
EIN # 52-1088612

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