

**Return of Organization Exempt From Income Tax**

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 2006 calendar year, or tax year beginning and ending**

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

**C Name of organization**  
**NATIONAL ABORTION FEDERATION**

**D Employer identification number**  
**43-1097957**

**E Telephone number**  
**(202) 667-5881**

**F Accounting method**  
 Cash  Accrual  
 Other (Specify) \_\_\_\_\_

**Number and street (or P.O. box if mail is not delivered to street address)**  
**1660 L STREET, NW**

**Room/suite**  
**450**

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

**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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**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?** (If "No," attach a list.) N/A  Yes  No

**H(d) Is this a separate return filed by an organization covered by a group ruling?**  Yes  No

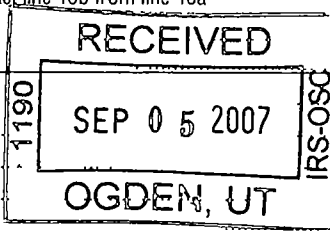
**I Group Exemption Number** N/A

**L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12** **2,910,920.**

**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**

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	1,339,354.		
c	Indirect public support (not included on line 1a)	1c	51,377.		
d	Government contributions (grants) (not included on line 1a)	1d			
e	<b>Total</b> (add lines 1a through 1d) (cash \$ 1,390,731. noncash \$ _____)	1e		1,390,731.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		552,912.	
3	Membership dues and assessments	3		762,124.	
4	Interest on savings and temporary cash investments	4		106,115.	
5	Dividends and interest from securities	5			
6a	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			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
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 1b)	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			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11		99,038.	
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,910,920.	
13	Program services (from line 44, column (B))	13		2,818,536.	
14	Management and general (from line 44, column (C))	14		96,402.	
15	Fundraising (from line 44, column (D))	15		107,494.	
16	Payments to affiliates (attach schedule)	16			
17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17		3,022,432.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-111,512.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,645,159.	
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		2,533,647.	



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.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a Grants paid from donor advised funds, 22b Other grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25a-c Compensation of officers and employees, 26 Salaries and wages, 27 Pension plan contributions, 28 Employee benefits, 29 Payroll taxes, 30-43 Other expenses, and 44 Total functional expenses.

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 [X] No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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? ► <b>SEE STATEMENT 2</b>	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.)	
<b>a SEE ATTACHED STATEMENT</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,818,536.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>2,818,536.</b>

Form 990 (2006)

**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.	350.	
	46 Savings and temporary cash investments	2,303,987.	2,023,818.	
	47 a Accounts receivable	231,975.		
	b Less allowance for doubtful accounts	178,922.	231,975.	
	48 a Pledges receivable			
	b Less allowance for doubtful accounts			
	49 Grants receivable	877,000.	502,000.	
	50 a Receivables from current and former officers, directors, trustees, and key employees			
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			
	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	59,288.	59,077.	
	54 a Investments - publicly-traded securities			
	b Investments - other securities			
Liabilities	55 a Investments - land, buildings, and equipment - basis			
	b Less accumulated depreciation			
	56 Investments - other			
	57 a Land, buildings, and equipment - basis	395,114.		
	b Less accumulated depreciation <b>STMT 3</b>	348,944.	46,170.	
	58 Other assets, including program-related investments (describe )	42,070.		
	59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	3,461,617.	2,863,390.	
Liabilities	60 Accounts payable and accrued expenses	136,086.	138,655.	
	61 Grants payable			
	62 Deferred revenue	102,381.	183,259.	
	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> )	577,991.	7,829.	
66 <b>Total liabilities.</b> Add lines 60 through 65	816,458.	329,743.		
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	1,236,333.	1,236,465.	
	68 Temporarily restricted	1,408,826.	1,297,182.	
	69 Permanently restricted			
	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			
	71 Paid-in or capital surplus, or land, building, and equipment fund			
	72 Retained earnings, endowment, accumulated income, or other funds			
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,645,159.	2,533,647.	
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,461,617.	2,863,390.	





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?		
	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		1,088,831.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		N/A
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		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		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?		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?		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 a	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	X	
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	X	
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
	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		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed <u>SEE STATEMENT 5</u>		
	b Number of employees employed in the pay period that includes March 12, 2006	90b	41
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>(202) 667-5881</u> Located at <u>1660 L STREET, NW, WASHINGTON, DC</u> ZIP + 4 <u>20036</u>		
	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 <u>N/A</u>		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c X

If "Yes," enter the name of the foreign country **CANADA**

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 MEETING REVENUE					395,193.
b PUBLICATION FEES					52,114.
c GROUP PURCHASING					105,605.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					762,124.
95 Interest on savings and temporary cash investments			14	106,115.	
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					8,398.
b REIMBURSED EXPENSES			01	90,640.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		196,755.	1,323,434.
105 Total (add line 104, columns (B), (D), and (E))					1,520,189.

Note: Line 105 plus line 1e, 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).
	SEE STATEMENT 7

**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
SEE STATEMENT 6	%			
	%			
	%			
	%			

**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)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	NAF PROFESSIONAL LIABILITY PROGRAM, Inc. 1660 L STREET, NW, SUITE 450 WASHINGTON, DC 20036	20-2687385	SEE STATEMENT 8	90,640.
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				90,640.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
X	

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

Please Sign Here: *Vicki Saporta* Signature of officer, Date: 8-28-07  
 Type or print name and title: VICKI SAPORTA, President & CEO

Paid Preparer's Use Only: Preparer's signature: *Ann McHugh*, Date: 8/14/07, Check if self-employed: , Preparer's SSN or PTIN (See Gen Inst X):  
 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  
 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

**2006**

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 2 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>PETER COPPELMAN</u> <u>ALL IN C/O THE ORGANIZATION</u>	GEN. COUNSEL 40.00	84,455.	16,300.	0.
<u>JEAN ANNA LAMB</u>	DEVEL. DIR. 40.00	74,987.	11,628.	0.
<u>ANITA KUENNEN</u>	TECH. SVCS. DIR. 40.00	61,075.	17,242.	0.
<u>CHRISTOPHER QUINN</u>	SECURITY DIRECTOR 40.00	54,331.	18,805.	0.
<u>JENNIFER BLASDELL</u>	DIR. PUB. POL. 40.00	57,892.	11,004.	0.
Total number of other employees paid over \$50,000 ▶	5			

**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
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>28,694.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <b>VI-A, LINE 38B</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.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<b>▶</b>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,407,676.	1,576,285.	1,884,304.	2,913,327.	7,781,592.
16 Membership fees received	776,283.	621,273.	563,436.	483,387.	2,444,379.
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	609,325.	478,872.	460,326.	497,571.	2,046,094.
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	51,133.	11,766.	10,954.	30,631.	104,484.
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	20,065.	5,414.	SEE STATEMENT 9		25,479.
23 Total of lines 15 through 22	2,864,482.	2,693,610.	2,919,020.	3,924,916.	12,402,028.
24 Line 23 minus line 17	2,255,157.	2,214,738.	2,458,694.	3,427,345.	10,355,934.
25 Enter 1% of line 23	28,645.	26,936.	29,190.	39,249.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 207,119.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 4,312,465.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 10,355,934.
d Add: Amounts from column (e) for lines: 18 104,484. 19 22 25,479. 26b 4,312,465.					26d 4,442,428.
e Public support (line 26c minus line 26d total)					26e 5,913,506.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 57.1026%
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 20 and line 27b total					27c N/A
d Add: Line 27a 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 2002 through 2005, 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 9 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	





2006 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	Current Year Deduction
1	PROPERTY & EQUIPMENT * TOTAL 990 PAGE 2 DEPR	VARIESSL		5.00	16	395,114. 395,114.		0.	395,114. 395,114.	325,118. 325,118.	0.	23,826. 23,826.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS & TEMPS	92,381.	90,557.	756.	1,068.
INTERNS	65,860.	65,860.		
INSURANCE	13,564.	12,792.	320.	452.
DUES & SUBSCRIPTIONS	70,203.	66,552.	183.	3,468.
ADVERTISING	16,999.	1,579.	23.	15,397.
MERCHANDISE RESALE	2,085.	2,085.		
SPONSORSHIP	1,250.	1,204.	19.	27.
HOTLINE FUND	32,350.	32,350.		
BANK CHARGES	19,784.	18,658.	467.	659.
STORAGE	6,766.	6,380.	160.	226.
<b>TOTAL TO FM 990, LN 43</b>	<b>321,242.</b>	<b>298,017.</b>	<b>1,928.</b>	<b>21,297.</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 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 3

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PROPERTY & EQUIPMENT	395,114.	348,944.	46,170.
TOTAL TO FORM 990, PART IV, LN 57	395,114.	348,944.	46,170.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 4

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	197,278.	82,030.	0.
PAT SMITH	CHAIR 4.00	0.	0.	0.
VICKI BREITBART	PAST CHAIR 4.00	0.	0.	0.
CAROL BALL	DIRECTOR 4.00	0.	0.	0.
MARGARET BEAL	DIRECTOR 4.00	0.	0.	0.
SALLY BURGESS	DIRECTOR 4.00	0.	0.	0.
CHRISTOPHER DOTSON	DIRECTOR 4.00	0.	0.	0.
MELINDA DUBOIS	DIRECTOR 4.00	0.	0.	0.

NATIONAL ABORTION FEDERATION

43-1097957

SALLY GUTTMACHER	DIRECTOR	4.00	0.	0.	0.
CASSING HAMMOND	DIRECTOR	4.00	0.	0.	0.
ROSLYN KADE	DIRECTOR	4.00	0.	0.	0.
DIANA MARACICH	DIRECTOR	4.00	0.	0.	0.
DEBORAH OYER	DIRECTOR	4.00	0.	0.	0.
ASHLESHA PATEL	DIRECTOR	4.00	0.	0.	0.
DYANN SANTOS	DIRECTOR	4.00	0.	0.	0.
CATHERINE WEISS	DIRECTOR	4.00	0.	0.	0.
BEVERLY WHIPPLE	DIRECTOR	4.00	0.	0.	0.
BEVERLY WINIKOFF	DIRECTOR	4.00	0.	0.	0.
RACHEL K. JONES	DIRECTOR	4.00	0.	0.	0.
ALISA GOLDBERG	DIRECTOR	4.00	0.	0.	0.
CELIA POSYNIAK	DIRECTOR	4.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A			197,278.	82,030.	0.

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN  
PART VI, LINE 90

STATEMENT 5

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 6

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

NAF PROFESSIONAL LIABILITY PROGRAM, INC.

ADDRESS

1660 L STREET, NW, SUITE 450, WASHINGTON, DC 20036

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-2687385	100.00%	CAPTIVE INSURANCE COMPANY	739,315.	1,060,227.

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

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.
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.

FORM 990 DESCRIPTION OF TRANSFER STATEMENT 8  
 PART XI, LINE 107

NAME OF CONTROLLED ENTITY EMPLOYER ID  
 NAF PROFESSIONAL LIABILITY PROGRAM, INC. 20-2687385

DESCRIPTION OF TRANSFER  
 REIMBURSEMENT OF EXPENSES

SCHEDULE A OTHER INCOME STATEMENT 9

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS INCOME	20,065.	5,414.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	20,065.	5,414.	0.	0.

**A. Membership Services: \$ 598,331**

NAF recognized the need for evidence-based guidelines for quality abortion care and 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 Assurance and Improvement (QAI) Program includes site visits to assess member compliance with the CPGs, and provides technical assistance to help providers meet regulatory requirements. We develop and disseminate research-based clinical publications to our members on current medical issues. Our group-purchasing program ensures that members can benefit from volume pricing on supplies and equipment to support their clinical work.

**B. Professional Education: \$649,187**

NAF provides the only abortion-specific ongoing program of accredited continuing medical education for physicians and other health care professionals. In addition to our Annual Meeting and our Risk Management Seminar, NAF also sponsors other workshops and web-based resources 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 the American Academy of Family Physicians.

**C. Public Affairs, Government Relations, and Legal: \$ 601,712**

NAF's public policy and government relations programs are designed to help educate the public, media, and legislators about the medical needs of women seeking abortion care and about abortion access issues. Accurate information can be found on our website, and in our 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 publications to meet our members' needs.

**D. Clinic Security/Law Enforcement Education: \$ 311,114**

NAF staff is 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 training for clinic staff. In order to help providers with their security needs, we also provide professional security audits for clinics and providers' homes. We vigorously advocate for increased clinic protection and investigation and prosecution of anti-abortion violence with law

enforcement officials at the federal, regional, state, and local levels.

**E. Access Initiative: \$ 479,912**

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 care. 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 and resources about abortion care. NAF operates the only national, toll-free, multilingual hotline, which provides individual consultation to women and referrals to providers of quality abortion care. Our hotline also provides case management support to low-income women and women with other special needs. Our outreach program helps ensure that our resources about quality abortion care are available to more women in otherwise undeserved communities.

**G. Canadian Program \$ 178,280**

NAF has established an office in Canada to provide direct services and technical assistance to NAF members and to help ensure that women have access to safe quality abortion care. We work with pro-choice advocates and organizations to educate the public, media, and government officials about the barriers women face in accessing abortion care and develop strategies and programs to increase women's access to quality abortion care. We also provide continuing medical education in abortion care at NAF sponsored conferences and the meetings of other Canadian medical organizations.

**TOTAL PROGRAMS**

**\$2,818,536**

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ 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)

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6 month extension check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>NATIONAL ABORTION FEDERATION</b>	Employer identification number <b>43-1097957</b>
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 <b>1755 MASSACHUSETTS AVENUE, N.W., NO. 600</b>	
	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)

- |  |  |                                    |
|--|--|------------------------------------|
| <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 section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶  calendar year **2006** 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

<b>3a</b> 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>3a</b>	\$	
<b>b</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	<b>3b</b>	\$	
<b>c Balance Due.</b> 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	<b>3c</b>	\$	<b>N/A</b>

**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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2006)

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

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You 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.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2007**.
- For calendar year **2006**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension \_\_\_\_\_

**ADDITIONAL TIME IS REQUIRED TO FILE 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.	8a	\$
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.	8b	\$
c	<b>Balance Due.</b> 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.	8c	\$ <b>N/A</b>

**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 *W. J. Gelman* Title *CPA* Date *8/6/07*

**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</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>