

Return of Organization Exempt From Income Tax

2005

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning

and ending

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.	C Name of organization NATIONAL ABORTION FEDERATION		D Employer identification number 43-1097957
		Number and street (or P.O. box if mail is not delivered to street address) 1755 MASSACHUSETTS AVENUE, N.W.	Room/suite 600	E Telephone number (202) 667-5881
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> 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 No

H(b) If "Yes," enter number of affiliates **N/A**

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 **N/A**

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 chooses to file a return, be sure to file a complete return. **Some states require a complete return**

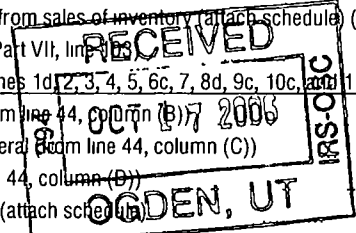
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,589,482.**

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

SCANNED OCT 27 2003

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	2,080,612.		
	b Indirect public support	1b	52,064.		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 2,132,676. noncash \$)			1d	2,132,676.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	609,325.
	3 Membership dues and assessments			3	776,283.
	4 Interest on savings and temporary cash investments			4	51,133.
	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				
	8b				
	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	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 11)			11	20,065.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	3,589,482.	
Expenses	13 Program services (from line 44, column (B))		13	2,560,938.	
	14 Management and general (from line 44, column (C))		14	137,389.	
	15 Fundraising (from line 44, column (D))		15	98,570.	
	16 Payments to affiliates (attach schedule)		16		
	17 Total expenses (add lines 13 and 14, column (A))			17	2,796,897.
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	792,585.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,852,574.	
20 Other changes in net assets or fund balances (attach explanation)			20	0.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	2,645,159.	



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 \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 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	250,231.	229,615.	20,616.	0.
26 Other salaries and wages 26	1,127,415.	1,039,425.	30,214.	57,776.
27 Pension plan contributions 27	41,454.	38,287.	708.	2,459.
28 Other employee benefits 28	162,469.	149,647.	5,413.	7,409.
29 Payroll taxes 29	96,960.	89,443.	3,301.	4,216.
30 Professional fundraising fees 30				
31 Accounting fees 31	5,106.	4,705.	176.	225.
32 Legal fees 32	6,424.	5,920.	221.	283.
33 Supplies 33	36,580.	30,553.	4,341.	1,686.
34 Telephone 34	44,669.	43,210.	841.	618.
35 Postage and shipping 35	34,308.	32,124.	1,069.	1,115.
36 Occupancy 36	142,876.	131,273.	5,095.	6,508.
37 Equipment rental and maintenance 37	8,720.	7,967.	330.	423.
38 Printing and publications 38	81,717.	76,487.	2,021.	3,209.
39 Travel 39	193,174.	157,384.	33,710.	2,080.
40 Conferences, conventions, and meetings 40	199,069.	174,333.	24,733.	3.
41 Interest 41				
42 Depreciation, depletion, etc (attach schedule) 42	40,583.	37,287.	1,447.	1,849.
43 Other expenses not covered above (itemize)				
a 43a				
b 43b				
c 43c				
d 43d				
e 43e				
f 43f				
g SEE STATEMENT 1 43g	325,142.	313,278.	3,153.	8,711.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	2,796,897.	2,560,938.	137,389.	98,570.

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 \$ 29,898. ; (ii) the amount allocated to Program services \$ 16,743. ;

(iii) the amount allocated to Management and general \$ 4,186. ; and (iv) the amount allocated to Fundraising \$ 8,969.

* * SEE STATEMENT 2

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

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 3</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a <u>SEE ATTACHED STATEMENT</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,560,939.
b (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,560,939.

Form 990 (2005)

Part IV Balance Sheets (See 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	350.	45	350.
	46	Savings and temporary cash investments	1,724,545.	46	2,303,987.
	47 a	Accounts receivable	47a 178,922.		
	b	Less allowance for doubtful accounts	47b 78,945.	47c	178,922.
	48 a	Pledges receivable	48a		
	b	Less allowance for doubtful accounts	48b	48c	
	49	Grants receivable	152,000.	49	877,000.
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	51a		
	b	Less allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	23,520.	53	59,288.
	54	Investments - securities		54	
	55 a	Investments - land, buildings, and equipment basis	55a		
b	Less accumulated depreciation	55b	55c		
56	Investments - other		56		
57 a	Land, buildings, and equipment basis	57a 367,187.			
b	Less accumulated depreciation STMT 4	57b 325,117.	57c	42,070.	
58	Other assets (describe <input type="checkbox"/>)		58		
59	Total assets (must equal line 74) Add lines 45 through 58	2,057,025.	59	3,461,617.	
Liabilities	60	Accounts payable and accrued expenses	98,601.	60	136,086.
	61	Grants payable		61	
	62	Deferred revenue	43,968.	62	102,381.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 5)	61,882.	65	577,991.
66	Total liabilities. Add lines 60 through 65)	204,451.	66	816,458.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	1,236,231.	67	1,236,333.
	68	Temporarily restricted	616,343.	68	1,408,826.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)	1,852,574.	73	2,645,159.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	2,057,025.	74	3,461,617.

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

a	Total revenue, gains, and other support per audited financial statements		a	4,250,929.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2	661,447.	
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	661,447.
c	Subtract line b from line a		c	3,589,482.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12) Add lines c and d		e	3,589,482.

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

a	Total expenses and losses per audited financial statements		a	3,458,344.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1	661,447.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	661,447.
c	Subtract line b from line a		c	2,796,897.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17) Add lines c and d		e	2,796,897.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
SEE STATEMENT 6		230,162.	20,069.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) **Yes No**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 19

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? 75c X

Note. Related organizations include section 509(a)(3) supporting organizations
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See 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

78 a 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? N/A 78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X

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? 80a X
 b If "Yes," enter the name of the organization ▶ N/A

81 a Enter direct or indirect political expenditures (See line 81 instructions) 81a 0.
 b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)		Yes	No
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?	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		661,447.
83 a	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
84 a	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? 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	85b	N/A
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) organizations 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) organizations 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
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.		
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? 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		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed		SEE STATEMENT 7
b	Number of employees employed in the pay period that includes March 12, 2005	90b	46
91 a	The books are in care of NATIONAL ABORTION FEDERATION Telephone no. (202)667-5881 Located at 1755 MASS. AVE, NW, #600, WASHINGTON, DC ZIP + 4 20036		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c	X
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 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <u>MEETING REVENUE</u>					380,096.
b <u>PUBLICATION FEES</u>					11,249.
c <u>GROUP PURCHASING</u>					106,885.
d <u>MEMBERSHIP PARTICIPATION</u>					
e <u>FEES</u>					111,095.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					776,283.
95 Interest on savings and temporary cash investments			14	51,133.	
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 <u>OTHER REVENUE</u>					20,065.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		51,133.	1,405,673.
105 Total (add line 104, columns (B), (D), and (E))					1,456,806.

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 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).
▼	<u>SEE STATEMENT 9</u>

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
<u>SEE STATEMENT 8</u>	%			
	%			
	%			
	%			

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

Please Sign Here: 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.

Signature of officer: Vicki Saporta Date: 10-6-06 Type or print name and title: VICKI SAPORTA, President & CEO

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 10/5/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: GELMAN, ROSENBERG & FREEDMAN
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930

EIN: _____ Phone no.: (301) 951-9090

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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>JOHN MORRIS</u> ALL IN C/O THE ORGANIZATION	MEMBER DIR. 40.00	57,654.	3,783.	
<u>JENNIFER BLASDELL</u>	DIR. OF PUB. POLICY 40.00	51,867.	8,998.	
<u>PETER COPPELMAN</u>	GEN. COUNSEL 40.00	75,682.	7,154.	
<u>ANITA KUENNEN</u>	DIR. OF EDUCATION 40.00	57,665.	16,741.	
<u>JEAN ANNA LAMB</u>	DEVELOPMENT DIR. 40.00	72,809.	10,451.	
Total number of other employees paid over \$50,000	▶ 4			

Part II-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(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 other contractors receiving over \$50,000 for other services	▶ 0	

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

	Yes	No
<p>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 ► \$ _____ \$ <u>14,175.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p style="text-align: center;">VI-A, LINE 38B</p> <p>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.</p>	X	
<p>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.)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 a 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.)</p>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	X	
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>		X
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X

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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,576,285.	1,884,304.	2,913,327.	5,116,786.	11,490,702.
16 Membership fees received	621,273.	563,436.	483,387.	509,708.	2,177,804.
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	478,872.	460,326.	497,571.	461,296.	1,898,065.
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	11,766.	10,954.	30,631.	123,578.	176,929.
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	5,414.		SEE STATEMENT 10		5,414.
23 Total of lines 15 through 22	2,693,610.	2,919,020.	3,924,916.	6,211,368.	15,748,914.
24 Line 23 minus line 17	2,214,738.	2,458,694.	3,427,345.	5,750,072.	13,850,849.
25 Enter 1% of line 23	26,936.	29,190.	39,249.	62,114.	
26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24					277,017.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					7,255,832.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					13,850,849.
d Add: Amounts from column (e) for lines. 18 176,929. 19 5,414. 22 5,414. 26b 7,255,832.					7,438,175.
e Public support (line 26c minus line 26d total)					6,412,674.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					46.2981%
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					
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 11b, 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					
c Add: Amounts from column (e) for lines: 15 17 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

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
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)		36	2,812.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		37	11,363.
38 Total lobbying expenditures (add lines 36 and 37)		38	14,175.
39 Other exempt purpose expenditures		39	3,444,169.
40 Total exempt purpose expenditures (add lines 38 and 39)		40	3,458,344.
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		
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		
		41	322,917.
42 Grassroots nontaxable amount (enter 25% of line 41)		42	80,729.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		43	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		44	0.

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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	322,917.	311,124.	342,953.	357,026.	1,334,020.
46 Lobbying ceiling amount (150% of line 45(e))					2,001,030.
47 Total lobbying expenditures	14,175.	22,751.	23,489.	12,125.	72,540.
48 Grassroots nontaxable amount	80,729.	77,781.	85,738.	89,257.	333,505.
49 Grassroots ceiling amount (150% of line 48(e))					500,258.
50 Grassroots lobbying expenditures	2,812.	2,054.		0.	4,866.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

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:

- 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)

Yes	No	Amount
		0.

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

2005 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	364,187.			364,187.	283,290.		39,833.
2	LEASEHOLD IMPROVEMENTS	VARIESSL		5.00	16	3,000.			3,000.	1,244.		750.
	* TOTAL 990 PAGE 2											
	DEPR					367,187.		0.	367,187.	284,534.	0.	40,583.

FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS & TEMPS	77,730.	74,013.	1,888.	1,829.
INTERNS	78,597.	78,597.		
INSURANCE	9,698.	8,910.	346.	442.
DUES & SUBSCRIPTIONS	67,405.	64,793.	123.	2,489.
ADVERTISING	4,826.	1,779.	45.	3,002.
MERCHANDISE RESALE	2,859.	2,859.		
SPONSORSHIP	2,125.	2,125.		
HOTLINE FUND	31,296.	31,296.		
BANK CHARGES	18,544.	17,038.	661.	845.
MISCELLANEOUS	24,988.	24,946.	23.	19.
STORAGE	7,074.	6,922.	67.	85.
TOTAL TO FM 990, LN 43	325,142.	313,278.	3,153.	8,711.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 2
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
VICKI SAPORTA	230,162.	20,069.		250,231.
A. PROGRAM SERVICES	211,151.	18,464.		229,615.
B. MANAGEMENT AND GENERAL	19,011.	1,605.		20,616.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				229,615.
TOTAL MANAGEMENT AND GENERAL				20,616.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				250,231.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
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 TO PROVIDE REFERRALS TO COMPASSIONATE, QUALIFIED ABORTION PROVIDERS FOR WOMEN WHO CHOSE TO TERMINATE THEIR PREGNANCIES.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	364,187.	323,123.	41,064.
LEASEHOLD IMPROVEMENTS	3,000.	1,994.	1,006.
TOTAL TO FORM 990, PART IV, LN 57	367,187.	325,117.	42,070.

FORM 990 OTHER LIABILITIES STATEMENT 5

DESCRIPTION	AMOUNT
DEFERRED RENT	37,752.
CASH HELD ON BEHALF OF SUBSIDIARY, NAF PROFESSIONAL LIABILITY PROGRAM, INC.	540,239.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	577,991.

FORM 990

PART V-A - 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 40.00	230,162.	20,069.	0.
VICKI BREITBART	CHAIR 5.00	0.	0.	0.
SALLY BURGESS	DIRECTOR 4.00	0.	0.	0.
SUSAN CAHILL	DIRECTOR 4.00	0.	0.	0.
REV. TOM DAVIS	DIRECTOR 4.00	0.	0.	0.
PAUL DRISGULA	DIRECTOR 4.00	0.	0.	0.
ALISA GOLDBERG	DIRECTOR 4.00	0.	0.	0.
SALLY GUTTMACHER	DIRECTOR 4.00	0.	0.	0.
CASSING HAMMOND	DIRECTOR 4.00	0.	0.	0.
DIAN HARRISON	DIRECTOR 4.00	0.	0.	0.
ROSLYN KADE	DIRECTOR 4.00	0.	0.	0.

NATIONAL ABORTION FEDERATION

43-1097957

ASHLESHA PATEL	DIRECTOR	4.00	0.	0.	0.
DEBORAH OYER	DIRECTOR	4.00	0.	0.	0.
DYANN SANTOS	DIRECTOR	4.00	0.	0.	0.
PAT SMITH	DIRECTOR	4.00	0.	0.	0.
FRANCINE THOMPSON	DIRECTOR	4.00	0.	0.	0.
CATHERINE WEISS	DIRECTOR	4.00	0.	0.	0.
BEVERLY WINIKOFF	DIRECTOR	4.00	0.	0.	0.
RACHEL JONES	AGI LIAISON	4.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A			230,162.	20,069.	0.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 7
PART VI, LINE 90

STATES

DC, NY, AL, AK, AZ, AR, CA, CT, CO, FL, GA, IL, KS, KY, ME, MA, MD, MI, MN, MS, NV, NH, NJ, NM, NY
ND, OH, OK, OR, PA, RI, SC, TN, VA, UT, WA, WV, WI

FORM 990 PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES STATEMENT 8

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

NAF PROFESSIONAL LIABILITY PROGRAM, INC

ADDRESS

1755 MASSACHUSETTS AVENUE, NW, SUITE 600, WASHINGTON, DC 20036

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-2687385	100.00%	CAPTIVE INSURANCE COMPANY	538,342.	592,694.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	MEETINGS AND CONFERENCES PROVIDE PROFESSIONAL ACCREDITED EDUCATION RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.
93B	DISTRIBUTION OF PUBLICATIONS RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.
93C	MEMBERSHIP SERVICE WHICH ALLOWS NAF MEMBERS TO RECEIVE DISCOUNTS ON MEDICAL SUPPLIES.
93D	MEMBERSHIP PARTICIPATION FEES FOR MEDICAL MALPRACTICE INSURANCE COVERAGE.
94	MEMBERSHIP DUES SUPPORT STAFF, OFFICE, AND RELATED EXPENSES TO 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	MISCELLANEOUS AMOUNTS RECEIVED FROM ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

SCHEDULE A OTHER INCOME STATEMENT 10

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS INCOME	5,414.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	5,414.	0.	0.	0.

A. Membership Services: \$ 538,100

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.

B. Professional Education: \$ 498,425

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 education 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.

C. Public Affairs, Government Relations, and Legal: \$ 680,045

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. Our public policy program has brought abortion providers and women into the forefront of 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.

D. Clinic Security/Law Enforcement Education: \$ 274,224

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.

E. Access Initiative:

\$ 346,682

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 works 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 quality 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 underserved communities.

F. Medical Abortion Education Program:

\$ 223,463

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.

TOTAL

\$ 2,560,939

Application for Extension of Time To File an Exempt Organization Return

▶ 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
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization NATIONAL ABORTION FEDERATION	Employer identification number 43-1097957
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1755 MASSACHUSETTS AVENUE, N.W., NO. 600	
	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):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2005** 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 \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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		Employer identification number
	NATIONAL ABORTION FEDERATION		43-1097957
	Number, street, and room or suite no. If a P.O. box, see instructions. 1755 MASSACHUSETTS AVENUE, N.W., NO. 600		For IRS use only
	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).

- 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, 2006.**
- 5 For calendar year **2005**, 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 **7/25/06**

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 523832 05-01-05	Name GELMAN, ROSENBERG & FREEDMAN
	Number and street (include suite, room, or apt. no.) or a P.O. box number 4550 MONTGOMERY AVE., SUITE 650 NORTH
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MARYLAND 20814-2930