Form **990** Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2007**

**Open to Public Inspection**

**A For the 2007 calendar year, or tax year beginning and ending**

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

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

C Name of organization: NATIONAL ABORTION FEDERATION

Number and street (or P.O. box if mail is not delivered to street address): 1660 L STREET, NW — Room/suite: 450

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

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

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

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

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

*H and I are not applicable to section 527 organizations*

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

H(b) If "Yes," enter number of affiliates ▶ 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 [X] No

I Group Exemption Number ▶ N/A

**G Website:** ▶WWW.PROCHOICE.ORG

**J Organization type** (check only one) ▶ [X] 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.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 9,838,010.

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

| | | | | | | |
|---|---|---|---|---|---|---|
| Revenue | 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 | 8,320,812. | | |
| | c | Indirect public support (not included on line 1a) | 1c | 69,714. | | |
| | d | Government contributions (grants) (not included on line 1a) | 1d | | | |
| | e | **Total** (add lines 1a through 1d) (cash $ 1,876,492. noncash $ 6,514,034. ) | | | 1e | 8,390,526. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | | | 2 | 511,814. |
| | 3 | Membership dues and assessments | | | 3 | 737,054. |
| | 4 | Interest on savings and temporary cash investments | | | 4 | 107,411. |
| | 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: 600. | 8a | 600. | | |
| | b | Less: cost or other basis and sales expenses | 8b | 1,003. | | |
| | c | Gain or (loss) (attach schedule) | 8c | -403. | | |
| | d | Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1 | | | 8d | -403. |
| | 9 | Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ [ ] | | | | |
| | 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 | |
| | 10 a | Gross sales of inventory, less returns and allowances | 10a | | | |
| | b | Less: cost of goods sold | 10b | | | |
| | c | Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | | | 10c | |
| | 11 | Other revenue (from Part VII, line 103) | | | 11 | 90,605. |
| | 12 | **Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | | | 12 | 9,837,007. |
| Expenses | 13 | Program services (from line 44, column (B)) | | | 13 | 3,710,722. |
| | 14 | Management and general (from line 44, column (C)) | | | 14 | 124,082. |
| | 15 | Fundraising (from line 44, column (D)) | | | 15 | 165,663. |
| | 16 | Payments to affiliates (attach schedule) | | | 16 | |
| | 17 | **Total expenses.** Add lines 16 and 44, column (A) | | | 17 | 4,000,467. |
| Net Assets | 18 | Excess or (deficit) for the year. Subtract line 17 from line 12 | | | 18 | 5,836,540. |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 | 2,533,647. |
| | 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 | 8,370,187. |

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| *Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I* | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|---|---|---|---|
| 22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐ | 22a | | | | |
| 22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐ | 22b | | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | 25a | 283,736. | 252,129. | 18,045. | 13,562. |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 25b | 0. | 0. | 0. | 0. |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 25c | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 26 | 1,264,884. | 1,184,369. | 18,447. | 62,068. |
| 27 Pension plan contributions not included on lines 25a, b, and c | 27 | 53,498. | 50,300. | 539. | 2,659. |
| 28 Employee benefits not included on lines 25a - 27 | 28 | 156,241. | 146,664. | 1,821. | 7,756. |
| 29 Payroll taxes | 29 | 104,150. | 96,702. | 2,317. | 5,131. |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | 26,027. | 20,518. | 387. | 5,122. |
| 32 Legal fees | 32 | 12,885. | 10,157. | 192. | 2,536. |
| 33 Supplies | 33 | 52,901. | 38,645. | 11,657. | 2,599. |
| 34 Telephone | 34 | 48,361. | 45,290. | 2,056. | 1,015. |
| 35 Postage and shipping | 35 | 32,989. | 29,189. | 516. | 3,284. |
| 36 Occupancy | 36 | 279,375. | 259,408. | 6,211. | 13,756. |
| 37 Equipment rental and maintenance | 37 | 16,708. | 15,636. | 437. | 635. |
| 38 Printing and publications | 38 | 59,959. | 56,754. | 818. | 2,387. |
| 39 Travel | 39 | 211,937. | 181,648. | 25,367. | 4,922. |
| 40 Conferences, conventions, and meetings | 40 | 256,180. | 230,721. | 25,147. | 312. |
| 41 Interest | 41 | | | | |
| 42 Depreciation, depletion, etc (attach schedule) | 42 | 37,243. | 34,581. | 828. | 1,834. |
| 43 Other expenses not covered above (itemize) | | | | | |
| a | 43a | | | | |
| b | 43b | | | | |
| c | 43c | | | | |
| d | 43d | | | | |
| e | 43e | | | | |
| f | 43f | | | | |
| g SEE STATEMENT 2 | 43g | 1,103,393. | 1,058,011. | 9,297. | 36,085. |
| 44 **Total functional expenses** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 4,000,467. | 3,710,722. | 124,082. | 165,663. |

**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 $ 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? ▶ SEE STATEMENT 7

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

| | | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|---|---|---|
| a | SEE STATEMENT 3 (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | 795,748. |
| b | SEE STATEMENT 4 (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | 601,078. |
| c | SEE STATEMENT 5 (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | 629,028. |
| d | SEE STATEMENT 6 (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | 1,136,875. |
| e | Other program services (attach schedule) SEE STATEMENT 8 (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | 547,993. |
| f | **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ | 3,710,722. |

**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 | | 2,023,818. | 46 | 8,149,442. |
| 47 a | Accounts receivable | 47a 178,682. | | | |
| b | Less allowance for doubtful accounts | 47b | 231,975. | 47c | 178,682. |
| 48 a | Pledges receivable | 48a | | | |
| b | Less allowance for doubtful accounts | 48b | | 48c | |
| 49 | Grants receivable | | 502,000. | 49 | 689,875. |
| 50 a | Receivables from current and former officers, directors, trustees, and key employees | | | 50a | |
| b | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | 50b | |
| 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 | | 59,077. | 53 | 30,324. |
| 54 a | Investments - publicly-traded securities | ▶ ☐ Cost ☐ FMV | | 54a | |
| b | Investments - other securities | ▶ ☐ Cost ☐ FMV | | 54b | |
| 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 350,228. | | | |
| b | Less accumulated depreciation STMT 9 | 57b 226,272. | 46,170. | 57c | 123,956. |
| 58 | Other assets, including program-related investments (describe ▶ SEE STATEMENT 10 ) | | 0. | 58 | 94,388. |
| 59 | **Total assets** (must equal line 74) Add lines 45 through 58 | | 2,863,390. | 59 | 9,267,017. |
| **Liabilities** | | | | | |
| 60 | Accounts payable and accrued expenses | | 138,655. | 60 | 511,950. |
| 61 | Grants payable | | | 61 | |
| 62 | Deferred revenue | | 183,259. | 62 | 231,657. |
| 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 ▶ SEE STATEMENT 11 ) | | 7,829. | 65 | 153,223. |
| 66 | **Total liabilities.** Add lines 60 through 65 | | 329,743. | 66 | 896,830. |
| **Net Assets or Fund Balances** | | | | | |
| | **Organizations that follow SFAS 117, check here ▶** [X] **and complete lines 67 through 69 and lines 73 and 74** | | | | |
| 67 | Unrestricted | | 1,236,465. | 67 | 1,236,586. |
| 68 | Temporarily restricted | | 1,297,182. | 68 | 7,133,601. |
| 69 | Permanently restricted | | | 69 | |
| | **Organizations that do not follow SFAS 117, check here ▶** ☐ **and complete lines 70 through 74** | | | | |
| 70 | Capital stock, trust principal, or current funds | | | 70 | |
| 71 | Paid-in or capital surplus, or land, building, and equipment fund | | | 71 | |
| 72 | Retained earnings, endowment, accumulated income, or other funds | | | 72 | |
| 73 | **Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | | 2,533,647. | 73 | 8,370,187. |
| 74 | **Total liabilities and net assets/fund balances.** Add lines 66 and 73 | | 2,863,390. | 74 | 9,267,017. |

**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 | 10110588. |
| 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 | 273,178. | | |
| 3 | Recoveries of prior year grants | b3 | | | |
| 4 | Other (specify): | b4 | | | |
| | Add lines b1 through b4 | | | b | 273,178. |
| c | Subtract line b from line a | | | c | 9,837,410. |
| 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): SEE STATEMENT 12 | d2 | -403. | | |
| | Add lines d1 and d2 | | | d | -403. |
| e | **Total revenue** (Part I, line 12). Add lines c and d ▶ | | | e | 9,837,007. |

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

| | | | | | |
|---|---|---|---|---|---|
| a | Total expenses and losses per audited financial statements | | | a | 4,274,048. |
| b | Amounts included on line a but not on Part I, line 17: | | | | |
| 1 | Donated services and use of facilities | b1 | 273,178. | | |
| 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 | 273,178. |
| c | Subtract line b from line a | | | c | 4,000,870. |
| 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): SEE STATEMENT 13 | d2 | -403. | | |
| | Add lines d1 and d2 | | | d | -403. |
| e | **Total expenses** (Part I, line 17) Add lines c and d ▶ | | | e | 4,000,467. |

**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 14 | | 199,180. | 84,556. | 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 the organization? See the instructions for the definition of "related organization" | 75c | | X |
| | If "Yes," attach a statement that includes the information described in the instructions | | | |
| 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 (if not paid, enter -0-) | (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 make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 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 ▶ NAF PROFESSIONAL LIABILITY PROGRAM, INC. and check whether it is ☐ exempt or ☒ nonexempt | | | |
| 81 a | Enter direct and indirect political expenditures. (See line 81 instructions ) 81a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 81b | | X |

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**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 273,178. | | | |
| 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? | N/A | 84a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | 84b | | |
| 85 a | *501(c)(4), (5), or (6)* Were substantially all dues nondeductible by members? | N/A | 85a | | |
| b | Did the organization make only in-house lobbying expenditures of $2,000 or less? | N/A | 85b | | |
| | If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | | | |
| c | Dues, assessments, and similar amounts from members | 85c N/A | | | |
| d | Section 162(e) lobbying and political expenditures | 85d N/A | | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e N/A | | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f N/A | | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | N/A | 85g | | |
| 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 | 85h | | |
| 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 | | 88a | 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 ▶ | | 88b | 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. | | | |
| e | *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | 89e | | X |
| f | *All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | 89f | | 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? | N/A | 89g | | |

90 a List the states with which a copy of this return is filed ▶ SEE STATEMENT 15

b Number of employees employed in the pay period that includes March 12, 2007 | 90b | 39

91 a The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (202)667-5881

Located at ▶ 1660 L STREET, NW, WASHINGTON, DC ZIP + 4 ▶ 20036

| | | | Yes | No |
|---|---|---|---|---|
| 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 |

## 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? If "Yes," enter the name of the foreign country ▶ CANADA | 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 (A) Business code | Unrelated business income (B) Amount | Excluded by section 512, 513, or 514 (C) Exclusion code | Excluded by section 512, 513, or 514 (D) Amount | (E) Related or exempt function income |
|---|---|---|---|---|---|
| 93 Program service revenue | | | | | |
| a MEETING REVENUE | | | | | 413,627. |
| b PUBLICATION FEES | | | | | 3,852. |
| c GROUP PURCHASING | | | | | 94,335. |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 737,054. |
| 95 Interest on savings and temporary cash investments | | | 14 | 107,411. | |
| 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 | | | 18 | -403. | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: | | | | | |
| a OTHER REVENUE | | | | | 26,084. |
| b REIMBURSED EXPENSES | | | 01 | 64,521. | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 171,529. | 1,274,952. |
| 105 Total (add line 104, columns (B), (D), and (E)) ▶ | | | | | 1,446,481. |

**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 17 |

## 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 16 | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

## 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)*

| | Yes | No |
|---|---|---|
| 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 | | X |

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

| | Yes | No |
|---|---|---|
| 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. | 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<br>1660 L STREET, NW, SUITE 450<br>WASHINGTON, DC 20036 | 20-2687385 | SEE STATEMENT 18 | 64,521. |
| b | | | | |
| c | | | | |
| | Totals | | | 64,521. |

| | Yes | No |
|---|---|---|
| 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? | X | |

**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

▶ Vicki Saporta — Signature of officer — Date 11-7-08

▶ VICKI SAPORTA, President & CEO — Type or print name and title

**Paid Preparer's Use Only**

| | | |
|---|---|---|
| Preparer's signature ▶ | Date 10/23/08 | 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<br>4550 MONTGOMERY AVE., SUITE 650 NORTH<br>BETHESDA, MARYLAND 20814-2930 | EIN ▶<br>Phone no. ▶ (301) 951-9090 |

Form **990** (2007)

723164/12-27-07

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Organization Exempt Under Section 501(c)(3)

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

**Supplementary Information-(See separate instructions.)**

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

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 |
|---|---|---|---|---|
| PETER COPPELMAN<br>ALL IN C/O THE ORGANIZATION | GEN. COUNSEL<br>40.00 | 62,131. | 16,364. | 0. |
| JEAN ANNA LAMB | DEVEL. DIR.<br>40.00 | 56,725. | 33,394. | 0. |
| BRENDA JONES | DIRECTOR OF FINANCE<br>40.00 | 75,295. | 15,714. | 0. |
| CHRISTOPHER QUINN | SECURITY DIRECTOR<br>40.00 | 56,800. | 21,349. | 0. |
| JENNIFER BLASDELL | DIR. PUB. POL.<br>40.00 | 62,100. | 12,392. | 0. |
| Total number of other employees paid over $50,000 ▶ | 8 | | | |

## 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 |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| 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 |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| 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 ▶ $ ________ $ 11,631. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B | 1 | X | |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions )* | | | |
| a | Sale, exchange, or leasing of property? | 2a | | X |
| b | Lending of money or other extension of credit? | 2b | | X |
| c | Furnishing of goods, services, or facilities? | 2c | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990 | 2d | X | |
| e | Transfer of any part of its income or assets? | 2e | | 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.) | 3a | | X |
| b | Did the organization have a section 403(b) annuity plan for its employees? | 3b | 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 | 3c | | X |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | | 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 | 4a | | X |
| b | Did the organization make any taxable distributions under section 4966? N/A | 4b | | |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | 4c | | |
| d | Enter the total number of donor advised funds owned at the end of the tax year ▶ | | N/A | |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ | | N/A | |
| 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 8 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 [X] 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 8 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? Yes | No | (e) Amount of support |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Total** ▶ | | | | | |

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|---|---|---|---|---|---|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 1,765,731. | 1,407,676. | 1,576,285. | 1,884,304. | 6,633,996. |
| 16 Membership fees received | 762,124. | 776,283. | 621,273. | 563,436. | 2,723,116. |
| 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 | 552,912. | 609,325. | 478,872. | 460,326. | 2,101,435. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 106,115. | 51,133. | 11,766. | 10,954. | 179,968. |
| 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 | 99,038. | 20,065. | SEE STATEMENT 19<br>5,414. | | 124,517. |
| 23 Total of lines 15 through 22 | 3,285,920. | 2,864,482. | 2,693,610. | 2,919,020. | 11,763,032. |
| 24 Line 23 minus line 17 | 2,733,008. | 2,255,157. | 2,214,738. | 2,458,694. | 9,661,597. |
| 25 Enter 1% of line 23 | 32,859. | 28,645. | 26,936. | 29,190. | |

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 193,232.

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 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b 3,284,144.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 9,661,597.

d Add: Amounts from column (e) for lines: 18 179,968. 19 ______ 22 124,517. 26b 3,284,144. ▶ 26d 3,588,629.

e Public support (line 26c minus line 26d total) ▶ 26e 6,072,968.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 62.8568%

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

(2006) (2005) (2004) (2003)

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

(2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

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

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

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.) | | | |
| 32 | Does the organization maintain the following: | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | | |
| a | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| c | Employment of faculty or administrative staff? | 33c | | |
| d | Scholarships or other financial assistance? | 33d | | |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | | |
| g | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 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? | 34b | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |

## Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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 | | 50. |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | 11,581. |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | 11,631. |
| 39 Other exempt purpose expenditures | 39 | | 3,989,239. |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | 4,000,870. |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - | 41 | | 350,044. |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | 87,511. |
| 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. |

| **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 |

**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 13 of the instructions.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|---|---|---|---|---|
| **Calendar year (or fiscal year beginning in)** ▶ | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 Lobbying nontaxable amount | 350,044. | 301,122. | 322,917. | 311,124. | 1,285,207. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 1,927,811. |
| 47 Total lobbying expenditures | 11,631. | 28,694. | 14,175. | 22,751. | 77,251. |
| 48 Grassroots nontaxable amount | 87,511. | 75,281. | 80,729. | 77,781. | 321,302. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 481,953. |
| 50 Grassroots lobbying expenditures | 50. | 3,144. | 2,812. | 2,054. | 8,060. |

## Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 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: | Yes | No | Amount |
|---|---|---|---|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines **c** through **h** ) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (Add lines **c** through **h**.) | | | 0. |

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

## Part VII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

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

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

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

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| | | | |

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

b If "Yes," complete the following schedule: N/A

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| | | |

2007 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 | VARIES | SL | 5.00 | 16 | 350,228. | | | 350,228. | 189,107. | | 37,165. |
| | * TOTAL 990 PAGE 2 DEPR | | | | | 350,228. | | 0. | 350,228. | 189,107. | 0. | 37,165. |

728102
04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| FORM 990 | GAIN (LOSS) FROM SALE OF OTHER ASSETS | STATEMENT 1 |
|---|---|---|

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED |
|---|---|---|---|
| DISPOSAL OF FIXED ASSETS | VARIOUS | VARIOUS | PURCHASED |

| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) |
|---|---|---|---|---|---|
| | 600. | 1,003. | 0. | 0. | -403. |
| TO FM 990, PART I, LN 8 | 600. | 1,003. | 0. | 0. | -403. |

| FORM 990 | OTHER EXPENSES | STATEMENT 2 |
|---|---|---|

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|---|---|---|---|---|
| CONSULTANTS & TEMPS | 146,794. | 124,591. | 7,133. | 15,070. |
| INTERNS | 62,295. | 62,295. | | |
| INSURANCE | 14,782. | 13,741. | 324. | 717. |
| DUES & SUBSCRIPTIONS | 62,898. | 60,069. | 250. | 2,579. |
| ADVERTISING | 21,521. | 5,160. | 67. | 16,294. |
| MERCHANDISE RESALE | 410. | 410. | | |
| SPONSORSHIP | 4,520. | 4,520. | | |
| HOTLINE FUND | 660,855. | 660,855. | | |
| BANK CHARGES | 19,995. | 18,580. | 440. | 975. |
| OFFICE EQUIPMENT | 4,475. | 3,481. | 915. | 79. |
| STORAGE | 7,831. | 7,292. | 168. | 371. |
| BAD DEBT EXPENSES | 97,017. | 97,017. | | |
| TOTAL TO FM 990, LN 43 | 1,103,393. | 1,058,011. | 9,297. | 36,085. |

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

MEMBERSHIP SERVICES:
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.

| | GRANTS | EXPENSES |
|---|---|---|
| TO FORM 990, PART III, LINE A | | 795,748. |

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE TWO

TRAINING AND PROFESSIONAL EDUCATION:
NAF PROVIDES THE LEADING 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.

| | GRANTS | EXPENSES |
|---|---|---|
| TO FORM 990, PART III, LINE B | | 601,078. |

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE THREE

PUBLIC AFFAIRS, GOVERNMENT RELATIONS AND LEGAL:
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.

| | GRANTS | EXPENSES |
|---|---|---|
| TO FORM 990, PART III, LINE C | | 629,028. |

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE FOUR

ACCESS INITIATIVE:
OUR ACCESS INITIATIVE WORKS TO REVERSE THE SHORTAGE OF ABORTION PROVIDERS AND ABORTION TRAINING, AND PROVIDES ACCURATE INFORMATION AND RESOURCES TO WOMEN WHO ARE MAKING DECISIONS CONCERNING THEIR PREGNANCIES. NAF WORKS NATIONALLY TO EDUCATE ADVANCED PRACTICE CLINICIANS ABOUT ABORTION CARE. WE HAVE CONVENED A SERIES OF SEMINARS TO PREPARE NAF CLINICS TO BECOME FORMAL CITES 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 UNDER-SERVED COMMUNITIES.

| | GRANTS | EXPENSES |
|---|---|---|
| TO FORM 990, PART III, LINE D | | 1,136,875. |

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
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 OTHER PROGRAM SERVICES STATEMENT 8

| DESCRIPTION OF OTHER PROGRAM SERVICES | GRANTS AND ALLOCATIONS | EXPENSES |
|---|---|---|
| CLINIC SECURITY/LAW ENFORCEMENT EDUCATION: 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. | 0. | 360,338. |
| CANADIAN PROGRAM: 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. | 0. | 187,655. |
| TOTAL TO FORM 990, PART III, LINE E | | 547,993. |

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|---|---|---|---|
| PROPERTY & EQUIPMENT | 350,228. | 226,272. | 123,956. |
| TOTAL TO FORM 990, PART IV, LN 57 | 350,228. | 226,272. | 123,956. |

| FORM 990 | OTHER ASSETS | STATEMENT 10 |
|---|---|---|

| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR |
|---|---|---|
| ASSETS HELD TO FUND DEFERRED COMPENSATION | | 94,388. |
| TOTAL TO FORM 990, PART IV, LINE 58 | | 94,388. |

| FORM 990 | OTHER LIABILITIES | STATEMENT 11 |
|---|---|---|

| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR |
|---|---|---|
| DEFERRED RENT | 7,829. | 58,835. |
| DEFERRED COMPENSATION | | 94,388. |
| TOTAL TO FORM 990, PART IV, LINE 65 | 7,829. | 153,223. |

| FORM 990 | OTHER REVENUE INCLUDED ON FORM 990 | STATEMENT 12 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| LOSS ON DISPOSAL OF FIXED ASSETS REPORTED AS EXPENSE ON FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON PART I, LINE 8C. | -403. |
| TOTAL TO FORM 990, PART IV-A | -403. |

| FORM 990 | OTHER EXPENSES INCLUDED ON FORM 990 | STATEMENT 13 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| LOSS ON DISPOSAL OF FIXED ASSETS REPORTED AS EXPENSE ON FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON PART I, LINE 8C. | -403. |
| TOTAL TO FORM 990, PART IV-B | -403. |

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 14

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN-SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|---|---|---|---|
| VICKI SAPORTA<br>ALL IN C/O THE ORGANIZATION | PRESIDENT & CEO<br>40.00 | 199,180. | 84,556. | 0. |
| PAT SMITH | CHAIR<br>4.00 | 0. | 0. | 0. |
| BILL CROWDEN | DIRECTOR<br>4.00 | 0. | 0. | 0. |
| CAROL BALL | DIRECTOR<br>4.00 | 0. | 0. | 0. |
| MARGARET BEAL | DIRECTOR<br>4.00 | 0. | 0. | 0. |
| SALLY BURGESS | DIRECTOR<br>4.00 | 0. | 0. | 0. |
| CHRISTOPHER DOTSON | DIRECTOR<br>4.00 | 0. | 0. | 0. |
| MELINDA DUBOIS | DIRECTOR<br>4.00 | 0. | 0. | 0. |
| SALLY GUTTMACHER | DIRECTOR<br>4.00 | 0. | 0. | 0. |
| CASSING HAMMOND | DIRECTOR<br>4.00 | 0. | 0. | 0. |
| ROSLYN KADE | DIRECTOR<br>4.00 | 0. | 0. | 0. |

| | | | | |
|---|---|---|---|---|
| DIANA MARACICH | DIRECTOR 4.00 | 0. | 0. | 0. |
| SAVITA GINDE | 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. |
| CELIA POSYNIAK | DIRECTOR 4.00 | 0. | 0. | 0. |
| ALISA GOLDBERG | DIRECTOR 4.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V-A | | 199,180. | 84,556. | 0. |

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 15
PART VI, LINE 90

STATES

AL,AK,AR,CA,FL,GA,IL,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,OK,OR,PA,AR,CO,CT
NC,OH,RI,SC,TN,UT,VA,WI

FORM 990 PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES STATEMENT 16

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 | 440,793. | 1,266,243. |

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 17

| 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 ON TOPICS 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<br>PART XI, LINE 107 | STATEMENT 18 |
|---|---|---|

| NAME OF CONTROLLED ENTITY | EMPLOYER ID |
|---|---|
| NAF PROFESSIONAL LIABILITY PROGRAM | 20-2687385 |

DESCRIPTION OF TRANSFER

REIMBURSEMENT OF EXPENSES

| SCHEDULE A | OTHER INCOME | STATEMENT 19 |
|---|---|---|

| DESCRIPTION | 2006 AMOUNT | 2005 AMOUNT | 2004 AMOUNT | 2003 AMOUNT |
|---|---|---|---|---|
| MISCELLANEOUS INCOME | 99,038. | 20,065. | 5,414. | 0. |
| TOTAL TO SCHEDULE A, LINE 22 | 99,038. | 20,065. | 5,414. | 0. |