PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change Name change NATIONAL ABORTION FEDERATION 43-1097957 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 100 (202) 667-588124,816,708. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 20701-0416 ANNAPOLIS JUNCTION, MD H(a) Is this a group return Applica-tion pending F Name and address of principal officer: VERONICA JONES for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions PROCHOICE.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1977 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: TO UNITE, REPRESENT, SERVE, Activities & Governance SUPPORT ABORTION PROVIDERS IN DELIVERING PATIENT-CENTERED, if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 39 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 10,492,499. 6,981,453. Contributions and grants (Part VIII, line 1h) 8 446,462. 728,417. Program service revenue (Part VIII, line 2g) 753. 154.760. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 8,166. 35. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 7,864,665. 10,947,880. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 252,000. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,414,932. 3,371,516. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 72,000. 78,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,336,265. 4,012,478. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,823,197. 7,713,994. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,124,683. 150,671. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 17,132,596. 18,773,266 Total assets (Part X, line 16) 2,561,299. 4,471,529 21 Total liabilities (Part X, line 26) 三年 14, 571,297. 14,301,737 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

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.

Sign	Signature of officer			Date
Here	VERONICA JONES, CHIEF OPE	RATING OFFICER		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	GLENN MILLER, CPA	GLENN MILLER, C	PA 10/10	/23 self-employed P00086726
Preparer	Firm's name WEGNER CPAS LLP			Firm's EIN 39-0974031
Use Only	Firm's address 419 N LEE ST			
	ALEXANDRIA, VA 22	2314-2301		Phone no. (703) 519-0990
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No

Pai	rt III Statement of Program Service Accomplishments	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE NATIONAL ABORTION FEDERATION IS TO UNITE,	
	REPRESENT, SERVE, AND SUPPORT ABORTION PROVIDERS IN DELIVERING	
	PATIENT-CENTERED, EVIDENCE-BASED CARE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4	rpenses, and
	revenue, if any, for each program service reported.	475 041
4a	(Code:) (Expenses \$ 2,321,439. including grants of \$ 252,000.) (Revenue \$	475,841.
	TRAINING AND PROFESSIONAL EDUCATION: NAF PROVIDES THE LEADING	· C 3 T
	ABORTION-SPECIFIC ONGOING PROGRAM OF ACCREDITED CONTINUING MEDI	
	EDUCATION FOR PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS. I ADDITION TO OUR ANNUAL MEETING AND OUR REGIONAL TRAINING PROGRA	N NA NA E
	ALSO SPONSORS OTHER WORKSHOPS AND WEB-BASED RESOURCES ON CLINIC	
	RELEVANT TOPICS. NAF'S EDUCATION PROGRAMS ARE RECOGNIZED BY THE	
	ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION AND ARE	<u> </u>
	REGULARLY APPROVED FOR PHYSICIAN CREDIT BY THE AMERICAN COLLEGE	' OF
	OBSTETRICIANS AND GYNECOLOGISTS; THE AMERICAN MEDICAL ASSOCIATI	
	THE AMERICAN ACADEMY OF FAMILY PHYSICIANS; AND FOR NURSING CRED	
	THE CALIFORNIA BOARD OF REGISTERED NURSING.	, <u>11 D1</u>
	THE CHEFF CHAPTER OF RECEPTION	
4b	(Code:) (Expenses \$2,090,155. including grants of \$0. (Revenue \$	252,576.)
	MEMBERSHIP SERVICES: NAF SETS THE STANDARDS FOR QUALITY ABORTIC	
	THROUGH OUR EVIDENCE BASED CLINICAL POLICY GUIDELINES (CPGS). F	
	PUBLISHED IN 1996, NAF'S CPGS ARE UPDATED AND REISSUED ANNUALLY	IN
	ORDER TO HELP PROVIDERS STAY CURRENT IN ABORTION PRACTICE AND F	ROVIDE
	THE HIGHEST QUALITY ABORTION CARE. OUR QUALITY ASSURANCE AND	
	IMPROVEMENT (QAI) PROGRAM INCLUDES SITE VISITS TO ASSESS MEMBER	.s
	COMPLIANCE WITH THE CPGS, AND PROVIDES TECHNICAL ASSISTANCE AND	
	TRAINING TO HELP PROVIDERS MEET REGULATORY REQUIREMENTS. WE DEV	ELOP AND
	DISSEMINATE RESEARCH BASED PROTOCOLS AND CLINICAL PUBLICATIONS	
	MEMBERS ON CURRENT MEDICAL ISSUES. OUR GROUP PURCHASING PROGRAM	HELPS
	CLINICS STAY OPEN SO WOMEN CAN ACCESS QUALITY ABORTION CARE.	
	761 221	Λ .
4c	(Code:) (Expenses \$761,221. including grants of \$0. (Revenue \$) (Revenue \$)	0.
	MEDIA RELATIONS PROGRAM, SOCIAL MEDIA, AND PATIENT EDUCATION MA	
	TO EDUCATE THE PUBLIC ABOUT ABORTION AND ACCESS ISSUES. NAF WOR	
	ENSURE THE VOICES OF ABORTION PROVIDERS AND WOMEN WHO CHOOSE AE	
	CARE ARE PART OF THE PUBLIC DEBATE ABOUT ABORTION POLICIES. NAF	
	PARTICIPATES IN NUMEROUS MEDIA INTERVIEWS, WRITES OP-EDS AND LE	
	THE EDITOR, AND PROVIDES BACKGROUND INFORMATION AND MEDICAL EXP	
	TO GOVERNMENT OFFICIALS, REGULATORY BOARDS, AND THE MEDIA. NAF	
	INFORMATION ON LEGAL AND REGULATORY ISSUES TO OUR MEMBERSHIP AN	
	DEVELOPS SPECIALIZED LEGAL PUBLICATIONS TO MEET OUR MEMBERS' NE	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 557,449 • including grants of \$ 0 •) (Revenue \$	•)
4e	Total program service expenses 5,730,264.	
		Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domocio government orti artix, comunin (-), inte 1: II Tes. Complete Schedule I, Parts I and II	41	- 42	

		197957	P	age ²
Ра	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	├
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?		-	-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		- V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	.		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	- 1		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		-25
20	instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	205		
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	···· —		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	1?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		旦
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	41		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		

232004 12-13-22

Form **990** (2022)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2022) NATIONAL ABORTION FEDERATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	S S I (continued)				Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,] [163	NO
Za	filed for the calendar year ending with or within the year covered by this return	2a	39			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule 6			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		· .	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	ices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	ıired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	Э			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:	40-	ı			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Cycoo income from members or obeyshelders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	па				
b	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Par	TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	UT	тт	K C
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, DC, FL, GA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	avaılal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)	£:	.:	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records $VERONICA\ JONES\ -\ (202)\ 667-5881$			
	GEE COMEDIA O EOD ENT LICE OE CEMBER	Γ	990	(2022)
232006	5 12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES	rorm	JJU	(2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l	IIIZa		C)	ipci	isatt	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	heck i	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	idual	In stit utio nal tru stee	la e	Key employee	est co loyee	ler .	,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Form			
(1) VERONICA JONES	20.00									
CHIEF OPERATING OFFICER	20.00			Х				286,417.	0.	27,212.
(2) SUSAN TALCOTT CAMP	40.00								_	
CHIEF LEGAL AND STRATEGY OFFICER				Х				261,327.	0.	35,585.
(3) MELISSA FOWLER	40.00								_	
CHIEF PROGRAM OFFICER				Х				231,331.	0.	26,365.
(4) KATHERINE RAGSDALE	40.00									
FORMER PRESIDENT & CEO	0.00						Х	211,250.	0.	5,932.
(5) REESA ROBERTS	40.00									
SENIOR DIRECTOR, CLINICAL SERVICES						X		163,587.	0.	21,909.
(6) KRISTAN DAVIS	40.00									
SENIOR DIRECTOR, LEARNING & INSTRUCT	40.00					X		146,347.	0.	27,455.
(7) SAANA HOLLEY	40.00	-				l		1.46.450		15 600
VP, PEOPLE OPERATIONS & LEARNING (TH	40.00					X		146,452.	0.	17,620.
(8) LAURA CRAIG MASON	40.00							141 200	•	10 551
DIRECTOR OF IT STRATEGY	40.00					X		141,370.	0.	10,571.
(9) MARGARET SIMMONDS	40.00					,,		100 201		0 110
IT BUSINESS ANALYST	4 00					X		122,321.	0.	8,110.
(10) LORI WILLIAMS, MSN, WHNPC, APRN	4.00	3,7		,,					0	_
CHAIR (11) FORTH GWATTEN TO	1.00	Х		Х				0.	0.	0.
(11) LORIE CHAITEN, JD	4.00	37		7,7					0	_
CHAIR-ELECT	1.00	Х		Х				0.	0.	0.
(12) DALTON JOHNSON, MBA	4.00	Х		х				0.	0.	
TREASURER (13) JUSTIN T. DIEDRICH, MD	4.00	Λ		^				0.	0.	0.
BOARD MEMBER	4.00	Х		х				0.	0.	0.
(14) MELISSA GRANT	4.00	Λ		^				0.	0.	· ·
SECRETARY (START DEC 2022)	4.00	Х						0.	0.	0.
(15) ANGEL FOSTER, DPHIL, MD, AM	4.00	Λ						0.	0.	· ·
SECRETARY (THRU DEC 2022)	4.00	Х						0.	0.	0.
(16) KERSHA DEIBEL, MPH, MSW	4.00	^	\vdash		\vdash	\vdash		· ·	0.	· ·
BOARD MEMBER	 00	Х						0.	0.	0.
(17) LIN-FAN WANG, MD	4.00	-22							0.	
BOARD MEMBER	1.00	Х						0.	0.	0.
232007 12-13-22	I			l	<u> </u>		1	1 0.	<u> </u>	Form 990 (2022)

232007 12-13-22

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0	>)			(D)	(E)	(F)		
Name and title	Average hours per week	box	not cl	ss per	nore son is	than o s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(18) JULIA MCDONALD, DO, MPH	4.00							_	_	_		
BOARD MEMBER		Х						0.	0.	0.		
(19) TRAM NGUYEN, MHA, MBA BOARD MEMBER	4.00	х						0.	0.	0.		
(20) BRENDA PEREDA, MD, MS	4.00							_	_	_		
BOARD MEMBER		Х						0.	0.	0.		
(21) LISA PERRIERA, MD, MPH BOARD MEMBER	4.00	х						0.	0.	0.		
(22) SARAH WARD PRAGER, MD, MAS BOARD MEMBER	4.00	X						0.	0.	0.		
(23) ROLANDA RYAN, RN, MHSA BOARD MEMBER	4.00	х						0.	0.	0.		
(24) TARHONDA SLYDELL, BSN, MBA-HCA BOARD MEMBER	4.00	Х						0.	0.	0.		
(25) MARIA MERCEDES VIVAS, MD, MPH BOARD MEMBER	4.00	Х						0.	0.	0.		
(26) KATIE WATSON, JD	4.00											
BOARD MEMBER		Х						0.	0.	0.		
1b Subtotal								1,710,402.	0.	180,759.		
c Total from continuation sheets to Part VI								0.	0.	0.		
d Total (add lines 1b and 1c)								1,710,402.	0.	180,759.		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BERLIN ROSEN, 15 MAIDEN LANE, STE 1600,	COMMUNICATIONS AND	
NEW YORK, NY 10038	MEDIA	193,478.
YOUR PART TIME CONTROLLER		
P.O. BOX 1209, MOUNT LAUREL, NJ 08054	FINANCIAL CONSULTING	163,248.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 NATIONAL	ABORTIC	N	FE	DE	RA	$_{ m TT}$	on		43-109	7957	
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)		
(A)			C)			(D)	1 ' ' 1				
Name and title	(B) Average				ition			Reportable	Reportable	(F) Estimated	
	hours	(cl				арр	ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week					yee		the	organizations	compensation	
	(list any	ector)d w		organization	(W-2/1099-MISC)	from the	
	hours for	ordi	e e			ated 6		(W-2/1099-MISC)		organization	
	related	ustee	trust		e e	bens				and related	
	organizations below	ual tr	ional		yoldı	tcom	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) TIFFANY HAILSTORKS, MD, MPH	4.00	=	=	0	~	Ξ.	F				
BOARD MEMBER	4.00	х						0.	0.	0.	
(28) JOHN C. MARKLEY, MD, MPH	4.00	Δ						0.	0.	<u></u>	
BOARD MEMBER	4.00	х						0.	0.	0.	
BOME MEMBER									0.	<u></u>	
		_	\vdash	_		\vdash					
		l									
_		-	\vdash								
		l									
	L										
Total to Part VII, Section A, line 1c											
Total to Falt VII, Occilott A, IIIle TC								l	I	l	

Form 990 (2022) NATIONA
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
			onesia e comunica	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
() ()		_	Federated campaigns	1a	7,159.				
Contributions, Gifts, Grants and Other Similar Amounts				1b	,,105.				
5 0			Membership dues	1c					
fts,			Fundraising events	1d					
ig ig			Related organizations						
ns, Sim			Government grants (contributions)	1e					
utio er (Ť	All other contributions, gifts, grants, and		6 074 204				
년 된			similar amounts not included above \dots	1f	6,974,294.				
ont od (-	Noncash contributions included in lines 1a-1f	1g \$	4,048,848.	6 001 453			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f			6,981,453.			
					Business Code	1== 0.11	455.044		
Se	2		MEETING REVENUE		611430	475,841.	475,841.		
Program Service Revenue			MEMBERSHIP DUES		900099	185,931.	185,931.		
S		С	GROUP PURCHASING		561499	66,645.	66,645.		
ran 3ev		d							
9		е							
<u>a</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f			728,417.			
	3		Investment income (including divide	ends, intere	st, and				
			other similar amounts)			78,159.			78,159.
	4		Income from investment of tax-exer						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) \$	Securities	(ii) Other				
			assets other than inventory 7a 17,	028,644.					
		b	Less: cost or other basis						
ē			and sales expenses	952,043.					
her Revenue		С	Gain or (loss) 7c	76,601.					
Şe			Net gain or (loss)	-		76,601.			76,601.
e	8		Gross income from fundraising events (
됩	_		including \$	II.					
			contributions reported on line 1c). S	- 1					
			Part IV, line 18	I .					
		b	Less: direct expenses						
			Net income or (loss) from fundraisin						
			Gross income from gaming activitie	-					
	_	_	Part IV, line 19	II.					
		h	Less: direct expenses						
			Net income or (loss) from gaming a						
			Gross sales of inventory, less return						
		u	and allowances	II.	35.				
		h	Less: cost of goods sold						
			Net income or (loss) from sales of ir		-	35.			35.
			Net income of (loss) from sales of it	iveniory	Business Code				
sn	44	_							
Miscellaneous Revenue	''								
ilar		b							
Sce		q	All other revenue						
Ž			All other revenue						
			Total Add lines 11a-11d			7 961 665	720 /17	0	154 705
	12		Total revenue. See instructions	<u></u>	<u></u>	7,864,665.	728,417.	0.	154,795.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 252,000. 252,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 871,724. 1,085,419. 122,343. 91,352. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,790,341. 1,437,862. 201,798. 150,681. Other salaries and wages 7 Pension plan accruals and contributions (include 72,342. 58,099. 8,154. 6,089. section 401(k) and 403(b) employer contributions) 25,210. 179,626. 223,660. 18,824. Other employee benefits 9 199,754. 160,427. 22,515. 16,812. 10 Payroll taxes Fees for services (nonemployees): Management 294,535. 294,535. Legal 163,637. 163,637. Accounting Lobbying 78,000. 78,000. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,326,864. 799,487. 523,303. 4,074. column (A), amount, list line 11g expenses on Sch O.) 5,728. 2,905. 2,823. Advertising and promotion 12 596,976. 363,027. 202,708. 31,241. 13 Office expenses 67,540. 41,380. 26,160. Information technology 14 15 Royalties 166,766. 38,779. 224,059. 18,514. 16 Occupancy 288,178. 263,038. 22,438. 2,702. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 722,445. 652,954. 67,315. 2,176. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 89,530. 58,083. 21,284. 10,163. Depreciation, depletion, and amortization 22 100,809. 10,192. 90,617. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 132,177. 118,159. 12,773. 1,245. All other expenses 7,713,994. 5,730,264. 1,551,857. 431,873. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Part X	Balance Sheet						
	Check if Schedule O contains a response or note to	to any	line in this Part X				
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing			1,676,087.	1	9,795,437	
2	Savings and temporary cash investments			251,182.	2	5,114,953	
3	Pledges and grants receivable, net			156,691.	3	211,038	
4	Accounts receivable, net	44,852.	4	48,863			
5	Loans and other receivables from any current or fo						
	trustee, key employee, creator or founder, substar	ntial co	ontributor, or 35%				
	controlled entity or family member of any of these		5				
6	Loans and other receivables from other disqualifie						
	under section 4958(f)(1)), and persons described in	n secti	ion 4958(c)(3)(B)		6		
<u>ဖ</u> 7	Notes and loans receivable, net				7		
Assets	Inventories for sale or use				8		
9 ک	Prepaid expenses and deferred charges			106,715.	9	155,753	
10a	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	1,102,014.				
b	Less: accumulated depreciation			249,280.		354,983	
11	Investments - publicly traded securities		44,571.	11	5,434		
12	Investments - other securities. See Part IV, line 11			12,872,677.	12	10,645	
13	Investments - program-related. See Part IV, line 11		13				
14	Intangible assets	4 500 544	14	2 2 7 6 4 6 2			
15	Other assets. See Part IV, line 11			1,730,541.	15	3,076,160	
16	Total assets. Add lines 1 through 15 (must equal			17,132,596.	16	18,773,266	
17	Accounts payable and accrued expenses	485,504.	17	440,860			
18	Grants payable		18				
19	Deferred revenue				19		
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability. Complete Pa				21		
တ္မွ 22	Loans and other payables to any current or former						
Liabilities	trustee, key employee, creator or founder, substar						
<u>ia</u>	controlled entity or family member of any of these				22		
23	Secured mortgages and notes payable to unrelate		·		23		
24	Unsecured notes and loans payable to unrelated the	-			24		
25	Other liabilities (including federal income tax, paya						
	parties, and other liabilities not included on lines 1	-	·	2,075,795.	۰.	4,030,669	
06	of Schedule D			2,561,299.		4,471,529	
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check			2,301,233.	20	4,4/1,525	
S လ	and complete lines 27, 28, 32, and 33.	N HEI E	21				
Ö 27	Net assets without donor restrictions			3,907,687.	27	6,393,748	
<u>e</u> 28	Net assets with donor restrictions			10,663,610.	28	7,907,989	
필 20	Organizations that do not follow FASB ASC 958			10,000,010.	20	773077303	
[[and complete lines 29 through 33.	o, crice					
চ ১ ১	•	and complete lines 29 through 33. Capital stock or trust principal, or current funds					
8 30 30 St	Paid-in or capital surplus, or land, building, or equi				29 30		
8 31 31	Retained earnings, endowment, accumulated inco				31		
Net Assets or Fund Balances 27 28 29 30 31 32	Total net assets or fund balances			14,571,297.	32	14,301,737	
_				17,132,596.		18,773,266	
33	Total liabilities and net assets/fund balances			17,132,596.	33	18,773 Form 9	

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>65.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				94.
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>71.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,	<u>57:</u>	1,2	<u>97.</u>
5	Net unrealized gains (losses) on investments	5		<u> -72</u>	2,1	48.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	_	348	3,0	83.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	14,	303	1,7	37.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	· F			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
			F	orm	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

ZZ. Open to Public Inspection

NATIONAL ABORTION FEDERATION

Employer identification number 43-1097957

OMB No. 1545-0047

Pa	rt I	Reason for Public ((All organizations must c		nis part.) S		5 1057557
The	organ	ization is not a private found						
1		A church, convention of ch			•	•	IVAVi)	
2	H	A school described in sect i	·			11 170(0)(·//~//·/·	
	H					/L\/4\/A\/::	:1	
3	H	A hospital or a cooperative					•	the beautitude assure
4	Ш	A medical research organiz	ation operated in cor	njuriction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
_	\Box	city, and state:						and the
5		An organization operated for		liege or university owned	or operati	ed by a go	vernmental unit describe	ea in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local government	ŭ				• •	
7	X	An organization that norma	-	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in
	$\overline{}$	section 170(b)(1)(A)(vi). (C	•					
8	\square	A community trust describe			•			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	fety.See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and comp	plete lines	12e, 12f, and 12g.	
а			anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	, integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and an attenti	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
0		vide the following information	about the supporte	d organization(s).				
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			-			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) = 2 · 2	(3)=====	(-,	(,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	3075739.	6165310.	9375833.	10492499.	6981453.	36090834.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3075739.	6165310.	9375833.	10492499.	6981453.	36090834.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						23747130.
	Public support. Subtract line 5 from line 4.						12343704.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3075739.	6165310.	9375833.	10492499.	6981453.	36090834.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	27,900.	58,590.	11,366.	753.	78,159.	176,768.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	22,221.	49,274.	60,900.			132,395.
11	Total support. Add lines 7 through 10						36399997.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 3	,049,525.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax	year as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•	.,,		14	33.91 %
	Public support percentage from 2021					15	31.85 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	-					
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	top here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	llifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
40-		
10a		
10b		
ule A (Forn	n 990)	2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			Г
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructio	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	10 10 10 10 1 1 age 0
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, SECTION B, LINE 10
MISCELLANEOUS REVENUE - 2018 AMOUNT: \$22,221,
2019 AMOUNT: \$49,274, 2020 AMOUNT: \$60,900

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization Employer identification number

NATIONAL ABORTION FEDERATION 43-1097957

Organization type (check one):

Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	.PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
•	-	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General F	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special R	ules					
9	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
c I	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
i , ,	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "N	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

NATIONAL ABORTION FEDERATION

43-1097957

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,883,943.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 688,500.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>150,481.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NATIONAL ABORTION FEDERATION

43-1097957

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICALLY TRADED SECURITIES	_	
1		_	
		\$ <u>2,819,271.</u>	01/01/22
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(Occ manuchons.)	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Tarti		_	
		_	
(a) No.	(6.)	(c)	(-1)
ron from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _	
223453 11-15		\$	Schedule B (Form 990) (2022

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** NATIONAL ABORTION FEDERATION 43-1097957 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	oloyer identification number
		L ABORTION FEDER			43-1097957
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax			-	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
<u>k</u>	If "Yes," describe in Part IV.				1/51
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c)(3).
	Enter the amount directly expended	, , ,	·		\$
2	Enter the amount of the filing organ		-		
_	exempt function activities				\$
3	Total exempt function expenditures		·		Φ
4	line 17b Did the filing organization file Form				↑ Yes No
5	Enter the names, addresses and en				
J	made payments. For each organiza				
	contributions received that were pro	•			·
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Sch	nedule C (F			ABORTION				097957 Page 2
Pä	art II-A	Complete if the org	anization is	exempt under	section	501(c)(3) and file	ed Form 5768 (ele	ction under
		section 501(h)).						
Α	Check	if the filing organiza	tion belongs to	an affiliated group	(and list in	Part IV each affiliated	group member's name	, address, EIN,
		expenses, and shar	e of excess lob	bying expenditures	s).			
<u>B</u>	Check	if the filing organiza	tion checked be	ox A and "limited c	ontrol" pro	visions apply.		
		Limi (The term "expend	ts on Lobbying ditures" means	•	incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1:	a Total lo	bbying expenditures to influ	ience public op	inion (grassroots lo	bbvina)		962.	
	b Total lo	bbying expenditures to influ	ıence a legislati	ve body (direct lob	bying)		0.	
		bbying expenditures (add li					962.	
		xempt purpose expenditure					7,713,032.	
	e Total ex	cempt purpose expenditure	s (add lines 1c	and 1d)			7,713,994.	
	f Lobbyir	ng nontaxable amount. Ente	er the amount fr	om the following ta	able in both	columns.	535,700.	
	If the an	nount on line 1e, column (a) o	r (b) is: T	he lobbying nonta	axable am	ount is:		
	Not ove	er \$500,000	2	0% of the amount	on line 1e.			
	Over \$5	500,000 but not over \$1,000),000 \$	100,000 plus 15%	of the exce	ess over \$500,000.		
	Over \$1	,000,000 but not over \$1,5	00,000 \$	175,000 plus 10%	of the exce	ess over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,	000,000 \$	225,000 plus 5% o	f the exces	ss over \$1,500,000.		
	Over \$1	7,000,000	\$	1,000,000.				
							100 00-	
	g Grassro	oots nontaxable amount (en	ter 25% of line	1f)			133,925.	
		ct line 1g from line 1a. If zer	•				0.	
		ct line 1f from line 1c. If zero	,				0.	
	-	is an amount other than ze		1h or line 1i, did th	ne organiza	tion file Form 4720	_	
	reportin	g section 4911 tax for this						Yes No
		(Some organizations the	nat made a sec	` '	on do not l	` '	of the five columns be	low.
			Lobbying	Expenditures Du	ring 4-Yea	r Averaging Period		
		0-1						

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a Lobbying nontaxable amount	562,186.	442,276.	441,160.	535,700.	1,981,322.				
b Lobbying ceiling amount (150% of line 2a, column(e))					2,971,983.				
c Total lobbying expenditures	15,793.	65,170.	940.	962.	82,865.				
d Grassroots nontaxable amount	140,547.	110,569.	110,290.	133,925.	495,331.				
e Grassroots ceiling amount (150% of line 2d, column (e))					742,997.				
f Grassroots lobbying expenditures	15,793.	13,167.	940.	962.	30,862.				

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
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 similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5),	or sec	tion	
301(0)(0).			Yes	N
		1	103	<u>``</u>
Mana and advantially all (000) an arraya di car manais ad arraya di cardiale di cardiale de cardiale d				l
, , , , , , , , , , , , , , , , , , , ,				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	ne prior year? on 501(c)(5),	2 3 or sec		0:-
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ne prior year? on 501(c)(5), "No" OR (b	or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	ne prior year? on 501(c)(5), "No" OR (b	or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carrover from last year	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e) dues	ne prior year? nn 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the carryover and the amount on the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the carryover and the amount on the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the carryover and the amount on the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the carryover and the amount of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the carryover and the amount of the exceeds the amount of nondeductible lobbying and processing the carryover and the amount of the exceeds the amount of nondeductible lobbying and processing the carryover and the amount of the exceeds the amount of nondeductible lobbying and processing the carryover and the amount of the exceeds the amount of nondeductible lobbying and processing the carryover and the amount of the exceeds the amount of nondeductible lobbying and processing the carryover and the carryover and the carryover and	ne prior year? nn 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year?	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year? Taxable amount of lobbying and political expenditures. See instructions	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section to the reasonable estimate of nondeductible lobbying and perpenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section to the reasonable estimate of nondeductible lobbying and perpenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section to the reasonable estimate of nondeductible lobbying and perpenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section to the reasonable estimate of nondeductible lobbying and perpenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section to the reasonable estimate of nondeductible lobbying and perpenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section to the reasonable estimate of nondeductible lobbying and perpenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section to the reasonable estimate of nondeductible lobbying and perpenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section to the reasonable estimate of nondeductible lobbying and perpenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section to the reasonable estimate of nondeductible lobbying and perpenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	ne prior year? n 501(c)(5), "No" OR (b	2 3 or sec) Part I	II-A, line	3, is

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

NATIONAL ABORTION FEDERATION

Employer identification number 43-1097957

Schedule D (Form 990) 2022

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3-109	7957	Page 2
Assets	(continue	d)

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	r Assets	(contir	nued)	
3	Usin	g the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sig	ınificant ı	use of its			
	colle	ction items (check all that apply):										
а		Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	ım					
b		Scholarly research	е	(Other							
С		Preservation for future generations										
4	Provi	de a description of the organization's co	ollections and explain	n how the	ey further th	ie organizatio	n's exem	pt purpo	se in Part	XIII.		
5		ng the year, did the organization solicit o							_	-	_	_
D -		sold to raise funds rather than to be ma								Yes		No
Par	t IV	Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	Form 990), Part IV, I	ine 9, or		
		reported an amount on Form 990, Pa										
1a		e organization an agent, trustee, custodi								7		٦
_		orm 990, Part X?							L	Yes		_ No
b	If "Y€	es," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:					A		
	. .									Amoun		
	-	nning balance										
a		tions during the year										
e		butions during the year						1e 1f				
20		ng balance he organization include an amount on F								Yes		No
		es," explain the arrangement in Part XIII.								_	F	
Par		Endowment Funds. Complete i										
		Complete	(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	back
1a	Begir	nning of year balance				()	,	,	,	()		
b		ributions										
c		nvestment earnings, gains, and losses										
d		ts or scholarships										
e		r expenditures for facilities										
_		programs										
f		inistrative expenses										
g		of year balance										
2	Provi	de the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:	•					
а	Boar	d designated or quasi-endowment	·	%	. , ,	,						
b		anent endowment	%	_								
С	Term		%									
	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are t	here endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administer	ed for the)		,		
	orga	nization by:									Yes	No
	(i) L	Jnrelated organizations								3a(i)		
		Related organizations								3a(ii)		
b		es" on line 3a(ii), are the related organiza								3b		
4	Desc	ribe in Part XIII the intended uses of the		wment fu	unds.							
Par	τVI	Land, Buildings, and Equipm		N D - 4 N/		F 000	D-AV E	10				
		Complete if the organization answere				T			.			
		Description of property	(a) Cost or o basis (investr			or other (other)		cumulate reciation	I	(d) Boo	k valu	e
	Land											
		ings				2 400				2.2		<u></u>
		ehold improvements	I			2,409.		71,8		32	<u>u,5</u>	<u>65.</u>
d		oment			30	9,605.	2	75,1	87.	3	4,4	18.
е		r								2 -	4 ^	0.2
Total	. Add	lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 10	0c.)			l	35	4,9	83.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 NATIONAL Part VII Investments - Other Securities.	ABORTION FEDERA		43-1097957 _{Page} (
Complete if the organization answered "Y		e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of secur		(c) Method of valuation: Cost or	end-of-year market value
1) Financial derivatives			•
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related		•	
Complete if the organization answered "Y	es" on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.			
Complete if the organization answered "Y	es" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1) DEFERRED COMPENSATION A	SSET		12,626
(2) DUE FROM NAF HOTLINE FU	ND		508,653
(3) OPERATING LEASE RIGHT-O	F-USE ASSET		2,554,881
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B	3) line 15.)		. 3,076,160
Part X Other Liabilities.	,		· · · · · ·
Complete if the organization answered "Y	es" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line	25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED COMPENSATION L	IABILITY		12,626
(3) DUE TO NAF HOTLINE FUND			531,434

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 12,626.

 (2) DEFERRED COMPENSATION LIABILITY
 12,626.

 (3) DUE TO NAF HOTLINE FUND
 531,434.

 (4) OPERATING LEASE LIABILITY
 3,486,609.

 (5)
 (6)

 (7)
 (8)

 (9)
 (9)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T
2	Total revenue, gains, and other support per audited financial statements	1	10,325,187.
_	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments Donated services and use of facilities 2a -72, 14 2b 2,532,65	48.	
b	Donated services and use of facilities 2, 532, 6	70.	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е			2,460,522.
3	Subtract line 2e from line 1	3	7,864,665.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	, , , , , , , , , , , , , , , , , , , ,		
b			
С			7.064.665
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	5 Der Betur	7,864,665.
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Jei netui	
1	Total expenses and losses per audited financial statements	1	10,246,664.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	70.	
b			
c			
d			
		2e	2,532,670.
3	Subtract line 2e from line 1		2,532,670. 7,713,994.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а			
b			
С	Add lines 4a and 4b	4c	0.
5			7,713,994.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	line 4; Part	X, line 2; Part XI,

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							ntification number
	L ABORTION FEDERAT					43-1097	
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
SPARK POINT FUNDRAISING, LLC		Yes	No				
- ONE THOMAS CIRCLE, SUITE	GRANT WRITING		Х	0.		78,000.	-78,000.
Total						78,000.	-78,000.
3 List all states in which the organization	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration
or licensing. AK, AL, AR, CA, CO, CT, DC,	FI. GA HT TI. KS KY I	VI A IV	ID M	IE MT MN MS	NC	או מו י	NIT NM NV
NY,OH,OK,OR,PA,RI,SC,		M21, 1.	, r.	IL, HI, HIV, HO	, 140	, ND , NII , .	NO , INII , IN V

232081 10-27-22

Schedule G (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

		,	L ABORTION F			1097957 Page 2
Pa	rt I					
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	Coi. (C))
anue						
Revenue	1	Gross receipts				
_	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Ex	7	Food and beverages				
ä	_	Enterteinment				
	8 9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)	1		
		Net income summary. Subtract line 10 from lin				
Pa	rt I					•
		\$15,000 on Form 990-EZ, line 6a.				,
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue						col (a) through col (a)
Be				biligo/progressive bilige		col. (a) through col. (c))
	1	Grass rayanya		bings/progressive binge		col. (a) through col. (c))
	1	Gross revenue		Singo, progressive singe		col. (a) through col. (c))
ses	2	Gross revenue		bingo/progressive binge		col. (a) through col. (c))
Expenses				ango progressive ango		col. (a) through col. (c))
		Cash prizes		Zingo, progressive singe		col. (a) through col. (c)
Direct Expenses	3	Cash prizes Noncash prizes Rent/facility costs		Zingo, progressive singe		col. (a) through col. (c))
	3	Cash prizes Noncash prizes				col. (a) through col. (c))
	3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes %		Yes %	col. (a) through col. (c))
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %		Yes %	col. (a) through col. (c))
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No 5 in column (d)	Yes%	Yes %	col. (a) through col. (c))
Direct	3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes % No 5 in column (d)	Yes % No	Yes %	col. (a) through col. (c))
o Direct	3 4 5 6 7 8 Entire	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 5 in column (d) from line 1, column (d) cts gaming activities:	Yes% No	Yes%	
a 6 Direct	3 4 5 6 7 8 Entites to the state of the stat	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 5 in column (d) from line 1, column (d) cts gaming activities: _ tivities in each of these	Yes% No	Yes%	
a 6 Direct	3 4 5 6 7 8 Entites to the state of the stat	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduction the organization licensed to conduct gaming acceptable.	Yes% No 5 in column (d) from line 1, column (d) cts gaming activities: _ tivities in each of these	Yes% No	Yes%	

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 NATIONAL ABORTION FEDERATION 43 -	1097957	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	152	,,,
•	The first the half and address of the person who propares the organization organization organization of the person and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	L No
t	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
.0	Carring manager information.		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Many distance of the Many of t		
17			
8	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
gc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	s :	
<u> </u>	HEDOLE C, TIME I, DINE 2D, DIST OF THE HIGHEST THE TONDRETTS IN	 	
<u>(I</u>) NAME OF FUNDRAISER: SPARK POINT FUNDRAISING, LLC		
	N		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
ON	E THOMAS CIRCLE, SUITE 700, WASHINGTON, DC 20005		
OIA	E HOMAS CIRCLE, SOITE 700, WASHINGTON, DC 20005		
_			
_			

Schedule G (Form 990) NATIONAL ABORTION FEDERATION	43-1097957 Page 4
Schedule G (Form 990) NATIONAL ABORTION FEDERATION Part IV Supplemental Information (continued)	
	_

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Bublic

Open to Public Inspection

Schedule I (Form 990) 2022

Name of the organization	Employer identification number						
	ABORTION	FEDERATION					43-1097957
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records		-			-		
criteria used to award the grants or ass	istance?						X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than						es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DI AMMED, DAD ENGLICOD							
PLANNED PARENTHOOD 123 WILLIAM ST, STE 10 FL							
NEW YORK, NY 10038	13-1644147	501 (C) (3)	250,000.	0.			CASS PROGRAM SUPPORT
	10 1011117		200,000:				01122 11100111111 20110111
	+						
2 Enter total number of section 501(c)(3)	and government or	ganizations listed in the	e line 1 table				
3 Enter total number of other organization	ns listed in the line	1 table					0.

232101 10-31-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
AS THE FISCAL SPONSOR, OUR AGREEME	NT IS TO	PROCESS CO	ONTRIBUTION	S INTENDED	
FOR THE PLANNED PARENTHOOD OF AMER	ICA. THES	E FUNDS AF	RE TO BE US	ED	
EXCLUSIVELY FOR THE PROJECT OUTLIN	ED IN THE	GRANT PRO	POSAL. THE	FINAL	
REPORT IS DUE TO THE FUNDER 30 DAY	S AFTER T	HE COMPLET	TION OF THE	PROJECT.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

OMB No. 1545-0047

NATIONAL ABORTION FEDERATION

43-1097957

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	<u> </u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
				l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) VERONICA JONES	(i)	271,417.	15,000.	0.	16,914.	10,298.	313,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN TALCOTT CAMP	(i)	251,327.	10,000.	0.	12,380.	23,205.	296,912.	0.
CHIEF LEGAL AND STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELISSA FOWLER	(i)	221,331.	10,000.	0.	16,389.	9,976.	257,696.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHERINE RAGSDALE	(i)	211,250.	0.	0.	0.	5,932.	217,182.	0.
FORMER PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) REESA ROBERTS	(i)	163,587.	0.	0.	11,743.	10,166.	185,496.	0.
SENIOR DIRECTOR, CLINICAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRISTAN DAVIS	(i)	146,347.	0.	0.	7,237.	20,218.	173,802.	0.
SENIOR DIRECTOR, LEARNING & INSTRUCT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SAANA HOLLEY	(i)	146,452.	0.	0.	7,058.	10,562.	164,072.	0.
VP, PEOPLE OPERATIONS & LEARNING (TH	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LAURA CRAIG MASON	(i)	141,370.	0.	0.	9,896.	675.	151,941.	0.
DIRECTOR OF IT STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

KATHERINE RAGSDAL: TOTAL SEVERANCE PAID - \$292,500, 11/30/21 - \$48,750,

12/15/21 - \$16,250, 12/30/21 - \$16,250, AND 1/15/22 - \$211,250. TOTAL

HEALTH INSURANCE PAID - \$2,967, 12/21 - \$1,978, 01/22 - \$989.

IN CONSIDERATION FOR KATHERINE RAGSDAL'S (RAGSDALE) PROMISES TO COMPLY WITH

HER CONFIDENTIALITY AND NON-DISPARAGEMENT OBLICATIONS, THE NATIONAL

ABORTION FEDERATION (NAF) AGREES TO PAY HER NINE MONTHS OF SEVERANCE FOR A

TOTAL AMOUNT OF \$292,500, AS OUTLINED ABOVE. ADDITIONALLY, NAF WILL PAY

FOR UP TO NINE MONTHS OF FULL COBRA PREMIUMS, UPON PROOF OF RAGSDALE'S

ELECTION OF COVERAGE. RAGSDALE ACKNOWLEDGES THAT SHE IS RESPONSIBLE FOR

ELECTING COBRA COVERAGE AND PAYING THE PREMIUMS, WHICH NAF WILL REIMBURSE

UPON PROOF OF PAYMENT.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

	NATIONAL ABO	RTION	FEDERATIO	V		43-1	<u>.097</u>	957	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1ç	n	(d) Method of decentribe	etermin	•	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	22	2,868,015	FAI	R MARKET	' VA	LUE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by			•	•	hat it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribu	tions?		31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL ABORTION FEDERATION

Employer identification number 43-1097957

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EVIDENCE-BASED CARE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CLINIC SECURITY/LAW ENFORCEMENT EDUCATION: NAF PROVIDES MEMBERS WITH
ESSENTIAL SECURITY SERVICES SUCH AS ON-SITE STAFF TRAININGS; HOME AND
FACILITY SECURITY ASSESSMENTS; OPPOSITION RESEARCH; TECHNICAL
ASSISTANCE; AND EMERGENCY SUPPORT. WE ALSO ADVOCATE, EDUCATE, AND
COLLABORATE WITH LOCAL AND NATIONAL LAW ENFORCEMENT TO ENSURE EFFECTIVE
LAW ENFORCEMENT RESPONSE TO THREATS AND VIOLENCE AND TO IMPROVE
PROVIDER AND PATIENT SAFETY.
EXPENSES \$ 522,421. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
ACCESS INITIATIVE: OUR ACCESS INITIATIVE PROVIDES TOOLS AND EDUCATIONAL
RESOURCES FOR ADVANCED PRACTICE CLINICIANS, MEDICAL STUDENTS,
RESIDENTS, AND OTHER HEALTH CARE PROFESSIONALS TO EXPAND THEIR SCOPE OF
PRACTICE AND OFFER ABORTION CARE. OUR NATIONAL SYMPOSIA CONVENE
EXPERTS AND PRACTITIONERS IN THE FIELD TO DEVELOP RECOMMENDATIONS TO
ADDRESS BARRIERS AND IMPROVE WOMEN'S ACCESS TO ABORTION CARE. WE ALSO
HAVE A PROMINENT SECTION OF OUR WEBSITE DEVOTED TO EDUCATING WOMEN
ABOUT PREGNANCY OPTIONS AND HELPING WOMEN FIND PROVIDERS OFFERING
QUALITY CARE.
EXPENSES \$ 32,586. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CANADIAN PROGRAM: NAF ESTABLISHED A CANADIAN PROGRAM TO PROVIDE DIRECT
SERVICES AND TECHNICAL ASSISTANCE TO NAF MEMBERS IN CANADA AND TO
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Employer identification number Name of the organization NATIONAL ABORTION FEDERATION 43-1097957 ENSURE CANADIAN WOMEN HAVE ACCESS TO THE ABORTION CARE THEY NEED. WE WORK TO EDUCATE GOVERNMENT OFFICIALS AND THE MEDIA ABOUT BARRIERS TO ABORTION ACCESS AND DEVELOP STRATEGIES AND PROGRAMS TO INCREASE WOMEN'S ACCESS TO QUALIFY ABORTION CARE. WE ALSO PROVIDE CONTINUING MEDICAL EDUCATION IN ABORTION CARE AT NAF-SPONSORED CONFERENCES AND THE MEETINGS OF OTHER CANADIAN MEDICAL ORGANIZATIONS. EXPENSES \$ 2,442. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS INCLUDE INSTITUTIONAL PROVIDERS (E.G., CLINICS AND HOSPITALS) AND CLINICIANS WHO PROVIDE ABORTION CARE, AS WELL AS REPRODUCTIVE HEALTH CARE ORGANIZATIONS, PRO-CHOICE COOPERATING ORGANIZATIONS, AND INDIVIDUALS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE GOVERNING BODY OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7B: ANY BYLAW CHANGES MUST BE APPROVED BY THE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED IN DETAIL WITH SENIOR MANAGEMENT. A COPY OF THE FINAL 990 WILL BE DISTRIBUTED TO THE ENTIRE BOARD AT THE DECEMBER BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED IN PERSON AT A MEETING OF THE BOARD OF DIRECTORS. AT THE END OF THE MEETING, STAFF COLLECT THE COMPLETED FORMS. STAFF FOLLOW UP WITH ANY BOARD MEMBERS WHO WERE ABSENT Schedule O (Form 990) 2022 Schedule O (Form 990) 2022 Page 2

Name of the organization

NATIONAL ABORTION FEDERATION

Employer identification number 43-1097957

AT THE MEETING TO ENSURE THAT COMPLETED FORMS ARE RECEIVED FROM THEM. THE

PRESIDENT & CEO OR, WHERE APPLICABLE, CHAIR, AFTER RECEIVING INFORMATION

ABOUT A POSSIBLE CONFLICT OF INTEREST, TAKES SUCH ACTIONS AS NECESSARY,

WITHOUT THE SUBSTANTIVE INVOLVEMENT OF THE PERSON WHO HAS THE POSSIBLE

CONFLICT OF INTEREST, TO ASSURE THAT THE TRANSACTION IS COMPLETED IN THE

BEST INTEREST OF NAF. A WRITTEN RECORD OF ANY REPORT OF POSSIBLE CONFLICT

AND OF ANY ADJUSTMENT MADE TO AVOID POSSIBLE CONFLICTS OF INTERESTS IS KEPT

BY THE PRESIDENT & CEO OR, WHERE APPLICABLE, CHAIR. STAFF ALSO RECEIVE A

CONFLICT OF INTEREST POLICY AS PART OF THE EMPLOYEE HANDBOOK. UPON BEING

HIRED, THEY SIGN A CERTIFICATION, ATTESTING THAT THEY HAVE RECEIVED, READ,

AND UNDERSTAND THE POLICY. THE FORM IS ALSO REDISTRIBUTED ANNUALLY, WITH

SIGNATURES OBTAINED EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE PRESIDENT & CEO
ANNUALLY. DECISIONS ABOUT COMPENSATION ARE GUIDED BY THE EVALUATION AND A
REVIEW OF COMPENSATION DATA OF SIMILAR NON-PROFIT ORGANIZATIONS, WHICH IS
CONDUCTED BY THE CHAIR. THE BOARD CHAIR PREPARES A CONFIDENTIAL SUMMARY OF
THE ASSESSMENT, WHICH IS SHARED WITH THE PRESIDENT & CEO. THE PRESIDENT &
CEO DETERMINES THE SALARIES OF THE KEY EMPLOYEES OF THE ORGANIZATION. THE
BOARD APPROVES WRITTEN COMPENSATION SCHEDULES FOR EMPLOYEES AS PART OF THE
ANNUAL BUDGET PROCESS. THESE SCHEDULES ARE DEVELOPED BY REVIEWING
COMPENSATION DATA FOR COMPARABLE POSITIONS AT SIMILAR NONPROFIT
ORGANIZATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NY

NV,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** NATIONAL ABORTION FEDERATION 43-1097957 FORM 990, PART VI, SECTION C, LINE 19: NAF PROVIDES A LINK ON ITS WEBSITE TO BOTH WWW.CHARITYNAVIGATOR.ORG AND WWW.GUIDESTAR.ORG, WHERE THE ORGANIZATION'S FINANCIAL STATEMENTS CAN BE VIEWED. IN ADDITION, NAF PROVIDES GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND ANNUAL REPORT, TO ALL WHO REQUEST THEM. TELEPHONE ANSWERING INSTRUCTIONS STATE THAT REQUESTS FOR THESE DOCUMENTS ARE TO BE FORWARDED TO THE APPROPRIATE SENIOR ADMINISTRATIVE AND FINANCIAL STAFF FOR RESPONSE. SIMILARLY, REQUESTS THAT ARE RECEIVED VIA EMAIL ARE FORWARDED TO THE APPROPRIATE SENIOR ADMINISTRATIVE AND FINANCIAL STAFF FOR RESPONSE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANTS: PROGRAM SERVICE EXPENSES 799,487. MANAGEMENT AND GENERAL EXPENSES 523,303. FUNDRAISING EXPENSES 4,074. TOTAL EXPENSES 1,326,864. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,326,864.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

(b)

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

OMB No. 1545-0047

Open to Public Inspection

(f)

Name of the organization

(a)

Department of the Treasury Internal Revenue Service

Employer identification number 43-1097957 NATIONAL ABORTION FEDERATION

(d)

(e)

(c)

(a) Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	r Total inco	me End-of-year	r assets Direct c	Direct controlling entity	
	_ -						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	pecause it had one	or more related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
AF HOTLINE FUND - 26-4703759	PATIENT INFORMATION &			501(c)(3))		Yes	No
PO BOX 100 ANNAPOLIS JUNCTION, MD 20701-0416	RESOURCE TO ACCESS QUALITY ABORTION CARE	DISTRICT OF COLUMBIA	501(C)(3)		NATIONAL ABORTION FEDERATION	х	
	-						
For Panarwork Raduction Act Notice, see the Instruction	no for Form 000				Schedule R (Form 00)))

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, because it had o	ne or more related
Partill	organizations treated as a partnership during the tax year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partn	al or Pe ging er?	ercentage wnership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr enti	tion b)(13) rolled tity?
		country)						Yes	No
									<u> </u>

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X				
	Gift, grant, or capital contribution to related organization(s)	1b		X				
	Gift, grant, or capital contribution from related organization(s)	1c		X				
	Loans or loan guarantees to or for related organization(s)	1d		Х				
e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)	1f		X				
g	Sale of assets to related organization(s)	1 g		X				
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х					
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X				
	Sharing of paid employees with related organization(s)	10		X				
р	Reimbursement paid to related organization(s) for expenses	1 p		X				
q	Reimbursement paid by related organization(s) for expenses	1q	Х					
·								
r	Other transfer of cash or property to related organization(s)	1r	Х					
	Other transfer of cash or property from related organization(s)	1s		X				
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NAF HOTLINE FUND	L	1,132,975.	FAIR MARKET VALUE
(2) NAF HOTLINE FUND	Q	508,653.	FAIR MARKET VALUE
(3) NAF HOTLINE FUND	R	531,434.	FAIR MARKET VALUE
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000