Form	990
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#### \*\* 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 23 Open to Public

Dep Inte	artment rnal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and t	the latest in	formation.	Inspection
Α	For th	e 2023 calen	dar year, or tax year beginning and	ending		
В	Check if applicat		of organization		D Employer identificat	tion number
Г	Addr		ONAL ABORTION FEDERATION			
	Name	e	business as		43-1097957	7
	Initia	ı J	r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	N/ PO E	30X 100		(202) 667-	
_	termi ated	City or	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,395,885.	
Ļ	Amer returr	n AININA	APOLIS JUNCTION, MD 20701-0416		H(a) Is this a group retu	
	Appli tion pend	FINALLE	and address of principal officer: BRITTANY FONTENO		for subordinates? H(b) Are all subordinates include	
T	Tax-e>	empt status:	<b>X</b> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527		
	Webs		CHOICE.ORG		H(c) Group exemption r	
к	Form o	f organization:	X Corporation Trust Association Other	<b>L</b> Year	of formation: 1977 M S	
Ρ	art I	Summary				
	1	Briefly descri	be the organization's mission or most significant activities: ${ m \underline{TO}}$	NITE,	REPRESENT, SE	RVE, AND
Activities & Governance		SUPPORT	ABORTION PROVIDERS IN DELIVERING			
r na	2	Check this be	bx X if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets	
	3	Number of vo	oting members of the governing body (Part VI, line 1a)			19
Č	2 4	Number of in	dependent voting members of the governing body (Part VI, line 1b)		19	
v c	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a) $\ldots$			36
vitik	6	Total number	of volunteers (estimate if necessary)			21
÷5	5 7a	Total unrelate	ed business revenue from Part VIII, column (C), line 12			0.
_	<u>b</u>	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
٩	8	Contributions	and grants (Part VIII, line 1h)		6,981,453.	5,669,726.
	9	Program serv	rice revenue (Part VIII, line 2g)		728,417.	1,201,183.
Revenue	10	Investment ir	come (Part VIII, column (A), lines 3, 4, and 7d)		154,760.	-130,524.
α	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35.	10,000.
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,864,665.	6,750,385.
	13	Grants and s	milar amounts paid (Part IX, column (A), lines 1-3)		252,000.	10,067,790.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.	
ų	15	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)		3,371,516.	3,744,753.
Fynenses	2 16a	Professional	fundraising fees (Part IX, column (A), line 11e)		78,000.	91,000.
d C	≩∣ b	Total fundrais	sing expenses (Part IX, column (D), line 25) 586, 2	61.		
ú	<sup>j</sup>   17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		4,012,478.	3,881,727.
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,713,994.	17,785,270.
	19	Revenue less	expenses. Subtract line 18 from line 12			<u>-11,034,885.</u>
S	Sec			Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets	Part X, line 16)		18,773,266.	5,686,994.
t As:	g 21		s (Part X, line 26)		4,471,529.	1,616,202.
		Net assets or	fund balances. Subtract line 21 from line 20		14,301,737.	4,070,792.
Ρ	art II		e Block			
Un	der pen	alties of perjury	I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my kn	owledge and belief, it is
true	e, corre	ct, and complet	e. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		1				

Sign	Signature of officer			Date							
Here											
	Type or print name and title										
	Print/Type preparer's name Preparer's signature Date Check PTIN										
Paid	aid GLENN MILLER, CPA GLENN MILLER, CPA 09/30/24 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 22314-2301 Phone no. (703) 519-0990										
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No							
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23		Form <b>990</b> (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1	Briefly describe the organization's mission:
	THE MISSION OF THE NATIONAL ABORTION FEDERATION (NAF) IS TO UNITE,
	REPRESENT, SERVE, AND SUPPORT ABORTION PROVIDERS IN DELIVERING
	PATIENT-CENTERED, EVIDENCE-BASED CARE.
<u> </u>	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
la	(Code: ) (Expenses \$ 7,247,044. including grants of \$ 5,085,740.) (Revenue \$ 718,499.
	TRAINING AND PROFESSIONAL EDUCATION: NAF PROVIDES THE LEADING
	ABORTION-SPECIFIC ONGOING PROGRAM OF ACCREDITED CONTINUING MEDICAL EDUCATION FOR PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS. IN
	ADDITION TO OUR ANNUAL MEETING AND OUR REGIONAL TRAINING PROGRAMS, NAF
	ALSO SPONSORS OTHER WORKSHOPS AND WEB-BASED RESOURCES ON CLINICALLY
	RELEVANT TOPICS. NAF'S EDUCATION PROGRAMS ARE RECOGNIZED BY THE
	ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION AND ARE
	REGULARLY APPROVED FOR PHYSICIAN CREDIT BY THE AMERICAN COLLEGE OF
	OBSTETRICIANS AND GYNECOLOGISTS; THE AMERICAN MEDICAL ASSOCIATION; AND
	THE AMERICAN ACADEMY OF FAMILY PHYSICIANS; AND FOR NURSING CREDIT BY
	THE CALIFORNIA BOARD OF REGISTERED NURSING.
114	(Code:) (Expenses \$5,682,342. including grants of \$4,982,050. ) (Revenue \$0.
1b	(Code:) (Expenses \$5,682,342. including grants of \$4,982,050. ) (Revenue \$0.
	MEDIA RELATIONS PROGRAM, SOCIAL MEDIA, AND PATIENT EDUCATION MATERIALS
	TO EDUCATE THE PUBLIC ABOUT ABORTION AND ACCESS ISSUES. NAF WORKS TO
	ENSURE THE VOICES OF ABORTION PROVIDERS AND WOMEN WHO CHOOSE ABORTION
	CARE ARE PART OF THE PUBLIC DEBATE ABOUT ABORTION POLICIES. NAF
	PARTICIPATES IN NUMEROUS MEDIA INTERVIEWS, WRITES OP-EDS AND LETTERS TO
	THE EDITOR, AND PROVIDES BACKGROUND INFORMATION AND MEDICAL EXPERTISE TO GOVERNMENT OFFICIALS, REGULATORY BOARDS, AND THE MEDIA. NAF PROVIDES
	INFORMATION ON LEGAL AND REGULATORY ISSUES TO OUR MEMBERSHIP AND
	DEVELOPS SPECIALIZED LEGAL PUBLICATIONS TO MEET OUR MEMBERS' NEEDS.
1c	(Code:) (Expenses \$ 2,374,756. including grants of \$ 0. ) (Revenue \$ 482,684.
	MEMBERSHIP SERVICES: NAF SETS THE STANDARDS FOR QUALITY ABORTION CARE
	THROUGH OUR EVIDENCE BASED CLINICAL POLICY GUIDELINES (CPGS). FIRST
	PUBLISHED IN 1996, NAF'S CPGS ARE UPDATED AND REISSUED ANNUALLY IN ORDER TO HELP PROVIDERS STAY CURRENT IN ABORTION PRACTICE AND PROVIDE
	THE HIGHEST QUALITY ABORTION CARE. OUR QUALITY ASSURANCE AND
	IMPROVEMENT (QAI) PROGRAM INCLUDES SITE VISITS TO ASSESS MEMBERS
	COMPLIANCE WITH THE CPGS AND PROVIDES TECHNICAL ASSISTANCE AND TRAINING
	TO HELP PROVIDERS MEET REGULATORY REQUIREMENTS. WE DEVELOP AND
	DISSEMINATE RESEARCH-BASED PROTOCOLS AND CLINICAL PUBLICATIONS TO OUR
	MEMBERS ON CURRENT MEDICAL ISSUES. OUR GROUP PURCHASING PROGRAM HELPS
	CLINICS STAY OPEN SO WOMEN CAN ACCESS QUALITY ABORTION CARE.
1 61	Other program convises (Describe on Schedule $O$ )
ŧd	Other program services (Describe on Schedule O.)         (Expenses \$ 632,068. including grants of \$ 0.) (Revenue \$ 0.)
1e	Total program service expenses     15,936,210.
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Form 990 (				FEDERATION					
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		X
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	X	
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		X
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? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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		X
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	Х	<u> </u>
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		X
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		X
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,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	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,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(0000)
332003	12-21-23	⊦orm	320 (	(2023)

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	· (contract)		V.			
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		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					
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete					
	Schedule J	23	х			
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					
	Schedule K. If "No," go to line 25a	24a		X		
b	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?	24c				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	<b>b</b> 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		
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b				
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x		
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	27		x		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV					
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If					
	"Yes," complete Schedule L, Part IV	28c	v	X		
29 00	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x		
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<u>30</u> 31		X		
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	31		- 23		
02	Schedule N, Part II	32	х			
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	Х			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х			
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		X			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36				
	If "Yes," complete Schedule R, Part V, line 2			X		
37						
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>					
30	Note: All Form 990 filers are required to complete Schedule O	38	х			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	00		I		
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 30					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b					
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c				
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Form	990 (2023) NATIONAL ABORTION FEDERATION	43-1097	957	Р	age <b>5</b>		
Par					U		
				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 36					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х			
			3a		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		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 a	-	4a		x		
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	counts (FBAB)					
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	tion?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50				
6a			60		x		
L	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		- 23		
a	If "Yes," did the organization include with every solicitation an express statement that such contribution are the deductible 2	-					
-	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).				x		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		<u> </u>		
			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?		7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		x		
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f							
g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
	sponsoring organization have excess business holdings at any time during the year?		8				
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-				
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	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	1041?	12a				
b	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			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		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	income?	16		х		
	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 ac	tivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						
332005	12-21-23		Form	990	(2023)		
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Check if Schedule O contains a response or note to any line in this Part VI

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	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 0.				
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				
	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 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization have members or stockholders?			Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?		7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
Ň	persons other than the governing body?		7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the vea		15		
		J 0-	80	x	
a h	The governing body? Each committee with authority to act on behalf of the governing body?		<u>8a</u> 8b	X	
о 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				-
9					x
00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		1
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue Code.)			
_				Yes	
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	• • •			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	? <b>11a</b>		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		<b>12</b> a	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	<b>12</b> b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	on Schedule O how this was done		<b>12c</b>	_	
3	Did the organization have a written whistleblower policy?		13	Х	
4	Did the organization have a written document retention and destruction policy?		14	Х	
5	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?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
-	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filedAL, AR, CA, FL, G.	A HT TI. KS	κν ΜΣ	мр	м
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar				
8				avalla	Die
	for public inspection. Indicate how you made these available. Check all that apply.				
~		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	ntlict of interest policy	, and finar	ICIAI	
_	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 boo	ks and records			
	VERONICA JONES - (202) 667-5881				
	PO BOX 100, ANNAPOLIS JUNCTION, MD 20701-0416				
	SEE SCHEDULE O FOR FULL LIST OF STATES		For	n <b>990</b>	(202

X

#### 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.

• 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.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do						Reportable	Reportable	Estimated
	hours per	box	box, unless p		less person is both an and a director/trustee)			compensation	compensation	amount of
	week	-			reciu	i/irus	lee)	from	from related	other
	(list any	irecto						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	ruster	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	Individual trustee or director	Institutional trustee	L_	m ploy	st col	ar.	1000 1120/		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) VERONICA JONES	20.00									
CHIEF OPERATING OFFICER	25.00			X				298,839.	Ο.	35,682.
(2) SUSAN CAMP	40.00									
CHIEF LEGAL COUNSEL		1		X				277,397.	Ο.	49,373.
(3) MELISSA FOWLER	40.00									
CHIEF PROGRAM OFFICER		1		X				247,974.	Ο.	29,571.
(4) REESA ROBERTS	40.00									
MEDICAL ADVISOR		1				X		180,753.	Ο.	18,023.
(5) KRISTAN DAVIS	40.00									
DIRECTOR OF TRAINING & EDUCATION						X		148,374.	0.	18,490.
(6) SHELLEY COATS	40.00									
HR DIRECTOR						X		134,999.	0.	10,881.
(7) LAURA CRAIG MASON	40.00									
DIRECTOR OF IT STRATEGY						X		141,641.	0.	3,000.
(8) BRITTANY FONTENO	40.00									
PRESIDENT & CEO (FROM SEPT)	17.00			Х				128,939.	0.	7,530.
(9) MARGARET SIMMONDS	4.00									
IT BUSINESS ANALYST						X		125,328.	0.	0.
(10) LORIE CHAITEN, JD	4.00									
CHAIR	4.00	Х		Х				0.	0.	0.
(11) MELISSA GRANT	4.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(12) DALTON JOHNSON, MBA	4.00									
TREASURER	4.00	Х		X				0.	0.	0.
(13) TRAM NGUYEN, MHA, MBA	4.00									
SECRETARY		Х		X				0.	0.	0.
(14) KAWANNA SHANNON	4.00									
BOARD MEMBER		Х						0.	0.	0.
(15) JOHN C. MARKLEY, MD, PHD	4.00									
BOARD MEMBER		х						0.	0.	0.
(16) KERSHA DEIBEL, MPH, MSW	4.00								_	
BOARD MEMBER		Х						0.	0.	0.
(17) TIFFANY HAILSTORKS, MD, MPH	4.00								-	
BOARD MEMBER		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

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8 2023.04030 NATIONAL ABORTION FEDERAT 14926.31

Form 990 (2023)

Form 990 (2023) NATIONAL									43-10	)979	957	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F	)
Name and title	Average	(do			itior more	1 than c	one	Reportable	Reportable		Estim	ated
	hours per	box	, unles	ss pei	rson i	is both	n an	compensation	compensatio	n	amou	nt of
	week		cer an	dad	Irecto	or/trus	tee)	from	from related		oth	
	(list any	Individual trustee or director						the	organization		comper	
	hours for related	or di	36			ated		organization	(W-2/1099-MIS		from	
	organizations	istee	truste		æ	bens		(W-2/1099-MISC/	1099-NEC)		organi	
	below	ual tru	onal		ploye	ee		1099-NEC)			and re	
	line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations
		Ē	Ë	Of	Υ.	E 문	9			-+		
(18) JUSTIN T. DIEDRICH, MD, MSCI, F	4.00	v						0				0
BOARD MEMBER	4 0 0	Х						0.		0.		0.
(19) CURTISS HANNUM, MSN, APN, CRNP	4.00							0				•
BOARD MEMBER		Х						0.		0.		0.
(20) ERIN KING, MD	4.00											
BOARD MEMBER		Х						0.		0.		0.
(21) TAMMI KROMENAKER	4.00											
BOARD MEMBER		Х						0.		0.		0.
(22) ALISHA NORD-STEWART, RN, BSCN	4.00											
BOARD MEMBER		х						0.		0.		Ο.
(23) JULIA MCDONALD, DO, MPH	4.00											
BOARD MEMBER		x						0.		0.		Ο.
(24) CATHERINE OBANDO, MSN, NP-C	4.00											
BOARD MEMBER		x						0.		0.		Ο.
(25) LIN-FAN WANG, MD	4.00									<u> </u>		<u> </u>
BOARD MEMBER		х						0.		0.		0.
(26) YING ZHANG, MD, MPH	4.00	Δ						0.				0.
	4.00	x						0.		0.		0
BOARD MEMBER		Λ								0.	170	$\frac{0}{550}$
1b Subtotal								1,684,244.			1/2,	550.
c Total from continuation sheets to Part VI								0.		0.	1 1 1 0	0.
d Total (add lines 1b and 1c)								1,684,244.		0.	172,	550.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	;		
compensation from the organization												12
										ſ	Ye	s No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated empl	loyee on			
line 1a? If "Yes," complete Schedule J for su	ıch individual										3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	he organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4 X	
5 Did any person listed on line 1a receive or a	ccrue compen	isati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich i	pers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	bensat	ion from	
the organization. Report compensation for t	he calendar ve	ear e	endin	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)				0				(B)			(C)	
Name and business	address							Description of s	ervices	С	ompensa	tion
YOUR PART TIME CONTROLLER												
P.O. BOX 1209, MOUNT LAUR		08	0.5	4			h	FINANCIAL CO	NSULTING		159.	503.
TRENDY.COM				-			-				/	
12 RINDGE AVE, APT. 1, CA	MBRTDCE		мδ	٥	21	40		SOFTWARE CON	SITT.TTNC		118	770.
	MDI(1D01	/	1.177	0	<u> </u>	<del>1</del> 0	-	boi i waith com	SOTI THO		110,	//0•
							_					
							-					
2 Total number of independent contractors (ir	•	ot lin	nitec	to		-	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz						2						
SEE PART VII, SECTION	A CONT	IN	UΑ	ΤI	ON	S	ΗE	ETS			Form <b>99</b>	<b>U</b> (2023)

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Form 990 NATIONAL									43-109	7957
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(c				app	lv)	compensation	compensation	amount of
	per	(		1	1	-1-1-	.,,	from	from related	other
	week					e		the	organizations	compensation
	(list any	tor				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				d em		(W-2/1099-MISC)	()	organization
	related	ee or	stee			nsate		()		and related
	organizations	trust	al tru		yee	mpel				organizations
	below	dual	Ition	-	old m	stcc	Ŀ			5
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) TARHONDA SLYDELL, BSN, MBA-HCA	4.00	-	_		-	-	_			
BOARD MEMBER		X						0.	0.	0.
(28) MARIA MERCEDES VIVAS, MD, MPH	4.00									
BOARD MEMBER		x						0.	Ο.	0.
(29) LORI WILLIAMS, MSN, WHNPC, APRN	4.00									
PAST CHAIR		x						0.	0.	0.
(30) BRENDA PEREDA, MD, MS	4.00								<b>J I</b>	
BOARD MEMBER		x						0.	0.	0.
(31) LISA PERRIERA, MD, MPH	4.00									
BOARD MEMBER		x						0.	0.	0.
(32) SARAH WARD PRAGER, MD, MAS	4.00									
BOARD MEMBER		x						0.	0.	0.
(33) ROLANDA RYAN, RN, MHSA	4.00								-	
BOARD MEMBER		х						0.	0.	0.
(34) KATIE WATSON, JD	4.00									
, BOARD MEMBER		x						0.	0.	0.
		1								
		1								
		1								
		1								
		ł								
		┣─		-	<u> </u>	-				
		1								
		-			-					
		1								
Total to Part VII, Section A, line 1c										

332201 04-01-23

			2023) NATIONAL AB	BOR	TION FEDE	ERATION		43-1097	<u>957 г</u>	⊃ <sub>age</sub> 9
Pa	rt N	/111	Statement of Revenue							
			Check if Schedule O contains a respo	onse	or note to any lin			(0)	(D)	
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue ex from tax u sections 512	under
ŝ	1	а	Federated campaigns 1a							
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b							
⊡ S			Fundraising events 1c							
àifts ar A			Related organizations 1d							
s, s		е	Government grants (contributions) 1e							
rion Si		f	All other contributions, gifts, grants, and							
ibut			similar amounts not included above 1f		5,669,726.					
d or		-	Noncash contributions included in lines 1a-1f	\$	2,960,804.					
<u> </u>		h	Total. Add lines 1a-1f			5,669,726.				
					Business Code	710 400	710 400			
ice	2	а	MEETING REVENUE MEMBERSHIP DUES		611430 900099	718,499. 423,880.	718,499. 423,880.			
erv ue		b	GROUP PURCHASING		561499	423,880. 58,804.	423,880. 58,804.			
ven S		C C			501455	50,004.	50,004.			
Program Service Revenue		d e								
Pro			All other program service revenue							
		' a	Total. Add lines 2a-2f			1,201,183.				
	3	3	Investment income (including dividends, i			, ,				
			other similar amounts)			152,672.			152	,672.
	4		Income from investment of tax-exempt bo							
	5		Royalties							
			(i) Rea		(ii) Personal					
	6	а	Gross rents 6a							
		b	Less: rental expenses 6b							
			Rental income or (loss) 6c							
			Net rental income or (loss)							
	7	а	Gross amount from sales of (i) Securi		(ii) Other					
			assets other than inventory <b>7a</b> 2,819,	3/4.	542,930.					
n		b	Less: cost or other basis and sales expenses <b>7b</b> 2,819,	871	825,629.					
evenue		~		497.	-282,699.					
eve			Gain or (loss) 7c Net gain or (loss)			-283,196.			-283	,196.
Other R	8		Gross income from fundraising events (not			200,190.			200	, 190.
0			including \$ of							
			contributions reported on line 1c). See Part IV, line 18	8a						
		h	Less: direct expenses	8b						
			Net income or (loss) from fundraising even							
	9		Gross income from gaming activities. See							
			Part IV, line 19							
		b	Less: direct expenses	9b						
		с	Net income or (loss) from gaming activitie	s <u></u>						
	10	а	Gross sales of inventory, less returns							
			and allowances							
			Less: cost of goods sold	10b						
_		С	Net income or (loss) from sales of invento	ry						
sn		-			Business Code					
leol Ue	11								 	
ilar ven		b								
Miscellaneous Revenue		c d	All other revenue		900099	10,000.			10	,000.
Σ			Total. Add lines 11a-11d			10,000.				,
	12		Total revenue. See instructions			6,750,385.	1,201,183.	0.	-120	,524.
332009						•			Form <b>990</b>	

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Page 9

NATIONAL ABORTION FEDERATION Part IX Statement of Functional Expenses

200	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,067,790.	10,067,790.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,075,304.	834,643.	146,422.	94,239
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,080,873.	1,615,157.	283,349.	182,367
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	65,533.	50,866.	8,924. 43,345.	5,743
9	Other employee benefits	318,317.		43,345.	5,743 27,897 17,942
10	Payroll taxes	204,726.	158,907.	27,877.	17,942
1	Fees for services (nonemployees):				
а	Management	<u> </u>	05 551		
	Legal	95,771.	95,771.	101 002	
	Accounting	191,803.		191,803.	
	Lobbying	01 000			01 000
	Professional fundraising services. See Part IV, line 17	91,000.			91,000
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 169 005	002 764	204 624	70 607
	column (A), amount, list line 11g expenses on Sch O.)	<u>1,168,995.</u> 10,105.	893,764. 6,713.	204,624. 2,118.	1 274
12	Advertising and promotion	609,183.	410,858.	142,373.	70,607 <u>1,274</u> 55,952
13	Office expenses	383,814.	360,872.	22,942.	55,952
14	Information technology	303,014.	500,072.	22,942.	
15 16	Royalties	191,841.	127,440.	40,216.	24 185
6  7	Occupancy	218,591.	204,796.	6,467.	<u>24,185</u> 7,328
, 8	Travel Payments of travel or entertainment expenses	210,391.	201,750.	0,10,1	,,520
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	835,724.	806,076.	29,648.	
20	Interest	,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,013.	40,531.	12,790.	7,692
3	Insurance	90,183.	40,531. 1,919.	88,264.	•
4	Other expenses. Itemize expenses not covered 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 0.)				
a b c					
d					
е	All other expenses	24,704.	13,032.	11,637.	35
25	Total functional expenses. Add lines 1 through 24e	17,785,270.	15,936,210.	1,262,799.	586,261
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

332010 12-21-23

13510930 788028 14926.3AU01

Check here \_\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

13510930 788028 14926.3AU01

14,301,737.

18,773,266.

30

31

32

33

NATIONAL A	ABORTION	FEDERATION
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Check if Schedule O contains a response or note to any line in this Part X

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) (B) Beginning of year End of year 9,795,437. 3,164,198. 1 1 Cash - non-interest-bearing 5,114,953. 874,311. 2 Savings and temporary cash investments 2 127,067. 211,038. Pledges and grants receivable, net 3 3 48,863. 28,506. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 155,753. 267,637. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 276,385. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 265,115. 354,983. 10c 11,270. b Less: accumulated depreciation 10b 5,434. 0. Investments - publicly traded securities 11 11 10,645. 0. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 3,076,160. 1,214,005. 15 15 Other assets. See Part IV, line 11 18,773,266. 5,686,994. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 440,860. 520,996. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 4,030,669. 1,095,206. 25 of Schedule D 4,471,529. 1,616,202. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 6,393,748. 27 2,327,595. 27 Net assets without donor restrictions Net assets with donor restrictions 7,907,989. 1,743,197. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund

> 5,686,994. Form 990 (2023)

> 4,070,792.

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

Part X Balance Sheet

	1 990 (2023) NATIONAL ABORTION FEDERATION	43-	1097957	Pag	<sub>ge</sub> 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,750					
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,785					
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-11,034</u> 14,301	<u> </u>				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	803	3,94	40.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
_	column (B))	10	4,070	),7	<u>92.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			Ш			
				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	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	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	L			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis X 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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O						
3a	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?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it 📔					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L			

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **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.

OMB No. 1545-0047
2023
Open to Public Inspection

#### Name of the organization

Name	e of t	he organization							identification number		
				ION FEDERATI					3-1097957		
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The o	rgani	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n <b>170(b)</b> (1	l)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)						
3 [		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
_		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6 [		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general j	oublic described in		
-		section 170(b)(1)(A)(vi). (Complete Part II.)									
8 [		A community trust describe									
9 [		An agricultural research org	-					-	•		
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or		
T		university:									
10 [		An organization that norma									
		activities related to its exem		-					-		
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.		
<b>4</b> 4	_	See section 509(a)(2). (Con			(at. ) 0 a a		O(-)(A)				
11 L	$\dashv$	An organization organized a						way out the	numeros of one or		
12 [		An organization organized a more publicly supported or	-	-	-			•			
		lines 12a through 12d that	-								
а		<b>Type I.</b> A supporting orga						-	aivina		
u	L	the supported organization	-	-	• • • •	-					
		organization. You must c			indjointy c				sporting		
b		<b>Type II.</b> A supporting org	-		tion with its	s supporte	d organizatio	n(s) by hay	vina		
		control or management o	-				•		•		
		organization(s). You mus						5			
с		] Type III functionally inte	-		in connect	ion with, a	and functional	ly integrate	ed with,		
		its supported organization						, 0	,		
d		] Type III non-functionally						ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness		
		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	Type III non-functior	nally integrated supporti	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information									
	(i	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		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Total							1		1		

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6165310.	9375833.	10492499.	6981453.	5669726.	38684821.
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	6165310.	9375833.	10492499.	6981453.	5669726.	38684821.
	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)						25019608.
6	Public support. Subtract line 5 from line 4.						13665213.
	ction B. Total Support					L	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	6165310.		10492499.	6981453.	5669726.	38684821.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	58,590.	11,366.	753.	78,159.	152,672.	301,540.
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	49,274.	60,900.				110,174.
11	<b>Total support.</b> Add lines 7 through 10	1372710					39096535.
12			une)				,391,901.
	First 5 years. If the Form 990 is for th	•	,				,
10	organization, check this box and stop	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I		-	column (f))		14	34.95 %
	Public support percentage from 2022		•			15	33.91 %
	<b>33 1/3% support test - 2023.</b> If the						
	stop here. The organization qualifies						v
b	<b>33 1/3% support test - 2022.</b> If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	-		• • • •	-		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		-		• •		,
				,,	,		(Form 990) 2023
							,

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Part III	Support	Schedule for	or Organization	ns Described i	in Section 509(a)(2	2)
Schedule A	(Form 990)	2023	NATIONAL	ABORTION	FEDERATION	

(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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	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 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						
	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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
	acquired after June 30, 1975						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here			-	·····		
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2023 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by	line 13, column (f))	)	17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2023.</b> If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2022.</b> If the						
	line 18 is not more than 33 1/3%, che						tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see ins		
33202	23 12-21-23		17	7		Sched	dule A (Form 990) 2023

1

Yes No

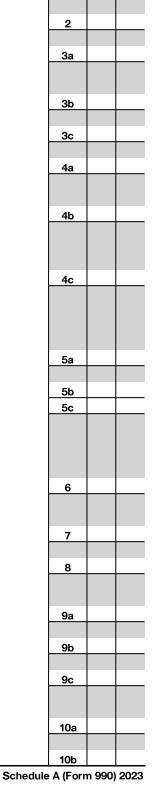
#### Part IV | Supporting Organizations

(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.)

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#### NATIONAL ABORTION FEDERATION Schedule A (Form 990) 2023

1

2

Yes No

Pa	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		
Sec	tion 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 <b>Part VI</b> 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
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	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. Section C. Type II Supporting Organizations

		_
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	
	the supported organization(s)	

#### Section D. All Type III Supporting Organizations

			Yes	No
1	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization</i> 's			
	supported organizations played in this regard.	3		

#### Section 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 instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
------------	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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.

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.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2023

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Schedule A					ABORTIC				
Part V	Type III	Non-	Functionally	Integrat	ed 509(a)(3	) Su	oporting	Organ	izations

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on l	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
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		

7 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) 2023

332026 12-21-23

13510930 788028 14926.3AU01

c Excess from 2021 d Excess from 2022 e Excess from 2023

Part V	Type II	I Non-Functi	onally Integrat	ted 509(a)(3) S	upporting Organization	ons (continued)
	A (Form 990				FEDERATION	

Sect	on D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	З			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990) 2023

	e A (Form 990) :					ABORTION					43-1097957	Page <b>8</b>
Part V		nental		mation. F	Provide	the explanations	requirec	d by Par	t II, line 10; I	Part II, line 17a o	r 17b; Part III, line 12; 1 and 2; Part IV, Section	
	line 1; Part	IV, Sect	ion D,	lines 2 and	3; Part	IV, Section E, lin	es 1c, 2a	i, 2b, 3a	, and 3b; Pa	rt V, line 1; Part '	V, Section B, line 1e; Pa	irt V,
	Section D, (See instru		o, and	8; and Part	V, Sec	tion E, lines 2, 5,	and 6. A	lso com	plete this pa	irt for any additio	onal information.	
SCHEI	ס דד.	סמסיי	тт	T.TNF	10	EXPLANA	TON	FOR		TNCOME		
501111		FANI		, דוווה	<u> </u>		1101	FOR	OTHER	INCOME.		
MISC	ELLANEOU	S REV	VENU	JE								
2019	AMOUNT:	\$	49	,274.								
2020	AMOUNT:	Ş	60	,900.								
332028 12	-21-23										Schedule A (Form 9	990) 2023
-1002	700000	1400	ו אי	<b>1</b> م T T O 1		0.07	22	020	N 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TON FEDEDAM	

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#### \*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

NATIONAL	ABORTION	FEDERATION

Λ	2	_	1	n	a	7	a	5	7
-	ັ		ж.	v	~		~	-	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X 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.

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.

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 for an *exclusively* set in the set of t

**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).

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

Schedule B (Form 990) (2023) Name of organization

NATIONAL ABORTION FEDERATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 2,952,471. Noncash Х \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 300,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 581,175. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 260,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

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Page 2

Employer identification number

43-1097957

Sch

Name of or	rganization		Employer identification number
NATIO	NAL ABORTION FEDERATION		43-1097957
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	L
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
	DONATED SECURITIES		
1		\$\$,952,4	71. 12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	

26

Schedule B (Form 990) (2023)

Page **3** 

Schedule B (Form 990) (2023)

Schedule I	B (Form 990) (2023)			Page					
Name of o	rganization			Employer identification number					
ΝΑΤΤΟ	NAL ABORTION FEDERATION			43-1097957					
	Exclusively religious, charitable, etc., contributi	ons to organizations described in	n section 501(c)(7), (8), or						
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	) through (e) and the following line charitable, etc., contributions of <b>\$1,000</b>	or less for the year. (Enter th	is 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, a	nd 7ID + 4	Polotionshin	of transferor to transferee					
-			nelationship						
		[							
(a) No.		<u> </u>							
from Part I	(b) Purpose of gift	(c) Use of gift	b)	) Description of how gift is held					
1 art 1									
-		(a) <b>T</b> uanafan af	-:0						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee					
		[							
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d	) Description of how gift is held					
ľ	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee					
			T						
(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, a	nd ZIP + 4	Relationship of transferor to transferee						
			· ·						
323454 12-26	3-23			Schedule B (Form 990) (2023)					

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## **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.

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:

- I- t- Dout III -----

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.				
Nan	ne of organization			E	Emplo	oyer identification number
		L ABORTION FEDERAT				43-1097957
Pa	rt I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527	7 org	janization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities				
		anization is exempt under				
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		\$	
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955		\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 for	this year?			Yes No
4a	Was a correction made?					Yes No
_	If "Yes," describe in Part IV.					(2)
		anization is exempt under	• •	•	. ,	. /
	Enter the amount directly expended				\$	
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527		
	exempt function activities				. \$	
3	Total exempt function expenditures		,			
	line 17b					
4	Did the filing organization file Form	1120-POL for this year?				Yes No
5	Enter the names, addresses, and er			•		
	made payments. For each organization					
	contributions received that were pro				parate	segregated fund or a
	political action committee (PAC). If	additional space is needed, provide	e information in Part IV	/. I		
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid fro		(e) Amount of political
				filing organization funds. If none, enter		contributions received and promptly and directly
					0.	delivered to a separate
						political organization.
						If none, enter -0

Schedule C (Form 990) 2023



OMB No. 1545-0047

Open to Public

Inspection

23

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

LHA 332041 11-06-23

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

Sche	edule C (Form 990) 2023 NATIO		097957 Page 2							
Pa		n is exempt under section 501(c)(3) and fil	ed Form 5768 (ele	ction under						
	section 501(h)).									
Α (	Check if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	d group member's name	, address, EIN,						
	expenses, and share of exces	s lobbying expenditures).								
<b>B</b> (	Check if the filing organization check	ed box A and "limited control" provisions apply.	-							
	Limits on Lob! (The term "expenditures" m	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals							
1a	Total lobbying expenditures to influence publ	lic opinion (grassroots lobbying)	5.							
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	794.							
с	Total lobbying expenditures (add lines 1a and	799.								
d			17,784,471.							
е	Total exempt purpose expenditures (add line	17,785,270.								
f	Lobbying nontaxable amount. Enter the amount	unt from the following table in both columns.	1,000,000.							
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:								
	not over \$500,000,	20% of the amount on line 1e.								
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.								
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.								
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.								
	over \$17,000,000,	\$1,000,000.								
g	Grassroots nontaxable amount (enter 25% of	line 1f)	250,000.							
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.							
i	Subtract line 1f from line 1c. If zero or less, et	nter -0-	0.							
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720								
	reporting section 4911 tax for this year?			Yes No						
	4-Year Averaging Period Under Section 501(h)									

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	······································								
	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	( <b>d)</b> 2023	<b>(e)</b> Total				
2a Lobbying nontaxable amount	442,276.	441,160.	535,700.	1,000,000.	2,419,136.				
b Lobbying ceiling amount (150% of line 2a, column(e))					3,628,704.				
<b>c</b> Total lobbying expenditures	65,170.	940.	962.	799.	67,871.				
<b>d</b> Grassroots nontaxable amount	110,569.	110,290.	133,925.	250,000.	604,784.				
e Grassroots ceiling amount (150% of line 2d, column (e))					907,176.				
f Grassroots lobbying expenditures	13,167.	940.	962.	5.	15,074.				

Schedule C (Form 990) 2023

332042 11-06-23

## 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	<b>)</b>
of the	e lobbying activity.	Yes	Νο	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
-	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Total. Add lines 1c through 1i				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				<u>.</u>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'NO" OR (I	b) Part I	II-A, line	3, IS
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
-	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year				
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	255	5		
т	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par	t IV Supplemental Information		· ·		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE I	D
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Department of the Treasury

Internal Revenue Service

(Form 9	<del>9</del> 90)
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### **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.



Employer identification number

43-1097957

Name of the organization

#### NATIONAL ABORTION FEDERATION

Par			or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts				
4	Total number at and of user						
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		and founds				
5	Did the organization inform all donors and donor advisors in w	-					
•	are the organization's property, subject to the organization's of						
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of	· · · · ·	°				
Par		· · · · · · · · · · · · · · · · · · ·					
			Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreat	,	f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c				
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not					
	on a historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax				
	year						
4	Number of states where property subject to conservation eas	ement is located					
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it	holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year				
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	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 revenue and expense	statement and				
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works				
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherance of public				
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these iten	าร.				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 trea						
-	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	-	\$				
			•				
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023				
	09-28-23						
552001		31					

Sche		L ABORTION						43-10			age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	r Other	r Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, chec	k any of the	following that	t make si	gnificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌	Loan or exc	change progra	am					
b	Scholarly research	e	• 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how t	hey further t	he organizatic	on's exen	npt purpc	ose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, h	istorical trea	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "`	Yes" on I	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	•	•						_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year						. <u>1e</u>				
f	Ending balance						. 1f		_		
	Did the organization include an amount on F						ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Par	t V Endowment Funds Complete in								(-) [		haali
_		(a) Current year	(a)	Prior year	(c) Two year	IS DACK	( <b>a</b> ) Three	years back	(e) Four	years	Dack
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance			. ,							
2	Provide the estimated percentage of the cur	•		g, column (a	a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
•	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	ation the	at are neid a	nd administer	red for th	е		ſ	Yes	No
	organization by:									163	
	(i) Unrelated organizations?								3a(i)		
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization of the related organization organization of the related organization of the related organization of the related organization organization organization organization or	tiona listad as requir							3a(ii) 3b		
U A									30		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wmeni	iunus.							
	Complete if the organization answere		) Part l	V line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or c		1	t or other		ccumulat	bed	(d) Bool	c volu	
	Description of property	basis (investr		• •	(other)		preciation			valu	5
10	Land			24510	(3)	20					
-	Land										
b	Buildings Leasehold improvements										
c d				27	76,385.		265,1	15.	1 '	1,2	70.
	EquipmentOther					4	,_			-,4	
	Other		Vine	100 00/000					1 '	1,2	70.
TOLA	Muste	<u>qual Form 990, Part</u>	∧, iine	<u>roc, column</u>	((م))		<u></u>	Schodula			

Schedule D (Form 990) 2023

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Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(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)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	(1) 20011 14140		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 000 Dort IV/ line	11d Cap Form 000 Dart V line 15	
	Description	TTU: See Form 990, Part A, line 15.	(b) Book value
	Description		
(1) DUE FROM NAF HOTLINE FUND			428,246.
(2) OPERATING LEASE RIGHT-OF-U	ISE ASSET		774,903.
(3) SECURITY DEPOSIT			10,856.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1 01 1 00 5
Total. (Column (b) must equal Form 990, Part X, line 15, col	<u>(B))</u>		1,214,005.
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO NAF HOTLINE FUND			286,355.
(3) OPERATING LEASE LIABILITY			808,851.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col	<u>(B))</u>		1,095,206.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements th	nat reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pro	ovided in Part XIII

Schedule D (Form 990) 2023

43-1097957 Page 3

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Schedule D (Form 990) 2023

Part VII Investments - Other Securities

_	dule D (Form 990) 2023 NATIONAL ABORTION FEDERAT		<u>43-1097957</u> Page 4		
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue	per Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			
1	Total revenue, gains, and other support per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
с					
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5					
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	s per Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)				
Pa	t XIII Supplemental Information				

Provide 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, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047		
(Form 990) 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.							2023	
Department of the Treasury		Attach to Form 990	or For	n 990	-EZ.			Open to Public
								Inspection
Name of the organization								ntification number
		L ABORTION FEDERAT					43-1097	
	complete this par	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether th	e organization rais	ed funds through any of the followir	ng activ	vities. (	Check all that apply.			
a X Mail solicitat	tions	e 🔀 Solicita	tion of	non-g	overnment grants			
<b>b</b> X Internet and	email solicitations	s f 🗌 Solicita	tion of	gover	nment grants			
c X Phone solici	tations	g 🗌 Specia	fundra	aising	events			
d 📃 In-person so	licitations							
2 a Did the organization	on have a written o	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,		
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		X Yes	i No
<b>b</b> If "Yes," list the 10	) highest paid indiv	/iduals or entities (fundraisers) pursu	ant to	agreer	ments under which t	he fur	ndraiser is to be	e
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity fundraiser have custody for activity from activity fundraiser have custody from activity from activity fundraiser have custody from activity from activity fundraiser have custody from activity f		Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization			
SPARK POINT FUNDRA	ISTNC IIC		Yes	No				
- ONE THOMAS CIRCLI	•	GRANT WRITING	Tes	No X	0.		91,000.	-91,000.
- ONE THOMAS CIRCLI	E, SUITE	GRANI WRITING			0.		91,000.	-91,000.
				<u> </u>				
				<u> </u>				
				<u> </u>				
Total	<u></u>						91,000.	-91,000.
<b>3</b> List all states in whitor licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OR, PA, RI, SC TN, VA, WV, WI

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990		-	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				· · · · · ·		col. (c))
e			(event type)	(event type)	(total number)	
Revenue						
Rev	1	Gross receipts				
	-					
	2	Less: Contributions				
	~					
$\rightarrow$	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	-					
	5	Noncash prizes				
ŝ	Ŭ					
SUSE	6	Rent/facility costs				
ğ	·	······				
방	7	Food and beverages				
Direct Expenses	-					
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
	11	Net income summary. Subtract line 10 from lin				
Pa	rt I	<b>II Gaming.</b> Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(4) =	bingo/progressive bingo	(0) 0 1101 9411119	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
SS	2	Cash prizes				
sue	_					
ă	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	-	Other direct evenence				
-+	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No %	No	│	
	0	Volunteer labor				
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	'	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
L	-	Hot gaming moorne carmary. Cabiractime r				
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac				
		No," explain:				
		•				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No
	b If "Yes," explain:					
0000-		-13-23			Scho	dule G (Form 990) 2023

Sch	nedule G (Form 990) 2023	NATIONAL	ABORTION FI	EDERATION	43-1097957 Page 3
11	Does the organization conduct ga	ming activities with	nonmembers?		Yes No
12	Is the organization a grantor, bene	eficiary 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	g activity conducted	in:		
14	Enter the name and address of the	e person who prepa	res the organization'	s gaming/special events books and rec	ords:
	Name				
	Address				
15a	a Does the organization have a cont	tract with a third pa	ty from whom the or	ganization receives gaming revenue?	Yes No
ł	If "Yes," enter the amount of gam	ina revenue receive	d by the organization	\$ and the	amount
	of gaming revenue retained by the			•	
c	If "Yes," enter name and address				
		. ,			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	0	<b>^</b>			
	Gaming manager compensation	\$			
	Description of services provided				
		<u> </u>	<u> </u>		
	Director/officer	Employee		endent contractor	
17	Mandatory distributions:				
	a Is the organization required under	state law to make	haritable distribution	s from the gaming proceeds to	
					Yes No
k				d to other exempt organizations or spe	
	organization's own exempt activiti	•			
Pa	art IV Supplemental Inform	mation. Provide	he explanations requ	ired by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also pr	ovide any additional i	nformation. See instructions.	
e o		TTNE OD			λταθρα.
30	HEDOLE G, FARI I,	DINE 2D,	LISI OF IEN	HIGHEST PAID FUNDR.	HIDERD:
<u>(</u> ]	) NAME OF FUNDRAIS	SER: SPARK	POINT FUND	RAISING, LLC	
<u>(</u> ]	) ADDRESS OF FUNDE	RAISER:			
~~~					
ON	E THOMAS CIRCLE, S	<u>3017E /00,</u>	WASHINGTON	I, DC 20005	
3320	83 09-13-23				Schedule G (Form 990) 2023

Part IV	Supplemental Information (continued)	
332084 04-01-	-23	Schedule G (Form 990)

38

SCHEDULE I (Form 990) Department of the Treasury	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.										
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.										
Name of the organization	ization NATIONAL ABORTION FEDERATION EDERATION										
Part I General Infe	ormation on Grants a							43-1097957			
criteria used to aw 2 Describe in Part IV	tion maintain records t vard the grants or assis / the organization's pro	stance?	oring the use of grant	funds in the United	l States.			X Yes No			
	Other Assistance to at received more than S	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
1 (a) Name and add		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance			
NATIONAL ABORTION : PO BOX 100 ANNAPOLIS JUNCTION		88-3509330	501(C)(3)	10,066,290.	0.			GENERAL SUPPORT AND LEGAL EXPENSES			
	r of section 501(c)(3) a							<u>1.</u>			

3 Enter total number of other organizations listed in the line 1 table

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

# NATIONAL ABORTION FEDERATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) 2023

AS THE FISCAL SPONSOR, OUR AGREEMENT IS TO PROCESS CONTRIBUTIONS INTENDED

FOR THE PLANNED PARENTHOOD OF AMERICA. THESE FUNDS ARE TO BE USED

EXCLUSIVELY FOR THE PROJECT OUTLINED IN THE GRANT PROPOSAL. THE FINAL

REPORT IS DUE TO THE FUNDER 30 DAYS AFTER THE COMPLETION OF THE PROJECT.

43-1097957

SCHEDULE J Compensation Information		OMB No.	1545-004	47
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງງ	)
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZJ	)
Department of the Treasury Attach to Form 990.		Open to		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the organization		identification		nber
NATIONAL ABORTION FEDERATION	43-	109795	7	
Part I Questions Regarding Compensation				
			Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Forr	n 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 pers				
Travel for companions Payments for business use of personal Tax indemnification and gross-up payments Health or social club dues or initiation fe				
Discretionary spending account     Personal services (such as maid, chauffe				
	eur, criei)			
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
		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 organiza				
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			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization or a related organization:				
a Receive a severance payment or change-of-control payment?		<u>4a</u>		X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		X
c Participate in or receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
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 compensat	lion			
contingent on the revenues of:		5-		x
a The organization?				X
<ul> <li>b Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> </ul>		<u>5b</u>		
<ul><li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat</li></ul>	ion			
contingent on the net earnings of:				
a The organization?		6a		x
<ul><li>b Any related organization?</li></ul>				X
If "Yes" on line 6a or 6b, describe in Part III.				
<ul><li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen</li></ul>	ts			
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				
		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)?	<u></u>	9		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990)	2023

LHA 332111 11-06-23

#### 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	/-2 and/or 1099-MIS 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)	268,839.	30,000.	0.	30,000.	5,682.	334,521.	0.		
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) SUSAN CAMP	(i)	247,397.	30,000.	0.	30,000.	19,373.	326,770.	0.		
CHIEF LEGAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) MELISSA FOWLER	(i)	225,474.	22,500.	0.	22,500.	7,071.	277,545.	0.		
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(4) REESA ROBERTS	(i)	168,753.	12,000.	0.	12,000.	6,023.	198,776.	0.		
MEDICAL ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.		
(5) KRISTAN DAVIS	(i)	148,374.	0.	0.	0.	18,490.	166,864.	0.		
DIRECTOR OF TRAINING & EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

Schedule J (Form 990) 2023

#### Part III Supplemental Information

Schedule J (Form 990) 2023

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.

Schedule J (Form 990) 2023

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

. Inspection

23

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.

Department of the Treasury Internal Revenue Service

Employer	identification	number

20

# Name of the organization

	NATIONAL ABORTION FEDERATION 43-							
Pa	rt I Types of Property		_					
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	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	4	2,960,804.	QUOTED STOC	K Pl	RICI	2
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 $\ldots$							
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 organi						~	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive b				•			
	must hold for at least 3 years from the date of		ntribution, and whi	ch isn't required to be used f	or			
	exempt purposes for the entire holding period	?				<u>30a</u>		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	•	-	-	ions?	31	Х	<b> </b>
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				1
						32a	Х	-
	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	r for which column (a) is chec	ked,			
	describe in Part II.							1

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Schedule M (Form 990) 2023

LHA 332141 09-11-23

# Schedule M (Form 990) 2023 NATIONAL ABORTION FEDERATION

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

#### THE NUMBER OF CONTRIBUTIONS IN COLUMN B IS THE NUMBER OF CONTRIBUTIONS

MADE.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A SERVICE CALLED FREEWILL TO SOLICIT CHARITABLE

## BEQUESTS THAT ARE SATISFILED VIA STOCK DONATIONS.

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SCHEI (Form 99	DULE N 90)	-	nplete if the organiz	nation, Dissol ation answered "Yes" o tified copies of any artic	n Form 990, Part IV, line	s 31 or 32, or Form 9	<b>DSITION OF ASSE</b> 90-EZ, line 36.	ets	омв №. <b>20</b>	1545-00	_
	of the Treasury enue Service		Go to	Attach to Form 990 o www.irs.gov/Form990 f					Open t Insp	to Pub ection	
Name of	the organizatio		L ABORTION	FEDERATION				Employer ide 43-1	entification 09795		ber
Part I	Liquidation, space is nee		lution. Complete thi	s part if the organization a	answered "Yes" on Form 9	990, Part IV, line 31, o	r Form 990-EZ, line 36. Pa	art I can be dup	licated if a	dditio	nal
1	distributed o	on of asset(s) or transaction ses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address	of recipient	tax-exem	ient(s) (if	
<b>9</b> Di		cor director tructor or								Yes	No
<b>a</b> Be	come a directo	cer, director, trustee, or r or trustee of a succes	sor or transferee orga	anization?					. <u>2a</u>		
		oyee of, or independent or indirect owner of a su							. 2c		
d Re	ceive, or becon	ne entitled to, compens	ation or other similar	payments as a result of the	he organization's liquidati	on, termination, or dis	solution?		2d		

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990) 2023

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								Yes	No
2 Did or will any officer, director, trustee, or k	key employee of the	organization:							
a Become a director or trustee of a successo							2a	Х	
<b>b</b> Become an employee of, or independent c									Х
c Become a direct or indirect owner of a suc	cessor or transferee	organization?					2c		Х
d Receive, or become entitled to, compensation									Х
e If the organization answered "Yes" to any o	of the questions on li	nes 2a through 2d, prov	ide the name of the persor	n involved and explai	n in Part III. SE	E PART III			
332152 09-12-23						Schedu	le N (Forn	n <b>990</b> )	2023
			47						

# 3 4a b 5

6a

(b) Date of

distribution

10/16/23

Liquidation, Termination, or Dissolution (continued)

Part I

1

(a) Description of asset(s)

distributed or transaction

expenses paid

CASH GRANT TO ORGANIZATION

10,066,290.CASH

(c) Fair market value of

asset(s) distributed or

amount of transaction

expenses

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0			No
Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	a		
If "Yes," did the organization provide such notice?	b		
Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
Did the organization have any tax-exempt bonds outstanding during the year?	a		
If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?			
If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.			

(d) Method of

determining FMV for

asset(s) distributed or

transaction expenses

NATIONAL ABORTION FEDERATION Schedule N (Form 990) 2023

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(e) EIN of recipient

88-3509330

(f) Name and address of recipient

NATIONAL ABORTION FEDERATION.

ANNAPOLIS JUNCTION, MD 20701-0 501C3

PO BOX 100

Page **2** 

(g) IRC section of

recipient(s) (if

tax-exempt) or type

of entity

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

#### PART II, LINE 2E:

#### LORIE CHAITEN AND DALTON JOHNSON

PART II, LINE 2E:

LORIE CHAITEN, JD (CHAIR) AND DALTON JOHNSON, MBA (TREASURER) SERVE ON THE

BOARD OF THE DIRECTORS OF BOTH NATIONAL ABORTION FEDERATION AND NATIONAL

#### ABORTION FEDERATION, INC.

Schedule N (Form 990) 2023

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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.



43-1097957

NATIONAL ABORTION FEDERATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EVIDENCE-BASED CARE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DURING 2023 THE ORGANIZATION CEASED CONDUCTING THEIR ACCESS INITIATIVE.

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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CLINIC SECURITY AND 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

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LAW ENFORCEMENT RESPONSE TO THREATS AND VIOLENCE AND TO IMPROVE

PROVIDER AND PATIENT SAFETY.

EXPENSES \$ 626,270. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization NATIONAL ABORTION FEDERATION	Employer identification number 43-1097957
CANADIAN PROGRAM: NAF ESTABLISHED A CANADIAN PROGRAM TO PRO	OVIDE DIRECT
SERVICES AND TECHNICAL ASSISTANCE TO NAF MEMBERS IN CANADA	AND TO
ENSURE CANADIAN WOMEN HAVE ACCESS TO THE ABORTION CARE THE	Y NEED. WE
WORK TO EDUCATE GOVERNMENT OFFICIALS AND THE MEDIA ABOUT B	ARRIERS TO
ABORTION ACCESS AND DEVELOP STRATEGIES AND PROGRAMS TO INC.	REASE WOMEN'S
ACCESS TO QUALIFY ABORTION CARE. WE ALSO PROVIDE CONTINUIN	G MEDICAL
EDUCATION IN ABORTION CARE AT NAF-SPONSORED CONFERENCES AND	D THE
MEETINGS OF OTHER CANADIAN MEDICAL ORGANIZATIONS.	
EXPENSES \$ 5,798. 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 REPRODUCT	IVE HEALTH CARE
ORGANIZATIONS, PRO-CHOICE COOPERATING ORGANIZATIONS, INDIV	IDUALS, AND
MEDICAL ABORTION PROVIDERS.	
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:

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization NATIONAL ABORTION FEDERATION	Employer identification number 43-1097957
ANNUALLY, THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED I	N PERSON AT A
MEETING OF THE BOARD OF DIRECTORS. AT THE END OF THE MEETI	NG, STAFF COLLECT
THE COMPLETED FORMS. STAFF FOLLOW UP WITH ANY BOARD MEMBER	S WHO WERE ABSENT
AT THE MEETING TO ENSURE THAT COMPLETED FORMS ARE RECEIVED	FROM THEM. THE
PRESIDENT & CEO OR, WHERE APPLICABLE, CHAIR, AFTER RECEIVI	NG 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 CO	MPLETED IN THE
BEST INTEREST OF NAF. A WRITTEN RECORD OF ANY REPORT OF PO	SSIBLE 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 HANDBO	OK. 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.

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Name of the organization           NATIONAL ABORTION FEDERATION	Employer identification number 43-1097957
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, N	Y,OH,OR,PA,RI,SC
TN,VA,WI,WV	
FORM 990, PART VI, SECTION C, LINE 19:	
NAF PROVIDES A LINK ON ITS WEBSITE TO BOTH WWW.CHARITYNAVI	GATOR.ORG AND
WWW.GUIDESTAR.ORG, WHERE THE ORGANIZATION'S FINANCIAL STAT	EMENTS CAN BE
VIEWED. IN ADDITION, NAF PROVIDES GOVERNING DOCUMENTS, INC	LUDING THE
CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND ANN	UAL REPORT, TO
ALL WHO REQUEST THEM. TELEPHONE ANSWERING INSTRUCTIONS STA	TE 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 XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON DISPOSAL OF OPERATING RIGHT OF USE ASSETS

803,940.

332212 11-14-23

# SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

# **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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 43 - 1097957

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

Name of the organization

### NATIONAL ABORTION FEDERATION

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NAF HOTLINE FUND - 26-4703759	PATIENT INFORMATION &						
PO BOX 100	RESOURCE TO ACCESS QUALITY				NATIONAL ABORTION		
ANNAPOLIS JUNCTION, MD 20701-0416	ABORTION CARE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	FEDERATION	X	
NATIONAL ABORTION FEDERATION, INC							
88-3509330, PO BOX 100, ANNAPOLIS JUNCTION,	UNITE, REPRESENT, SERVE, &				NATIONAL ABORTION		
MD 20701-0416	SUPPORT ABORTION PROVIDERS	DELAWARE	501(C)(3)	LINE 7	FEDERATION		х

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

Schedule R (Form 990) 2023

## Schedule R (Form 990) 2023 NATIONAL ABORTION FEDERATION

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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 one or more related organizations treated as a partnership during the tax year.

	r an	· <b>,</b>									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partne	l or Percentage <sup>ing</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1		1			1	1	1	1		

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.

<b>(a)</b> Name, address, and EIN of related organization	(state or foreign		Primary activity Legal domicile Ciste or foreign Direct controlling Type of entity (C corp, S corp, or trust)			<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	contr ent	
		country)						Yes	No

## Schedule R (Form 990) 2023 NATIONAL ABORTION FEDERATION

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X	<u>.</u>
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	<u>1f</u>		+
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)	1h		+
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	1j		-
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
n Performance of services or membership or fundraising solicitations by related organization(s)	<b>1</b> m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	1p	X	5
a Reimbursement paid by related organization(s) for expenses		X	:
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) NAF HOTLINE FUND	L	1,896,854.	FAIR MARKET VALUE
(2) NAF HOTLINE FUND	Q	428,246.	FAIR MARKET VALUE
(3) NAF HOTLINE FUND	Р	286,355.	FAIR MARKET VALUE
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

## Schedule R (Form 990) 2023 NATIONAL ABORTION FEDERATION

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org	e) all rs sec. c)(3) s.?	<b>(f)</b> Share of total		<b>(h</b> Dispr tior allocat	n) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> Genera manag partne	or Percentage ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	

Schedule R (Form 990) 2023

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

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