

**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> <b>NATIONAL ABORTION FEDERATION</b>		<b>D Employer identification number</b> <b>43-1097957</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1755 MASSACHUSETTS AVENUE, N.W. 600</b>		<b>E Telephone number</b> <b>(202) 667-5881</b>
		City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20036</b>		<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).

**G Website:** WWW.PROCHOICE.ORG

**J Organization type** (check only one)  501(c)(3) (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 **1,978,610.**

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, and similar amounts received: <b>a</b> Direct public support <b>b</b> Indirect public support <b>c</b> Government contributions (grants) <b>d Total</b> (add lines 1a through 1c) (cash \$ <b>861,285.</b> noncash \$ )	<b>1a</b>	<b>790,831.</b>			
	<b>1b</b>	<b>70,454.</b>			
	<b>1c</b>				
	<b>1d</b>			<b>861,285.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) <b>3</b> Membership dues and assessments <b>4</b> Interest on savings and temporary cash investments <b>5</b> Dividends and interest from securities <b>6 a</b> Gross rents <b>b</b> Less: rental expenses <b>c Net rental income or (loss)</b> (subtract line 6b from line 6a) <b>7</b> Other investment income (describe )	<b>2</b>			<b>478,872.</b>
		<b>3</b>			<b>621,273.</b>
		<b>4</b>			<b>11,766.</b>
		<b>5</b>			
		<b>6c</b>			
	<b>8 a</b> Gross amount from sales of assets other than inventory <b>b</b> Less: cost or other basis and sales expenses <b>c</b> Gain or (loss) (attach schedule) <b>d Net gain or (loss)</b> (combine line 8c, columns (A) and (B))	(A) Securities		(B) Other	
		<b>8a</b>			
		<b>8b</b>			
<b>8c</b>					
<b>8d</b>					
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> <b>a</b> Gross revenue (not including \$ of contributions reported on line 1a) <b>b</b> Less: direct expenses other than fundraising expenses <b>c Net income or (loss)</b> from special events (subtract line 9b from line 9a)	<b>9a</b>				
	<b>9b</b>				
	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances <b>b</b> Less: cost of goods sold <b>c Gross profit or (loss)</b> from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10a</b>				
	<b>10b</b>				
	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>5,414.</b>	
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>1,978,610.</b>	
<b>13</b> Program services (from line 44, column (B)) <b>14</b> Management and general (from line 44, column (C)) <b>15</b> Fundraising (from line 44, column (D)) <b>16</b> Payments to affiliates (attach schedule) <b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>13</b>			<b>2,929,644.</b>	
	<b>14</b>			<b>145,170.</b>	
	<b>15</b>			<b>124,906.</b>	
	<b>16</b>				
	<b>17</b>			<b>3,199,720.</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) <b>20</b> Other changes in net assets or fund balances (attach explanation) <b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>18</b>			<b>-1,221,110.</b>	
	<b>19</b>			<b>3,073,684.</b>	
	<b>20</b>			<b>0.</b>	
	<b>21</b>			<b>1,852,574.</b>	

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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.

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 \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	271,646.	246,111.	12,985.	12,550.
26	Other salaries and wages	1,222,799.	1,107,991.	58,487.	56,321.
27	Pension plan contributions	85,202.	77,006.	3,815.	4,381.
28	Other employee benefits	181,379.	163,932.	8,124.	9,323.
29	Payroll taxes	114,325.	103,327.	5,119.	5,879.
30	Professional fundraising fees				
31	Accounting fees	12,610.	11,356.	584.	670.
32	Legal fees				
33	Supplies	38,225.	34,080.	1,767.	2,378.
34	Telephone	50,500.	48,444.	1,256.	800.
35	Postage and shipping	38,142.	35,472.	1,049.	1,621.
36	Occupancy				
37	Equipment rental and maintenance	8,856.	7,973.	411.	472.
38	Printing and publications	86,792.	85,423.	551.	818.
39	Travel	262,475.	240,686.	21,407.	382.
40	Conferences, conventions, and meetings	267,920.	250,555.	17,365.	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	46,534.	41,897.	2,159.	2,478.
43	Other expenses not covered above (itemize):				
a	_____				
b	_____				
c	_____				
d	_____				
e	<b>SEE STATEMENT 1</b>	512,315.	475,391.	10,091.	26,833.
44	<small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15</small>	3,199,720.	2,929,644.	145,170.	124,906.

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 \$ 30,407. ; (ii) the amount allocated to Program services \$ 17,028. ;  
 (iii) the amount allocated to Management and general \$ 4,257. ; and (iv) the amount allocated to Fundraising \$ 9,122.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

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 **SEE ATTACHED STATEMENT**

	(Grants and allocations \$ _____)	2,929,644.
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>2,929,644.</b>

**Part IV Balance Sheets**

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	350.	350.
	46 Savings and temporary cash investments	2,273,028.	1,724,545.
	47 a Accounts receivable	78,945.	
	b Less: allowance for doubtful accounts	73,881.	78,945.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable	867,000.	152,000.
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	20,765.	23,520.
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	362,199.		
b Less: accumulated depreciation <b>STMT 3</b>	284,534.	77,665.	
58 Other assets (describe )			
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>3,347,351.</b>	<b>2,057,025.</b>	
Liabilities	60 Accounts payable and accrued expenses	98,861.	98,601.
	61 Grants payable		
	62 Deferred revenue	94,377.	43,968.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
65 Other liabilities (describe <b>DEFERRED RENT</b> )	80,429.	61,882.	
<b>66 Total liabilities</b> (add lines 60 through 65)	<b>273,667.</b>	<b>204,451.</b>	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,236,203.	1,236,231.
	68 Temporarily restricted	1,837,481.	616,343.
	69 Permanently restricted		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	<b>3,073,684.</b>	<b>1,852,574.</b>	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>3,347,351.</b>	<b>2,057,025.</b>	

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 VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a 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?
80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt.
81 a Enter direct or indirect political expenditures. See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a 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?
82 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.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 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?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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?
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89 b 501(c)(3) and 501(c)(4) organizations 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?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2004
91 The books are in care of
Located at
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

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a MEETING REVENUE					360,977.
b PUBLICATION FEES					8,517.
c GROUP PURCHASING					109,378.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					621,273.
95 Interest on savings and temporary cash investments			14	11,766.	
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 OTHER REVENUE					5,414.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		11,766.	1,105,559.
105 Total (add line 104, columns (B), (D), and (E))					1,117,325.

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 34 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).
▼	SEE STATEMENT 7

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 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)

accompanying schedules and statements, and to the best of my knowledge and belief, it is true information of which preparer has any knowledge  
 Date 10-11-05  Type or print name and title. VICKI SAPORTA, President  
 Date / / Check if Preparer's SSN or PTIN

**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

**2004**

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
<u>JACK MORRIS</u> ----- ALL IN C/O THE ORGANIZATION	MEMBER DIR. 40+	52,209.	2,974.	
<u>BARBARA SAPIN</u> -----	GEN. COUNSEL 40+	74,858.	3,498.	
<u>JEAN ANNA LAMB</u> -----	DEV. DIR. 40+	67,485.	4,935.	
<u>LAUREEN TEWS</u> -----	MED. ABN. DIR 40+	50,647.	3,945.	
Total number of other employees paid over \$50,000 ▶		0		

**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
<u>NONE</u> -----		
Total number of others receiving over \$50,000 for professional services ▶		0

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> 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 ► \$ _____ \$ <u>22,751.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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. <b>VI-A, LINE 38B</b>	<b>1</b>	<b>X</b>
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,884,304.	2,913,327.	5,116,786.	2,467,052.	12,381,469.
16 Membership fees received	563,436.	483,387.	509,708.	483,355.	2,039,886.
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	460,326.	497,571.	461,296.	377,970.	1,797,163.
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	10,954.	30,631.	123,578.	144,521.	309,684.
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	2,919,020.	3,924,916.	6,211,368.	3,472,898.	16,528,202.
24 Line 23 minus line 17	2,458,694.	3,427,345.	5,750,072.	3,094,928.	14,731,039.
25 Enter 1% of line 23	29,190.	39,249.	62,114.	34,729.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 294,621.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					26b 7,671,274.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 14,731,039.
d Add: Amounts from column (e) for lines: 18 309,684. 19 _____ 22 _____ 26b 7,671,274.					26d 7,980,958.
e Public support (line 26c minus line 26d total)					26e 6,750,081.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 45.8222%
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: N/A					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
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: N/A					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)   27f   N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.)

N/A

**(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?		
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?		
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? 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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
_____			
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
_____			
_____			
34 a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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	





2004 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE & EQUIPMENT	VARIESSL		5.00	16	359,199.			359,199.	237,506.		45,784.
2	LEASEHOLD IMPROVEMENTS	VARIESSL		5.00	16	3,000.			3,000.	494.		750.
	* TOTAL 990 PAGE 2 DEPR					362,199.		0.	362,199.	238,000.	0.	46,534.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS & TEMPS	143,990.	139,607.	1,513.	2,870.
INTERNS	86,869.	86,867.	1.	1.
INSURANCE	8,861.	7,978.	411.	472.
DUES & SUBSCRIPTIONS	55,546.	55,154.	161.	231.
ADVERTISING	16,762.	2,550.	66.	14,146.
MERCHANDISE RESALE	0.			
LEGAL & ACCOUNTING	0.			
SPONSORSHIP	3,275.	3,275.		
HOTLINE FUND	17,872.	17,872.		
BANK CHARGES	16,610.	14,960.	768.	882.
EDUCATION MATERIALS	0.			
MISCELLANEOUS	3,168.	2,893.	129.	146.
RENT	142,965.	128,719.	6,632.	7,614.
OFFICE EQUIPMENT	9,760.	9,079.	317.	364.
STORAGE	6,637.	6,437.	93.	107.
<b>TOTAL TO FM 990, LN 43</b>	<b>512,315.</b>	<b>475,391.</b>	<b>10,091.</b>	<b>26,833.</b>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2  
PART III

EXPLANATION

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.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 3

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	359,199.	283,290.	75,909.
LEASEHOLD IMPROVEMENTS	3,000.	1,244.	1,756.
TOTAL TO FORM 990, PART IV, LN 57	362,199.	284,534.	77,665.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 4

DESCRIPTION	AMOUNT
IN-KIND CONTRIBUTION	3,007,278.
TOTAL TO FORM 990, PART IV-A	3,007,278.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 5

DESCRIPTION	AMOUNT
IN-KIND EXPENSES	3,007,278.
TOTAL TO FORM 990, PART IV-B	3,007,278.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
VICKI SAPORTA ALL IN C/O THE ORGANIZATION	PRESIDENT & CEO 40+	200,977.	14,350.	0.
RICHARD ANTHONY	CHIEF OPERATING OFF. 40+	70,669.	941.	0.
VICKI BREITBART, EDD, MSW	CHAIR 5+	0.	0.	0.
SALLY BURGESS, MBA	DIRECTOR 4+	0.	0.	0.
SUSAN CAHILL, PA-C, MSW	DIRECTOR 4+	0.	0.	0.
IGNACIO CASTUERO, DD	DIRECTOR 4+	0.	0.	0.
PAUL DRISGULA	DIRECTOR 4+	0.	0.	0.
SALLY GUTTMACHER, PH.D	DIRECTOR 4+	0.	0.	0.
KATHLEEN GLOVER, MD	DIRECTOR 4+	0.	0.	0.
DIAN HARRISON, MSW	DIRECTOR 4+	0.	0.	0.
ROSLYN KADE, MD	DIRECTOR 4+	0.	0.	0.

STEVE LICHTENBERG, MD	DIRECTOR 4+	0.	0.	0.
DEBORAH OYER, MD.	DIRECTOR 4+	0.	0.	0.
PABLO RODRIGUEZ, MD	DIRECTOR 4+	0.	0.	0.
ERIC SCHAFF, MD	DIRECTOR 4+	0.	0.	0.
PAT SMITH, MD	DIRECTOR 4+	0.	0.	0.
FELICIA STEWART, MD	DIRECTOR 4+	0.	0.	0.
FRANCINE THOMPSON	DIRECTOR 4+	0.	0.	0.
CATHERINE WEISS, JD	DIRECTOR 4+	0.	0.	0.
TINA WELSH	DIRECTOR 4+	0.	0.	0.
RACHEL JONES, PH.D	AGI LIASON 4+	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		271,646.	15,291.	0.

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT      7  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THESE MEETINGS AND CONFERENCES PROVIDE PROFESSIONAL ACCREDITED EDUCATION RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.
93B	THIS ACTIVITY INVOLVES DISTRIBUTING PUBLICATIONS RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.
93C	THIS ACTIVITY IS A MEMBERSHIP SERVICE WHICH ALLOWS NAF MEMBERS TO

RECEIVE DISCOUNTS ON MEDICAL SUPPLIES.

- 94 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.
- :  
103A OTHER INCOME GENERATED IN CONJUNCTION WITH THE ORGANIZATION'S EXEMPT PURPOSE.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print. File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>NATIONAL ABORTION FEDERATION</b>	Employer Identification number <b>43-1097957</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1755 MASSACHUSETTS AVENUE, N.W., NO. 600</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

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

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

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

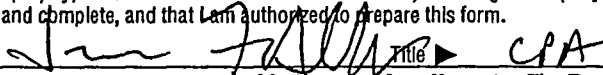
- The books are in the care of **NATIONAL ABORTION FEDERATION**  
Telephone No. **(202)667-5881**      FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group 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 is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005**.
- 5 For calendar year **2004**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED FOR PREPARING A COMPLETE AND ACCURATE RETURN**

- 8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 ..... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. 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 ..... \$ \_\_\_\_\_ **N/A**

**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  Title **CPA** Date **8/12/05**

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>GELMAN, ROSENBERG &amp; FREEDMAN, CPA'S</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>4550 MONTGOMERY AVE., SUITE 650 NORTH</b>
	City or town, province or state, and country (including postal or ZIP code) <b>BETHESDA, MARYLAND 20814-2930</b>
	423832 01-10-05