

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982

Name and title of officer or person subject to tax

**ALICIA WALTON
CONTROLLER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>13,510,160.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0414495902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature **DANIELLE NIHILL**

Date **05/11/22**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **8868**
(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. NATIONAL NETWORK OF ABORTION FUNDS, INC.	Taxpayer identification number (TIN) 04-3236982
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 9450 SW GEMINI DR PMB 16009	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEAVERTON, OR 97008	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ALICIA WALTON

- The books are in the care of ► **9450 SW GEMINI DR PMB 16009 - BEAVERTON, OR 97008**
Telephone No. ► **617-314-0273** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year _____ or
 ► tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2020)

EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL NETWORK OF ABORTION FUNDS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9450 SW GEMINI DR PMB 16009 City or town, state or province, country, and ZIP or foreign postal code BEAVERTON, OR 97008 F Name and address of principal officer: DAPHNE MAZUZ SAME AS C ABOVE	D Employer identification number 04-3236982 E Telephone number 617-267-7161 G Gross receipts \$ 18,242,851. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ABORTIONFUNDS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: DC

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO REMOVE BARRIERS TO ABORTION ACCESS AND ADVOCATE FOR REPRODUCTIVE JUSTICE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	59
	6 Total number of volunteers (estimate if necessary)	6	9
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 13,017,132.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		105,879.	28,884.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,269.	-1,667.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,147,280.	13,510,160.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,771,743.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,125,298.	6,172,949.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,527,257.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,528,183.	2,112,626.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,425,224.	13,339,787.	
19 Revenue less expenses. Subtract line 18 from line 12	3,722,056.	170,373.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 13,628,216.	End of Year 14,416,205.
	21 Total liabilities (Part X, line 26)	1,504,267.	1,833,549.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,123,949.	12,582,656.

Part II Signature Block

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

Sign Here	Signature of officer ALICIA WALTON, CONTROLLER Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name DANIELLE NIHILL	Preparer's signature DANIELLE NIHILL	Date 05/11/22	Check if self-employed <input type="checkbox"/>	PTIN P01350943
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's address ▶ 4 BATTERYMARCH PARK, SUITE 100 QUINCY, MA 02169	Firm's EIN ▶ 41-0746749	Phone no. (781) 982-1001	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:

NNAF BUILDS POWER WITH MEMBERS TO REMOVE FINANCIAL AND LOGISTICAL BARRIERS TO ABORTION ACCESS BY CENTERING PEOPLE WHO HAVE ABORTIONS AND ORGANIZING AT THE INTERSECTIONS OF RACIAL, ECONOMIC AND REPRODUCTIVE JUSTICE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 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.

4a (Code:) (Expenses \$ 8,242,786. including grants of \$ 5,054,212.) (Revenue \$) NNAF COLLABORATES WITH 90+ MEMBER FUNDS ACROSS THE US AND INTERNATIONALLY ON PROGRAM DESIGN, POLICY STRATEGY DEVELOPMENT AND MOVEMENT, DRIVEN BY OUR CORE VALUES OF COMPASSION, AUTONOMY, INTERSECTIONALITY, AND COLLECTIVE POWER. NNAFS CORE PROGRAM AREAS ARE INDIVIDUAL LEADERSHIP DEVELOPMENT, ORGANIZATIONAL DEVELOPMENT, NETWORK BUILDING AND MOVEMENT-BUILDING.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,242,786.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		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		59
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ALICIA WALTON - 617-314-0273
9450 SW GEMINI DR PMB 16009, BEAVERTON, OR 97008

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 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 and/or Box 7 of Form 1099-MISC) 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 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) YAMANI HERNANDEZ EXECUTIVE DIRECTOR	40.00			X			220,858.	0.	10,459.	
(2) CYNTHIA LIN DEPUTY DIRECTOR OF MOVEMENT BUILDING	40.00			X			153,836.	0.	5,756.	
(3) JESSICA KANE DEPUTY DIRECTOR OF STRATEGIC OPERATI	40.00			X			150,116.	0.	9,150.	
(4) DEBASRI GHOSH MANAGING DIRECTOR	40.00			X			121,916.	0.	1,650.	
(5) SIERRA HARRIS DEPUTY DIRECTOR OF NETWORK STRATEGIE	40.00			X			121,916.	0.	4,958.	
(6) ADAKU UTAH MOVEMENT BUILDING LEADERSHIP MANAGER	40.00					X	122,826.	0.	3,250.	
(7) ALICIA WALTON CONTROLLER	40.00					X	116,840.	0.	4,831.	
(8) LINDSAY RODRIGUEZ SENIOR COMMUNICATIONS MANAGER	40.00					X	111,247.	0.	3,495.	
(9) EMILY WHITE HODGE HR DIRECTOR	40.00					X	114,355.	0.	7,013.	
(10) DANIEL STAPLES IT MANAGER	40.00					X	109,236.	0.	7,382.	
(11) TANYA LADHA DIRECTOR	1.00	X					11,500.	0.	0.	
(12) VALERIE PETERSON (THRU APR 2021) DIRECTOR	1.00	X					0.	0.	0.	
(13) ROSA YADIRA ORTIZ DIRECTOR	1.00	X					0.	0.	0.	
(14) POONAM DREYFUS-PAI DIRECTOR	1.00	X					0.	0.	0.	
(15) MARLO BARRERA DIRECTOR	1.00	X					0.	0.	0.	
(16) MAUREEN STUTZMAN SECRETARY	1.00	X		X			0.	0.	0.	
(17) DAPHNE MAZUZ TREASURER	1.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAMYON CONNER VICE CHAIR	1.00	X		X				0.	0.	0.
(19) ASHA DANE 'EL CO-CHAIR	1.00	X		X				0.	0.	0.
(20) KATHERINE MCGUINNESS CO-CHAIR	1.00	X		X				0.	0.	0.
(21) REBECCA LUXENBERG CHIEF FINANCIAL OFFICER	0.00			X				0.	0.	0.
1b Subtotal							1,354,646.	0.	57,944.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,354,646.	0.	57,944.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **14**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HRC TOTAL SOLUTIONS 111 CHARLES ST, MANCHESTER, NH 03101	HSA CONTRIBUTION MANAGEMENT	193,500.
GROUNDWORK PROJECT, LLC 10814 WILKINS ROAD, ROUEMONT, NC 27572	PROJECT MANAGEMENT	171,100.
NICOLE THOMAS CONSULTING 2855 E 130TH ST, CLEVELAND, OH 44120	PROGRAM CONSULTING	105,105.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	39,334.				
	c Fundraising events	1c	1,319,536.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	689,148.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	11,434,925.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			13,482,943.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		18,313.			18,313.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,705,730.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	4,695,159.				
	c Gain or (loss)	7c	10,571.				
	d Net gain or (loss)			10,571.		10,571.	
8 a Gross income from fundraising events (not including \$ 1,319,536. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			0.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		22,561.				
			37,532.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			-14,971.		-14,971.		
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue		900099	13,304.		13,304.	
	e Total. Add lines 11a-11d			13,304.			
12 Total revenue. See instructions			13,510,160.	0.	0.	27,217.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,029,212.	5,029,212.		
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	25,000.	25,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	980,698.	294,403.	459,852.	226,443.
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	3,986,160.	1,586,017.	1,000,531.	1,399,612.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	113,001.	39,057.	35,002.	38,942.
9 Other employee benefits	734,926.	277,808.	216,582.	240,536.
10 Payroll taxes	358,164.	133,676.	106,668.	117,820.
11 Fees for services (nonemployees):				
a Management				
b Legal	33,879.		33,879.	
c Accounting	12,234.		12,234.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	11,260.		11,260.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,106,881.	789,902.	151,672.	165,307.
12 Advertising and promotion				
13 Office expenses	357,760.	6,116.	65,339.	286,305.
14 Information technology	164,504.	7,524.	140,621.	16,359.
15 Royalties				
16 Occupancy	161,492.	26,200.	115,092.	20,200.
17 Travel	14,665.		13,854.	811.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,856.	25,866.	9,540.	14,450.
23 Insurance	20,169.		20,169.	
24 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 O.)				
a OTHER PERSONNEL EXPENSE	179,926.	2,005.	177,449.	472.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,339,787.	8,242,786.	2,569,744.	2,527,257.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,337,763.	1	1,579,415.
	2 Savings and temporary cash investments	62.	2	62.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,700,000.	4	1,694,740.
	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 disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	99,633.	9	176,853.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 239,017.		
	b Less: accumulated depreciation	10b 177,577.	111,296.	10c 61,440.
	11 Investments - publicly traded securities	8,379,462.	11	10,902,438.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	1,257.
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,628,216.	16	14,416,205.	
Liabilities	17 Accounts payable and accrued expenses	1,504,267.	17	1,831,299.
	18 Grants payable		18	
	19 Deferred revenue		19	2,250.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,504,267.	26	1,833,549.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,503,048.	27	7,447,388.
	28 Net assets with donor restrictions	6,620,901.	28	5,135,268.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	12,123,949.	32	12,582,656.
	33 Total liabilities and net assets/fund balances	13,628,216.	33	14,416,205.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,510,160.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,339,787.
3	Revenue less expenses. Subtract line 2 from line 1	3	170,373.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,123,949.
5	Net unrealized gains (losses) on investments	5	288,334.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,582,656.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2020

Open to Public Inspection

Name of the organization: NATIONAL NETWORK OF ABORTION FUNDS, INC. Employer identification number: 04-3236982

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii).
3 [] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [] An organization organized and operated exclusively to test for public safety.
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations []
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4259494.	5074100.	11197738.	13017132.	13482943.	47031407.
2 Tax revenues levied for the organization'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	4259494.	5074100.	11197738.	13017132.	13482943.	47031407.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13198446.
6 Public support. Subtract line 5 from line 4.						33832961.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4259494.	5074100.	11197738.	13017132.	13482943.	47031407.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	44,399.	99,148.	160,218.	105,879.	18,313.	427,957.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					13,304.	13,304.
11 Total support. Add lines 7 through 10						47472668.
12 Gross receipts from related activities, etc. (see instructions)					12	22,561.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	71.27 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	63.68 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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 "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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? <i>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.</i>		
b Did the activities described in 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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section 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	<input type="checkbox"/> 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 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization: NATIONAL NETWORK OF ABORTION FUNDS, INC.
Employer identification number: 04-3236982

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$ 0.
3 Volunteer hours for political campaign activities 36.

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 0.
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 0.
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		565.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		565.													
d Other exempt purpose expenditures		8,242,221.													
e Total exempt purpose expenditures (add lines 1c and 1d)		8,242,786.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		562,139.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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)		140,535.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> 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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	354,070.	493,440.	621,261.	562,139.	2,030,910.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,046,365.
c Total lobbying expenditures	7,360.	92.	4,200.	565.	12,217.
d Grassroots nontaxable amount	7,360.	92.	4,200.	565.	12,217.
e Grassroots ceiling amount (150% of line 2d, column (e))					18,326.
f Grassroots lobbying expenditures				0.	

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
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 prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

SUPPORT FOR GENDER EQUITY AND ABORTION ACCESS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization NATIONAL NETWORK OF ABORTION FUNDS, INC. **Employer identification number** 04-3236982

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic 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 conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 958, not 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 in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		104,032.	69,816.	34,216.
e Other		134,985.	107,761.	27,224.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				61,440.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	12,505,230.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	288,334.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	37,532.
e	Add lines 2a through 2d	2e	325,866.
3	Subtract line 2e from line 1	3	12,179,364.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,260.
b	Other (Describe in Part XIII.)	4b	1,319,536.
c	Add lines 4a and 4b	4c	1,330,796.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,510,160.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,046,523.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	37,532.
e	Add lines 2a through 2d	2e	37,532.
3	Subtract line 2e from line 1	3	12,008,991.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,260.
b	Other (Describe in Part XIII.)	4b	1,319,536.
c	Add lines 4a and 4b	4c	1,330,796.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,339,787.

Part 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.

PART X, LINE 2:

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS AS THE ORGANIZATION HAS HAD NO UNRELATED BUSINESS INCOME. THE ORGANIZATION HAS NOT TAKEN ANY TAX POSITIONS WHICH WOULD HAVE A MATERIAL EFFECT, INDIVIDUALLY OR IN THE AGGREGATE, UPON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES IT HAS NOT TAKEN ANY SIGNIFICANT UNCERTAIN TAX POSITIONS OR ANY TAX POSITIONS THAT WOULD JEOPARDIZE THE ORGANIZATION'S TAX-EXEMPT STATUS. THE ORGANIZATION FILES TAX FORMS IN THE UNITED STATES FEDERAL AND STATE JURISDICTIONS AND IS NO

Part XIII Supplemental Information (continued)

LONGER SUBJECT TO EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 37,532.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS 1,319,536.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 37,532.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS 1,319,536.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization NATIONAL NETWORK OF ABORTION FUNDS, INC.	Employer identification number 04-3236982
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS	GENERAL OPERATING SUPPORT FOR ORGANIZATION	10,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	GENERAL OPERATING SUPPORT FOR ORGANIZATION	15,000.
3 a Subtotal	0	0			25,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			25,000.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT ABORTION ASSISTANCE	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT ABORTION ASSISTANCE	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT ABORTION ASSISTANCE	5,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ORGANIZATIONS APPLY FOR GRANTS AND IF THEIR PROGRAMS MEET THE CRITERIA THEY ARE AWARDED MONEY

PART I, LINE 3:

ORGANIZATION SELECTS ELIGIBLE PARTICIPANTS TO SPEND MONEY ON CERTAIN EXPENSES. THIS IS TRACKED BY INVOICES PROVIDED BY GRANT PARTICIPANTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number

04-3236982

Part I

Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FUND-A-THON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	1,319,536.		1,319,536.
	2	Less: Contributions	1,319,536.		1,319,536.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a		%
b An outside facility	13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **NATIONAL NETWORK OF ABORTION FUNDS, INC.** Employer identification number **04-3236982**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS REPRODUCTIVE CARE - SOUTHEAST - P.O. BOX 7354 - ATLANTA, GA 30357	47-3813101	501C3	423,226.	0.			GENERAL OPERATING SUPPORT; PATIENT NAVIGATION; REGRANT
CHICAGO ABORTION FUND 333 W NORTH AVE STE 267 CHICAGO, IL 60610-1293	36-3451293	501C3	329,915.	0.			GENERAL OPERATING SUPPORT; PATIENT NAVIGATION; TECHNICAL ASSISTANCE; FUND-A-THON
WOMEN HAVE OPTIONS P.O. BOX 1611 COLUMBUS, OH 43216	31-1357186	501C3	319,431.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
FLORIDA ACCESS NETWORK P.O. BOX 536522 ORLANDO, FL 32853	59-3396077	501C3	290,676.	0.			GENERAL OPERATING SUPPORT; PATIENT NAVIGATION; FUND-A-THON PAYOUTS
FUND TEXAS CHOICE 3005 S LAMAR BLVD STE 109, BOX #111 AUSTIN, TX 78704	46-3372095	501C3	278,826.	0.			GENERAL OPERATING SUPPORT; PATIENT NAVIGATION; TECHNICAL ASSISTANCE; FUND-A-THON
DCAF P.O. BOX 65061 WASHINGTON, DC 20035	20-4713150	501C3	240,764.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **66.**

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

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990)

NATIONAL NETWORK OF ABORTION FUNDS, INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE ABORTION FUND 1323 N CALVERT ST STE A BALTIMORE, MD 21202-3974	46-4699877	501C3	194,952.	0.			GENERAL OPERATING SUPPORT; OSU PILOT FUND STIPENDS; FUND-A-THON PAYOUTS
CAROLINA ABORTION FUND 5540 CENTERVIEW DR STE 204 PMB 8410 RALEIGH, NC 27606-8012	45-3810502	501C3	165,428.	0.			GENERAL OPERATING SUPPORT; OSU PILOT FUND STIPENDS; FUND-A-THON PAYOUTS
ACCESS REPRODUCTIVE JUSTICE PO BOX 3609 OAKLAND, CA 94609	51-0163201	501C3	126,312.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
YELLOWHAMMER FUND 2223 8TH AVE TUSCALOOSA, AL 35401	82-1822204	501C3	125,570.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
RICHMOND REPRODUCTIVE FREEDOM PROJECT - P.O. BOX 7389 - RICHMOND, VA 23221	38-3835776	501C3	116,565.	0.			GENERAL OPERATING SUPPORT; OSU PILOT FUND STIPENDS; FUND-A-THON PAYOUTS
BLUE RIDGE ABORTION FUND P.O. BOX 5082 CHARLOTTESVILLE, VA 22905	27-1343669	501C3	113,802.	0.			GENERAL OPERATING SUPPORT; OSU PILOT FUND STIPENDS; FUND-A-THON PAYOUTS
LILITH FUND 5307 WATERBROOK DR AUSTIN, TX 78723	74-3008249	501C3	112,717.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
PRETERM ACCESS FUND 12000 SHAKER BLVD CLEVELAND, OH 44120-1922	23-7314836	501C3	110,942.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
NEW ORLEANS ABORTION FUND PO BOX 850773 NEW ORLEANS, LA 70185-0773	46-0950114	501C3	107,501.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

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NATIONAL NETWORK OF ABORTION FUNDS, INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI ABORTION FUND PO BOX 32034 ST LOUIS, MO 63132	47-1977531	501C3	88,596.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
NORTHWEST ABORTION ACCESS FUND 4325 COMMERCE ST SUITE 111-433 EUGENE, OR 97402	72-1553703	501C3	87,209.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
WEST FUND PO BOX 920088 EL PASO, TX 79902	46-4153283	501C3	75,910.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS
KENTUCKY HEALTH JUSTICE NETWORK PO BOX 4761 LOUISVILLE, KY 40208	27-1246514	501C3	74,516.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS
TEXAS EQUAL ACCESS FUND PO BOX 227336 DALLAS, TX 75222	11-3736286	501C3	72,742.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
MIDWEST ACCESS COALITION 4411 NORTH RAVENSWOOD AVENUE CHICAGO, IL 60640	47-2160168	501C3	71,616.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
CLINIC ACCESS SUPPORT NETWORK 3824 CEDAR SPRINGS RD # 801-3614 DALLAS, TX 75219-4136	46-3995595	501C3	71,042.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
OUR JUSTICE ABORTION ASSISTANCE FUND - P.O. BOX 2105 - MINNEAPOLIS, MN 55104	41-0971333	501C3	68,948.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
FRONTERA FUND P.O. BOX 721011 MCALLEN, TX 78504	47-4137116	501C3	68,003.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

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NATIONAL NETWORK OF ABORTION FUNDS, INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL-OPTIONS PO BOX 28284 OAKLAND, CA 94604-8284	87-0729403	501C3	67,076.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
NEW MEXICO RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE - PO BOX 66433 - ALBUQUERQUE, NM 87193	85-0391823	501C3	66,172.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
JANE'S DUE PROCESS 1023 SPRINGDALE RD AUSTIN, TX 78721-2465	75-2917844	501C3	62,379.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
EASTERN MASSACHUSETTS ABORTION FUND - 955 MASSACHUSETTS AVE #427 - CAMBRIDGE, MA 02139	04-3502604	501C3	60,296.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
ABORTION FUND OF ARIZONA 4141 N 32ND ST STE 105 PHOENIX, AZ 85018-4775	30-0380039	501C3	54,404.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS
WOMEN'S MEDICAL FUND INC. PO BOX 248 MADISON, WI 53701	51-0189614	501C3	51,661.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
COBALT ABORTION FUND PO BOX 22485 DENVER, CO 80222-0485	84-6050191	501C3	50,000.	0.			GENERAL OPERATING SUPPORT
NEW YORK ABORTION ACCESS FUND FDR STATION, BOX 7569 NEW YORK, NY 10150	06-1610849	501C3	46,893.	0.			FUND-A-THON PAYOUTS
BROWARD WOMEN'S EMERGENCY FUND 2215 CYPRESS ISLAND DRIVE, APT 602 POMPANO BEACH, FL 33069	01-0792931	501C3	42,624.	0.			GENERAL OPERATING SUPPORT

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NATIONAL NETWORK OF ABORTION FUNDS, INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCY MEDICAL ASSISTANCE INC. PO BOX 33552 PALM BEACH GARDENS, FL 33420-3552	51-0198610	501C3	40,000.	0.			GENERAL OPERATING SUPPORT
ABORTION LIBERATION FUND OF PA FKA WOMEN'S MEDICAL FUND - 123 S BROAD ST STE 635 - PHILADELPHIA, PA 19109-1059	23-1727133	501C3	40,000.	0.			GENERAL OPERATING SUPPORT
TAMPA BAY ABORTION FUND 690 MAIN ST SAFETY HARBOR, FL 34695-3551	85-2493274	501C3	28,817.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
NORTH DAKOTA WOMEN IN NEED FUND 512 1ST AVE N FARGO, ND 58102	45-0452955	501C3	28,400.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
WOMEN'S HEALTH AND EDUCATION FUND PO BOX 5863 PROVIDENCE, RI 02903-0863	05-0463800	501C3	28,049.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS
HOLLER HEALTH JUSTICE PO BOX 11032 CHARLESTON, WV 25339-1032	83-1203957	501C3	25,137.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
WESTERN PA FUND FOR CHOICE 5910 KIRKWOOD STREET PITTSBURGH, PA 15206	20-1377942	501C3	23,282.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
REPRODUCTIVE FREEDOM FUND OF NEW HAMPSHIRE - 422 CENTRAL AVE # 167 - DOVER, NH 03820-3411	82-1355025	501C3	18,394.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
NEW RIVER ABORTION ACCESS FUND. PO BOX 10701 BLACKSBURG, VA 24062	84-2154547	501C3	18,212.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

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NATIONAL NETWORK OF ABORTION FUNDS, INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGNES REYNOLDS JACKSON FUND PO BOX 4878 TOLEDO, OH 43610	34-1683826	501C3	17,765.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
AFIYA CENTER 7220 S WESTMORELAND RD DALLAS, TX 75237-2984	36-4625704	501C3	17,123.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
MISSISSIPPI REPRO FREEDOM FUND 2210 HILL AVE JACKSON, MS 39204	47-2483849	501C3	15,500.	0.			GENERAL OPERATING SUPPORT
STIGMA RELIEF FUND 1001 E. MARKET ST., SUITE 200 CHARLOTTESVILLE, VA 22902	20-0627004	501C3	15,500.	0.			GENERAL OPERATING SUPPORT
THE BRIDGE COLLECTIVE PO BOX 650075 AUSTIN, TX 78765-0075	38-3892724	501C3	15,500.	0.			GENERAL OPERATING SUPPORT
JANE FUND OF CENTRAL MASSACHUSETTS PO BOX 562 HOLDEN, MA 01520-0562	91-1811542	501C3	13,805.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
ABORTION CARE FOR TENNESSEE 4525 CHARLOTTE AVE NASHVILLE, TN 37209-3609	84-5163691	501C3	12,115.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
SUSAN WICKLUND FUND P.O. BOX 11757 BOZEMAN, MT 59718	27-0670177	501C3	11,818.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
WOMEN'S HEALTH PROJECT DBA EMMA GOLDMAN CLINIC - 227 N. DUBUQUE STREET - IOWA CITY, IA 52245	42-1009939	501C3	10,325.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

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NATIONAL NETWORK OF ABORTION FUNDS, INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABORTION ACCESS FUND INC. 1002 W MISSION AVE BELLEVUE, NE 68005-3947	47-0831276	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
ALABAMA COHOSH COLLABORATIVE PO BOX 22521 HUNTSVILLE, AL 35814-2521	84-2997771	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
ARKANSAS ABORTION SUPPORT NETWORK PO BOX 8416 JACKSONVILLE, AR 72078-8416	81-2441571	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
CASCADES ABORTION SUPPORT COLLECTIVE - 16000 S GERBER RD - OREGON CITY, OR 97045	84-4535470	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
CHELSEA'S FUND PO BOX 1472 LANDER, WY 82520	83-0322262	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
SOUTHERN TIER WOMEN'S HEALTH ACCESS FUND - PO BOX 642 - VESTAL, NY 13851	83-1790698	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
THE BRIGID ALLIANCE PO BOX 58, PLANETARIUM STATION NEW YORK, NY 10024	82-3843989	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
RECLAIM, INC./MI WIN 35000 FORD RD STE 3 WESTLAND, MI 48185-3719	47-4650419	501C3	8,278.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
WOMEN'S REPRODUCTIVE RIGHTS ASSISTANCE PROJECT - 2633 LINCOLN BLVD # 338 - SANTA MONICA, CA 90405-4619	95-4522977	501C3	7,500.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A FUND INC. PO BOX 221286 LOUISVILLE, KY 40252-1286	61-1237178	501C3	7,100.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE
SAFE ABORTIONS FOR EVERYONE - MAINE - PO BOX 752 - PORTLAND, ME 04104	01-0449907	501C3	5,870.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO ABORTION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; PATIENT NAVIGATION; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS

NAME OF ORGANIZATION OR GOVERNMENT: FUND TEXAS CHOICE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; PATIENT NAVIGATION; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **NATIONAL NETWORK OF ABORTION FUNDS, INC.**
 Employer identification number: **04-3236982**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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 compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) YAMANI HERNANDEZ EXECUTIVE DIRECTOR	(i)	185,140.	35,718.	0.	8,559.	1,900.	231,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CYNTHIA LIN DEPUTY DIRECTOR OF MOVEMENT BUILDING	(i)	143,836.	10,000.	0.	3,856.	1,900.	159,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JESSICA KANE DEPUTY DIRECTOR OF STRATEGIC OPERATI	(i)	140,116.	10,000.	0.	7,250.	1,900.	159,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number

04-3236982

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION MAY HAVE ONE CLASS OF VOTING MEMBERS, WHOSE QUALIFICATION
CRITERIA, PRIVILEGES, AND RIGHTS SHALL BE PROVIDED IN THE CORPORATION'S
BY-LAWS AND MAY HAVE ONE OR MORE CLASSES OF NONVOTING MEMBERS AS PROVIDED
IN THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH VOTING MEMBER SHALL BE ENTITLED TO CAST TWO VOTES AT MEMBERSHIP
MEETINGS BY DESIGNATING, IN WRITING ADDRESSED TO THE SECRETARY, ONE OR TWO
VOTING REPRESENTATIVES, WHO COLLECTIVELY SHALL CONSTITUTE NNAF'S "VOTING
MEMBERSHIP."

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

COPIES OF THE FORM 990 ARE PROVIDED TO THE BOARD OF DIRECTORS BEFORE THE
FILLING OF THE RETURN

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

ORGANIZATION CONSISTENTLY REVIEWS WRITTEN CONFLICT OF INTEREST POLICY.

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

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE OFFICERS AND OTHER
EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE BOARD USING COMPARABILITY
DATA AND A MAJORITY VOTE. THE LAST TIME THIS WAS PERFORMED WAS IN 2021.

Name of the organization NATIONAL NETWORK OF ABORTION FUNDS, INC.	Employer identification number 04-3236982
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FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

NATIONAL NETWORK OF ABORTION FUNDS, INC.
9450 SW GEMINI DR PMB 16009
BEAVERTON, OR 97008

NON-PROFIT ORG/PUBLIC CHARITIES DIV
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MA 02108

FORM PC

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/20 to 06/30/21

AG Account #: 038341 Federal ID #: 04-3236982

Electronic Payment Confirmation #:
Attach printout of electronic payment confirmation.

Electronic Payment Date:

When did the organization first engage in charitable work in Massachusetts? 05/18/1994

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [] No

If yes, date of application OR date of determination letter: 05/18/1994

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [] No

Organization Data

Name: NATIONAL NETWORK OF ABORTION FUNDS, INC.

Mailing Address: 9450 SW GEMINI DR PMB 16009

City: BEAVERTON State: OR ZIP: 97008

Phone Number: 617-267-7161 Fax Number: 617-267-7160

Email: INFO@ABORTIONFUNDS.ORG Website: WWW.ABORTIONFUNDS.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 5, and Type of Organization (Table 2) with code 18. Organization Purpose Code 1 has code 50, and Organization Purpose Code 2 has code 8.

Please check box if final return prior to dissolution: []

- Check all items attached (if applicable)
[X] Filing Fee or Printout of Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[] Schedule RO
[] Schedule VCO
[] Probate Account

Office Use Only: Payment Received

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 05/16/1994
2. Where was the organization created? DISTRICT OF COLUMBIA
3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	13,482,943.
B.	Gross support and revenue	13,499,589.
C.	Program services and similar amounts paid out	8,242,786.
D.	Fundraising expenses	2,527,257.
E.	Management and general expenses	2,569,744.
F.	Payments to affiliates	0.
G.	Total expenses	13,339,787.
H.	Net assets or fund balances at the end of the year	12,582,656.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	YAMANI HERNANDEZ EXECUTIVE DIRECTOR	40.00	324,731.	8,621.	850.
2.	JESSICA KANE DEPUTY DIRECTOR OF STRAT. OPS.	40.00	166,078.	7,949.	850.
3.	CYNTHIA LIN DEPUTY DIRECTOR OF MOVE. BUILD.	40.00	165,122.	3,927.	850.
4.	DEBASRI GHOSH MANAGING DIRECTOR	40.00	146,105.	0.	850.
5.	SIERRA HARRIS DEPUTY DIRECTOR OF NETWORK STRAT	40.00	136,023.	3,368.	850.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	HRC TOTAL SOLUTIONS	193,500.	HSA CONTRIBUTION MANAGEMENT
2.	GROUNDWORK PROJECT LLC	171,100.	PROJECT MANAGEMENT
3.	NICOLE THOMAS CONSULTING	105,105.	PROGRAM CONSULTING
4.	CHONG & KOSTER	100,000.	MARKETING
5.	SKS CONSULTING SERVICES	98,363.	PROGRAM CONSULTING

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number) :

Bank	Address	Phone Number
BANK OF AMERICA	PO BOX 15284, WILMINGTON, DE 19850	1-888-287-4637
MORGAN STANLEY	4890 W KENNEDY BLVD STE 700, TAMPA, FL 33609	1-813-286-5600

10. What is the organization's accounting method? Cash Accrual

Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: ALICIA WALTON

Street Address: 9450 SW GEMINI DR PMB 16009

City: BEAVERTON State: OR ZIP Code: 97008

Phone Number: 617-314-0273

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **STATEMENT 1**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. **STATEMENT 2**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records. **STATEMENT 3**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

STATEMENT 4
If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT 1
---------	---------------------------------------	-------------

NAME AND ADDRESS	PHONE NUMBER
------------------	--------------

NONE

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT 2
---------	--	-------------

NAME AND ADDRESS	TITLE
------------------	-------

YAMANI HERNANDEZ 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	EXECUTIVE DIRECTOR
--	--------------------

CYNTHIA LIN 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	DEPUTY DIRECTOR OF MOVEMENT
---	-----------------------------

JESSICA KANE 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	DEPUTY DIRECTOR OF STRATEGIC
--	------------------------------

SIERRA HARRIS 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	DEPUTY DIRECTOR OF NETWORK S
---	------------------------------

DEBASRI GHOSH 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	MANAGING DIRECTOR
---	-------------------

TANYA LADHA 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	DIRECTOR
---	----------

KATHERINE MCGUINNESS 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	CO-CHAIR
--	----------

ASHA DANE'EL 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	CO-CHAIR
--	----------

NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982

KAMYON CONNER
9450 SW GEMINI DR PMB 16009
BEAVERTON, OR 97008

VICE CHAIR

DAPHNE MAZUZ
9450 SW GEMINI DR PMB 16009
BEAVERTON, OR 97008

TREASURER

MAUREEN STUTZMAN
9450 SW GEMINI DR PMB 16009
BEAVERTON, OR 97008

SECRETARY

MARLO BARRERA
9450 SW GEMINI DR PMB 16009
BEAVERTON, OR 97008

DIRECTOR

POONAM DREYFUS-PAI
9450 SW GEMINI DR PMB 16009
BEAVERTON, OR 97008

DIRECTOR

ROSA YADIRA ORTIZ
9450 SW GEMINI DR PMB 16009
BEAVERTON, OR 97008

DIRECTOR

VALERIE PETERSON (THRU APR 2021)
9450 SW GEMINI DR PMB 16009
BEAVERTON, OR 97008

DIRECTOR

REBECCA LUXENBERG
9450 SW GEMINI DR PMB 16009
BEAVERTON, OR 97008

CHIEF FINANCIAL OFFICER

NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982

FORM PC

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STATEMENT 3

NAME AND ADDRESSAREA OF RESPONSIBILITY

BOARD OF DIRECTORS
9450 SW GEMINI DR PMB 16
BEAVERTON, OR 97008

RESPONSIBLE FOR CUSTODY OF FUNDS

BOARD OF DIRECTORS
9450 SW GEMINI DR PMB 16
BEAVERTON, OR 97008

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

BOARD OF DIRECTORS
9450 SW GEMINI DR PMB 16
BEAVERTON, OR 97008

RESPONSIBLE FOR FUNDRAISING

BOARD OF DIRECTORS
9450 SW GEMINI DR PMB 16
BEAVERTON, OR 97008

CUSTODY OF FINANCIAL RECORDS

CONTROLLER
9450 SW GEMINI DR PMB 16
BEAVERTON, OR 97008

AUTHORIZED TO SIGN CHECKS

CFO
9450 SW GEMINI DR PMB 16
BEAVERTON, OR 97008

AUTHORIZED TO SIGN CHECKS

DDSO
9450 SW GEMINI DR PMB 16
BEAVERTON, OR 97008

AUTHORIZED TO SIGN CHECKS

EXECUTIVE DIRECTOR
9450 SW GEMINI DR PMB 16
BEAVERTON, OR 97008

RESPONSIBLE FOR CUSTODY OF FUNDS

EXECUTIVE DIRECTOR
9450 SW GEMINI DR PMB 16
BEAVERTON, OR 97008

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

CONTROLLER
9450 SW GEMINI DR PMB 16
BEAVERTON, OR 97008

CUSTODY OF FINANCIAL RECORDS

DDSO
9450 SW GEMINI DR PMB 16
BEAVERTON, OR 97008

AUTHORIZED TO SIGN CHECKS

NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982

STATEMENT(S) 3

NATIONAL NETWORK OF ABORTION FUNDS, INC.04-3236982

FORM PC

PAGE 4, LINE 19

STATEMENT 4

STATEREG AGENCY

ALABAMA

ALABAMA CHARITABLE REGISTRATION

DATE OF REGREG NUMBEROTHER NAMES USED

01/19/22

AL22-030

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

ALASKA

ARKANSAS ATTORNEY GENERAL OFFICE

DATE OF REGREG NUMBEROTHER NAMES USED

08/10/21

N/A

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

CALIFORNIA

CA DEPARTMENT OF JUSTICE

DATE OF REGREG NUMBEROTHER NAMES USED

01/26/22

CT0278144

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

DATE OF REGREG NUMBEROTHER NAMES USED

12/14/21

N/A

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

NATIONAL NETWORK OF ABORTION FUNDS, INC.04-3236982STATEREG AGENCY

FLORIDA

DIVISION OF CONSUMER SERVICES

DATE OF REGREG NUMBEROTHER NAMES USED

03/02/22

CH67660

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

GEORGIA

SECRETARY OF STATE

DATE OF REGREG NUMBEROTHER NAMES USED

12/17/21

N/A

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

KANSAS

ATTORNEY GENERAL'S OFFICE

DATE OF REGREG NUMBEROTHER NAMES USED

03/21/22

22-002813

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

MAINE

OFFICE OF PROFESSIONAL & FINANCIAL

DATE OF REGREG NUMBEROTHER NAMES USED

01/27/22

N/A

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

NATIONAL NETWORK OF ABORTION FUNDS, INC.04-3236982STATEREG AGENCY

NEW JERSEY

DIVISION OF CONSUMER AFFAIRS

DATE OF REGREG NUMBEROTHER NAMES USED

02/05/22

CH4449600

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

NORTH DAKOTA

SECRETARY OF STATE

DATE OF REGREG NUMBEROTHER NAMES USED

08/06/21

5584271

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

OHIO

ATTORNEY GENERAL'S OFFICE

DATE OF REGREG NUMBEROTHER NAMES USED

08/09/21

N/A

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

OKLAHOMA

SECRETARY OF STATE

DATE OF REGREG NUMBEROTHER NAMES USED

01/14/22

N/A

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

NATIONAL NETWORK OF ABORTION FUNDS, INC.04-3236982STATEREG AGENCY

OREGON

DEPARTMENT OF JUSTICE

DATE OF REGREG NUMBEROTHER NAMES USED

01/14/22

58818

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

PENNSYLVANIA

BUREAU OF CORPORATIONS AND CHARITY

DATE OF REGREG NUMBEROTHER NAMES USED

01/03/22

118530

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

RHODE ISLAND

DEPARTMENT OF BUSINESS REGULATIONS

DATE OF REGREG NUMBEROTHER NAMES USED

03/30/22

CO.9904151

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

SOUTH CAROLINA

SECRETARY OF STATE

DATE OF REGREG NUMBEROTHER NAMES USED

01/14/22

P69919

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

NATIONAL NETWORK OF ABORTION FUNDS, INC.04-3236982STATEREG AGENCY

TENNESSEE

SECRETARY OF STATE

DATE OF REGREG NUMBEROTHER NAMES USED

01/14/22

N/A

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

VIRGINIA

OFFICE OF CHARITABLE PROGRAMS

DATE OF REGREG NUMBEROTHER NAMES USED

01/14/22

N/A

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

WASHINGTON

SECRETARY OF STATE

DATE OF REGREG NUMBEROTHER NAMES USED

01/14/22

N/A

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

STATEREG AGENCY

WEST VIRGINIA

SECRETARY OF STATE

DATE OF REGREG NUMBEROTHER NAMES USED

01/14/22

N/A

N/A

SOLICIT DATETYPE OF SOLICITATION

06/30/21

OTHER

NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982

STATE

REG AGENCY

WISCONSIN

DEPARTMENT OF FINANCIAL INSTITUTES

DATE OF REG

REG NUMBER

OTHER NAMES USED

01/19/22

N/A

N/A

SOLICIT DATE

TYPE OF SOLICITATION

06/30/21

OTHER

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No

(c) Been the subject of a proceeding regarding any solicitation or registration? Yes No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

STATEMENT 5

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982

FORM PC

EXPLANATION FOR PAGE 5, LINE 21

STATEMENT 5

RESTRICTED FUNDS IN THE AMOUNT OF \$8,299,937 WERE RELEASED DURING THE YEAR AS THE RESTRICTED USE WAS MET.

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: ALICIA WALTON

Title: CONTROLLER

Name of Preparer: CLIFTONLARSONALLEN LLP

Address 4 BATTERYMARCH PARK, SUITE 100

City QUINCY State MA ZIP Code 02169

Phone Number (781) 982-1001

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982
Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

BOARD OF DIRECTORS

Name and Title: SEE LISTING

Address 9450 SW GEMINI DR PMB 16009

City BEAVERTON State OR ZIP Code 97008

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

BOARD OF DIRECTORS

Name and Title: SEE LISTING

Address 9450 SW GEMINI DR PMB 16009

City BEAVERTON State OR ZIP Code 97008

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982
Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982
Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

BOARD OF DIRECTORS

Name and Title: SEE LISTING

Address 9450 SW GEMINI DR PMB 16009

City BEAVERTON State OR ZIP Code 97008

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

BOARD OF DIRECTORS

Name and Title: SEE LISTING

Address 9450 SW GEMINI DR PMB 16009

City BEAVERTON State OR ZIP Code 97008

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: ALICIA WALTON

Title: CONTROLLER

Signature: _____ Date: _____

Printed Name: DAPHNE MAZUZ

Title: TREASURER

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No

EXTENDED TO MAY 16, 2022

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL NETWORK OF ABORTION FUNDS, INC.		D Employer identification number 04-3236982
	Doing business as		E Telephone number 617-267-7161
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	9450 SW GEMINI DR PMB 16009		G Gross receipts \$ 18,242,851.
	City or town, state or province, country, and ZIP or foreign postal code BEAVERTON, OR 97008		
F Name and address of principal officer: DAPHNE MAZUZ SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ABORTIONFUNDS.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1994** **M** State of legal domicile: **DC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO REMOVE BARRIERS TO ABORTION ACCESS AND ADVOCATE FOR REPRODUCTIVE JUSTICE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	59
	6 Total number of volunteers (estimate if necessary)	6	9
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 13,017,132.	Current Year 13,482,943.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105,879.	28,884.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,269.	-1,667.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,147,280.	13,510,160.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,771,743.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,125,298.	6,172,949.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,527,257.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,528,183.	2,112,626.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,425,224.	13,339,787.
19 Revenue less expenses. Subtract line 18 from line 12	3,722,056.	170,373.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 13,628,216.	End of Year 14,416,205.
	21 Total liabilities (Part X, line 26)	1,504,267.	1,833,549.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,123,949.	12,582,656.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	ALICIA WALTON, CONTROLLER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DANIELLE NIHILL	Preparer's signature DANIELLE NIHILL	Date 05/11/22	Check if self-employed <input type="checkbox"/>	PTIN P01350943
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. (781) 982-1001		
Firm's address ▶ 4 BATTERYMARCH PARK, SUITE 100		QUINCY, MA 02169			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:

NNAF BUILDS POWER WITH MEMBERS TO REMOVE FINANCIAL AND LOGISTICAL BARRIERS TO ABORTION ACCESS BY CENTERING PEOPLE WHO HAVE ABORTIONS AND ORGANIZING AT THE INTERSECTIONS OF RACIAL, ECONOMIC AND REPRODUCTIVE JUSTICE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.

4a (Code:) (Expenses \$ 8,242,786. including grants of \$ 5,054,212.) (Revenue \$)

NNAF COLLABORATES WITH 90+ MEMBER FUNDS ACROSS THE US AND INTERNATIONALLY ON PROGRAM DESIGN, POLICY STRATEGY DEVELOPMENT AND MOVEMENT, DRIVEN BY OUR CORE VALUES OF COMPASSION, AUTONOMY, INTERSECTIONALITY, AND COLLECTIVE POWER. NNAFS CORE PROGRAM AREAS ARE INDIVIDUAL LEADERSHIP DEVELOPMENT, ORGANIZATIONAL DEVELOPMENT, NETWORK BUILDING AND MOVEMENT-BUILDING.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,242,786.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		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		59
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 9		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 9		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ALICIA WALTON - 617-314-0273**
9450 SW GEMINI DR PMB 16009, BEAVERTON, OR 97008

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 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 and/or Box 7 of Form 1099-MISC) 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 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) YAMANI HERNANDEZ EXECUTIVE DIRECTOR	40.00			X			220,858.	0.	10,459.	
(2) CYNTHIA LIN DEPUTY DIRECTOR OF MOVEMENT BUILDING	40.00			X			153,836.	0.	5,756.	
(3) JESSICA KANE DEPUTY DIRECTOR OF STRATEGIC OPERATI	40.00			X			150,116.	0.	9,150.	
(4) DEBASRI GHOSH MANAGING DIRECTOR	40.00			X			121,916.	0.	1,650.	
(5) SIERRA HARRIS DEPUTY DIRECTOR OF NETWORK STRATEGIE	40.00			X			121,916.	0.	4,958.	
(6) ADAKU UTAH MOVEMENT BUILDING LEADERSHIP MANAGER	40.00					X	122,826.	0.	3,250.	
(7) ALICIA WALTON CONTROLLER	40.00					X	116,840.	0.	4,831.	
(8) LINDSAY RODRIGUEZ SENIOR COMMUNICATIONS MANAGER	40.00					X	111,247.	0.	3,495.	
(9) EMILY WHITE HODGE HR DIRECTOR	40.00					X	114,355.	0.	7,013.	
(10) DANIEL STAPLES IT MANAGER	40.00					X	109,236.	0.	7,382.	
(11) TANYA LADHA DIRECTOR	1.00	X					11,500.	0.	0.	
(12) VALERIE PETERSON (THRU APR 2021) DIRECTOR	1.00	X					0.	0.	0.	
(13) ROSA YADIRA ORTIZ DIRECTOR	1.00	X					0.	0.	0.	
(14) POONAM DREYFUS-PAI DIRECTOR	1.00	X					0.	0.	0.	
(15) MARLO BARRERA DIRECTOR	1.00	X					0.	0.	0.	
(16) MAUREEN STUTZMAN SECRETARY	1.00	X		X			0.	0.	0.	
(17) DAPHNE MAZUZ TREASURER	1.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAMYON CONNER VICE CHAIR	1.00	X		X				0.	0.	0.
(19) ASHA DANE 'EL CO-CHAIR	1.00	X		X				0.	0.	0.
(20) KATHERINE MCGUINNESS CO-CHAIR	1.00	X		X				0.	0.	0.
(21) REBECCA LUXENBERG CHIEF FINANCIAL OFFICER	0.00			X				0.	0.	0.
1b Subtotal							1,354,646.	0.	57,944.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,354,646.	0.	57,944.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **14**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HRC TOTAL SOLUTIONS 111 CHARLES ST, MANCHESTER, NH 03101	HSA CONTRIBUTION MANAGEMENT	193,500.
GROUNDWORK PROJECT, LLC 10814 WILKINS ROAD, ROUGEMONT, NC 27572	PROJECT MANAGEMENT	171,100.
NICOLE THOMAS CONSULTING 2855 E 130TH ST, CLEVELAND, OH 44120	PROGRAM CONSULTING	105,105.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	39,334.				
	c Fundraising events	1c	1,319,536.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	689,148.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	11,434,925.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			13,482,943.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		18,313.			18,313.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,705,730.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	4,695,159.				
	c Gain or (loss)	7c	10,571.				
d Net gain or (loss)			10,571.		10,571.		
8 a Gross income from fundraising events (not including \$ 1,319,536. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			0.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		22,561.				
			37,532.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			-14,971.		-14,971.		
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue		900099	13,304.		13,304.	
	e Total. Add lines 11a-11d			13,304.			
12 Total revenue. See instructions			13,510,160.	0.	0.	27,217.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,029,212.	5,029,212.		
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	25,000.	25,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	980,698.	294,403.	459,852.	226,443.
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	3,986,160.	1,586,017.	1,000,531.	1,399,612.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	113,001.	39,057.	35,002.	38,942.
9 Other employee benefits	734,926.	277,808.	216,582.	240,536.
10 Payroll taxes	358,164.	133,676.	106,668.	117,820.
11 Fees for services (nonemployees):				
a Management				
b Legal	33,879.		33,879.	
c Accounting	12,234.		12,234.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	11,260.		11,260.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,106,881.	789,902.	151,672.	165,307.
12 Advertising and promotion				
13 Office expenses	357,760.	6,116.	65,339.	286,305.
14 Information technology	164,504.	7,524.	140,621.	16,359.
15 Royalties				
16 Occupancy	161,492.	26,200.	115,092.	20,200.
17 Travel	14,665.		13,854.	811.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,856.	25,866.	9,540.	14,450.
23 Insurance	20,169.		20,169.	
24 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 O.)				
a OTHER PERSONNEL EXPENSE	179,926.	2,005.	177,449.	472.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,339,787.	8,242,786.	2,569,744.	2,527,257.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,337,763.	1	1,579,415.
	2 Savings and temporary cash investments	62.	2	62.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,700,000.	4	1,694,740.
	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 disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	99,633.	9	176,853.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 239,017.		
	b Less: accumulated depreciation	10b 177,577.	111,296.	10c 61,440.
	11 Investments - publicly traded securities	8,379,462.	11	10,902,438.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	1,257.
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,628,216.	16	14,416,205.	
Liabilities	17 Accounts payable and accrued expenses	1,504,267.	17	1,831,299.
	18 Grants payable		18	
	19 Deferred revenue		19	2,250.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,504,267.	26	1,833,549.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,503,048.	27	7,447,388.
	28 Net assets with donor restrictions	6,620,901.	28	5,135,268.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	12,123,949.	32	12,582,656.
	33 Total liabilities and net assets/fund balances	13,628,216.	33	14,416,205.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,510,160.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,339,787.
3	Revenue less expenses. Subtract line 2 from line 1	3	170,373.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,123,949.
5	Net unrealized gains (losses) on investments	5	288,334.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,582,656.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2020

Open to Public Inspection

Name of the organization

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number

04-3236982

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated.
d Type III non-functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with columns for (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4259494.	5074100.	11197738.	13017132.	13482943.	47031407.
2 Tax revenues levied for the organization'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	4259494.	5074100.	11197738.	13017132.	13482943.	47031407.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13198446.
6 Public support. Subtract line 5 from line 4.						33832961.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4259494.	5074100.	11197738.	13017132.	13482943.	47031407.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	44,399.	99,148.	160,218.	105,879.	18,313.	427,957.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					13,304.	13,304.
11 Total support. Add lines 7 through 10						47472668.
12 Gross receipts from related activities, etc. (see instructions)					12	22,561.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	71.27 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	63.68 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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 "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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? <i>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.</i>			
b Did the activities described in 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? <i>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.</i>			
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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number

04-3236982

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$ 0.

3 Volunteer hours for political campaign activities 36.

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		565.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		565.													
d Other exempt purpose expenditures		8,242,221.													
e Total exempt purpose expenditures (add lines 1c and 1d)		8,242,786.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		562,139.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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)		140,535.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> 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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	354,070.	493,440.	621,261.	562,139.	2,030,910.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,046,365.
c Total lobbying expenditures	7,360.	92.	4,200.	565.	12,217.
d Grassroots nontaxable amount	7,360.	92.	4,200.	565.	12,217.
e Grassroots ceiling amount (150% of line 2d, column (e))					18,326.
f Grassroots lobbying expenditures				0.	

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
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 prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (See instructions)	5

Part IV Supplemental Information

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

SUPPORT FOR GENDER EQUITY AND ABORTION ACCESS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: NATIONAL NETWORK OF ABORTION FUNDS, INC. Employer identification number: 04-3236982

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		104,032.	69,816.	34,216.
e Other		134,985.	107,761.	27,224.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				61,440.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	12,505,230.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	288,334.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	37,532.
e	Add lines 2a through 2d	2e	325,866.
3	Subtract line 2e from line 1	3	12,179,364.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,260.
b	Other (Describe in Part XIII.)	4b	1,319,536.
c	Add lines 4a and 4b	4c	1,330,796.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,510,160.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,046,523.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	37,532.
e	Add lines 2a through 2d	2e	37,532.
3	Subtract line 2e from line 1	3	12,008,991.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,260.
b	Other (Describe in Part XIII.)	4b	1,319,536.
c	Add lines 4a and 4b	4c	1,330,796.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,339,787.

Part 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.

PART X, LINE 2:

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS AS THE ORGANIZATION HAS HAD NO UNRELATED BUSINESS INCOME. THE ORGANIZATION HAS NOT TAKEN ANY TAX POSITIONS WHICH WOULD HAVE A MATERIAL EFFECT, INDIVIDUALLY OR IN THE AGGREGATE, UPON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES IT HAS NOT TAKEN ANY SIGNIFICANT UNCERTAIN TAX POSITIONS OR ANY TAX POSITIONS THAT WOULD JEOPARDIZE THE ORGANIZATION'S TAX-EXEMPT STATUS. THE ORGANIZATION FILES TAX FORMS IN THE UNITED STATES FEDERAL AND STATE JURISDICTIONS AND IS NO

Part XIII Supplemental Information (continued)

LONGER SUBJECT TO EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 37,532.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS 1,319,536.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 37,532.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS 1,319,536.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization NATIONAL NETWORK OF ABORTION FUNDS, INC.	Employer identification number 04-3236982
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS	GENERAL OPERATING SUPPORT FOR ORGANIZATION	10,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	GENERAL OPERATING SUPPORT FOR ORGANIZATION	15,000.
3 a Subtotal	0	0			25,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			25,000.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT ABORTION ASSISTANCE	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT ABORTION ASSISTANCE	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT ABORTION ASSISTANCE	5,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Table with 8 columns: (a) Type of grant or assistance, (b) Region, (c) Number of recipients, (d) Amount of cash grant, (e) Manner of cash disbursement, (f) Amount of noncash assistance, (g) Description of noncash assistance, (h) Method of valuation (book, FMV, appraisal, other). The table contains 10 empty rows.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ORGANIZATIONS APPLY FOR GRANTS AND IF THEIR PROGRAMS MEET THE CRITERIA THEY ARE AWARDED MONEY

PART I, LINE 3:

ORGANIZATION SELECTS ELIGIBLE PARTICIPANTS TO SPEND MONEY ON CERTAIN EXPENSES. THIS IS TRACKED BY INVOICES PROVIDED BY GRANT PARTICIPANTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **NATIONAL NETWORK OF ABORTION FUNDS, INC.** Employer identification number **04-3236982**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FUND-A-THON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	1,319,536.		1,319,536.
	2	Less: Contributions	1,319,536.		1,319,536.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **NATIONAL NETWORK OF ABORTION FUNDS, INC.** Employer identification number **04-3236982**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS REPRODUCTIVE CARE - SOUTHEAST - P.O. BOX 7354 - ATLANTA, GA 30357	47-3813101	501C3	423,226.	0.			GENERAL OPERATING SUPPORT; PATIENT NAVIGATION; REGRANT
CHICAGO ABORTION FUND 333 W NORTH AVE STE 267 CHICAGO, IL 60610-1293	36-3451293	501C3	329,915.	0.			GENERAL OPERATING SUPPORT; PATIENT NAVIGATION; TECHNICAL ASSISTANCE; FUND-A-THON
WOMEN HAVE OPTIONS P.O. BOX 1611 COLUMBUS, OH 43216	31-1357186	501C3	319,431.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
FLORIDA ACCESS NETWORK P.O. BOX 536522 ORLANDO, FL 32853	59-3396077	501C3	290,676.	0.			GENERAL OPERATING SUPPORT; PATIENT NAVIGATION; FUND-A-THON PAYOUTS
FUND TEXAS CHOICE 3005 S LAMAR BLVD STE 109, BOX #111 AUSTIN, TX 78704	46-3372095	501C3	278,826.	0.			GENERAL OPERATING SUPPORT; PATIENT NAVIGATION; TECHNICAL ASSISTANCE; FUND-A-THON
DCAF P.O. BOX 65061 WASHINGTON, DC 20035	20-4713150	501C3	240,764.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **66.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) **NATIONAL NETWORK OF ABORTION FUNDS, INC.**

04-3236982 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE ABORTION FUND 1323 N CALVERT ST STE A BALTIMORE, MD 21202-3974	46-4699877	501C3	194,952.	0.			GENERAL OPERATING SUPPORT; OSU PILOT FUND STIPENDS; FUND-A-THON PAYOUTS
CAROLINA ABORTION FUND 5540 CENTERVIEW DR STE 204 PMB 8410 RALEIGH, NC 27606-8012	45-3810502	501C3	165,428.	0.			GENERAL OPERATING SUPPORT; OSU PILOT FUND STIPENDS; FUND-A-THON PAYOUTS
ACCESS REPRODUCTIVE JUSTICE PO BOX 3609 OAKLAND, CA 94609	51-0163201	501C3	126,312.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
YELLOWHAMMER FUND 2223 8TH AVE TUSCALOOSA, AL 35401	82-1822204	501C3	125,570.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
RICHMOND REPRODUCTIVE FREEDOM PROJECT - P.O. BOX 7389 - RICHMOND, VA 23221	38-3835776	501C3	116,565.	0.			GENERAL OPERATING SUPPORT; OSU PILOT FUND STIPENDS; FUND-A-THON PAYOUTS
BLUE RIDGE ABORTION FUND P.O. BOX 5082 CHARLOTTESVILLE, VA 22905	27-1343669	501C3	113,802.	0.			GENERAL OPERATING SUPPORT; OSU PILOT FUND STIPENDS; FUND-A-THON PAYOUTS
LILITH FUND 5307 WATERBROOK DR AUSTIN, TX 78723	74-3008249	501C3	112,717.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
PRETERM ACCESS FUND 12000 SHAKER BLVD CLEVELAND, OH 44120-1922	23-7314836	501C3	110,942.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
NEW ORLEANS ABORTION FUND PO BOX 850773 NEW ORLEANS, LA 70185-0773	46-0950114	501C3	107,501.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

Schedule I (Form 990)

Schedule I (Form 990) **NATIONAL NETWORK OF ABORTION FUNDS, INC.**

04-3236982 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI ABORTION FUND PO BOX 32034 ST LOUIS, MO 63132	47-1977531	501C3	88,596.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
NORTHWEST ABORTION ACCESS FUND 4325 COMMERCE ST SUITE 111-433 EUGENE, OR 97402	72-1553703	501C3	87,209.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
WEST FUND PO BOX 920088 EL PASO, TX 79902	46-4153283	501C3	75,910.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS
KENTUCKY HEALTH JUSTICE NETWORK PO BOX 4761 LOUISVILLE, KY 40208	27-1246514	501C3	74,516.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS
TEXAS EQUAL ACCESS FUND PO BOX 227336 DALLAS, TX 75222	11-3736286	501C3	72,742.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
MIDWEST ACCESS COALITION 4411 NORTH RAVENSWOOD AVENUE CHICAGO, IL 60640	47-2160168	501C3	71,616.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
CLINIC ACCESS SUPPORT NETWORK 3824 CEDAR SPRINGS RD # 801-3614 DALLAS, TX 75219-4136	46-3995595	501C3	71,042.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
OUR JUSTICE ABORTION ASSISTANCE FUND - P.O. BOX 2105 - MINNEAPOLIS, MN 55104	41-0971333	501C3	68,948.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
FRONTERA FUND P.O. BOX 721011 MCALLEN, TX 78504	47-4137116	501C3	68,003.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

Schedule I (Form 990)

Schedule I (Form 990) **NATIONAL NETWORK OF ABORTION FUNDS, INC.**

04-3236982 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL-OPTIONS PO BOX 28284 OAKLAND, CA 94604-8284	87-0729403	501C3	67,076.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
NEW MEXICO RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE - PO BOX 66433 - ALBUQUERQUE, NM 87193	85-0391823	501C3	66,172.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
JANE'S DUE PROCESS 1023 SPRINGDALE RD AUSTIN, TX 78721-2465	75-2917844	501C3	62,379.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
EASTERN MASSACHUSETTS ABORTION FUND - 955 MASSACHUSETTS AVE #427 - CAMBRIDGE, MA 02139	04-3502604	501C3	60,296.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
ABORTION FUND OF ARIZONA 4141 N 32ND ST STE 105 PHOENIX, AZ 85018-4775	30-0380039	501C3	54,404.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS
WOMEN'S MEDICAL FUND INC. PO BOX 248 MADISON, WI 53701	51-0189614	501C3	51,661.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
COBALT ABORTION FUND PO BOX 22485 DENVER, CO 80222-0485	84-6050191	501C3	50,000.	0.			GENERAL OPERATING SUPPORT
NEW YORK ABORTION ACCESS FUND FDR STATION, BOX 7569 NEW YORK, NY 10150	06-1610849	501C3	46,893.	0.			FUND-A-THON PAYOUTS
BROWARD WOMEN'S EMERGENCY FUND 2215 CYPRESS ISLAND DRIVE, APT 602 POMPANO BEACH, FL 33069	01-0792931	501C3	42,624.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) **NATIONAL NETWORK OF ABORTION FUNDS, INC.**

04-3236982 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCY MEDICAL ASSISTANCE INC. PO BOX 33552 PALM BEACH GARDENS, FL 33420-3552	51-0198610	501C3	40,000.	0.			GENERAL OPERATING SUPPORT
ABORTION LIBERATION FUND OF PA FKA WOMEN'S MEDICAL FUND - 123 S BROAD ST STE 635 - PHILADELPHIA, PA 19109-1059	23-1727133	501C3	40,000.	0.			GENERAL OPERATING SUPPORT
TAMPA BAY ABORTION FUND 690 MAIN ST SAFETY HARBOR, FL 34695-3551	85-2493274	501C3	28,817.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
NORTH DAKOTA WOMEN IN NEED FUND 512 1ST AVE N FARGO, ND 58102	45-0452955	501C3	28,400.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
WOMEN'S HEALTH AND EDUCATION FUND PO BOX 5863 PROVIDENCE, RI 02903-0863	05-0463800	501C3	28,049.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS
HOLLER HEALTH JUSTICE PO BOX 11032 CHARLESTON, WV 25339-1032	83-1203957	501C3	25,137.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
WESTERN PA FUND FOR CHOICE 5910 KIRKWOOD STREET PITTSBURGH, PA 15206	20-1377942	501C3	23,282.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
REPRODUCTIVE FREEDOM FUND OF NEW HAMPSHIRE - 422 CENTRAL AVE # 167 - DOVER, NH 03820-3411	82-1355025	501C3	18,394.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
NEW RIVER ABORTION ACCESS FUND. PO BOX 10701 BLACKSBURG, VA 24062	84-2154547	501C3	18,212.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

Schedule I (Form 990)

Schedule I (Form 990) **NATIONAL NETWORK OF ABORTION FUNDS, INC.**

04-3236982 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGNES REYNOLDS JACKSON FUND PO BOX 4878 TOLEDO, OH 43610	34-1683826	501C3	17,765.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
AFIYA CENTER 7220 S WESTMORELAND RD DALLAS, TX 75237-2984	36-4625704	501C3	17,123.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
MISSISSIPPI REPRO FREEDOM FUND 2210 HILL AVE JACKSON, MS 39204	47-2483849	501C3	15,500.	0.			GENERAL OPERATING SUPPORT
STIGMA RELIEF FUND 1001 E. MARKET ST., SUITE 200 CHARLOTTESVILLE, VA 22902	20-0627004	501C3	15,500.	0.			GENERAL OPERATING SUPPORT
THE BRIDGE COLLECTIVE PO BOX 650075 AUSTIN, TX 78765-0075	38-3892724	501C3	15,500.	0.			GENERAL OPERATING SUPPORT
JANE FUND OF CENTRAL MASSACHUSETTS PO BOX 562 HOLDEN, MA 01520-0562	91-1811542	501C3	13,805.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
ABORTION CARE FOR TENNESSEE 4525 CHARLOTTE AVE NASHVILLE, TN 37209-3609	84-5163691	501C3	12,115.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
SUSAN WICKLUND FUND P.O. BOX 11757 BOZEMAN, MT 59718	27-0670177	501C3	11,818.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
WOMEN'S HEALTH PROJECT DBA EMMA GOLDMAN CLINIC - 227 N. DUBUQUE STREET - IOWA CITY, IA 52245	42-1009939	501C3	10,325.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

Schedule I (Form 990)

Schedule I (Form 990) **NATIONAL NETWORK OF ABORTION FUNDS, INC.**

04-3236982 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABORTION ACCESS FUND INC. 1002 W MISSION AVE BELLEVUE, NE 68005-3947	47-0831276	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
ALABAMA COHOSH COLLABORATIVE PO BOX 22521 HUNTSVILLE, AL 35814-2521	84-2997771	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
ARKANSAS ABORTION SUPPORT NETWORK PO BOX 8416 JACKSONVILLE, AR 72078-8416	81-2441571	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
CASCADES ABORTION SUPPORT COLLECTIVE - 16000 S GERBER RD - OREGON CITY, OR 97045	84-4535470	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
CHELSEA'S FUND PO BOX 1472 LANDER, WY 82520	83-0322262	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
SOUTHERN TIER WOMEN'S HEALTH ACCESS FUND - PO BOX 642 - VESTAL, NY 13851	83-1790698	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
THE BRIGID ALLIANCE PO BOX 58, PLANETARIUM STATION NEW YORK, NY 10024	82-3843989	501C3	10,000.	0.			GENERAL OPERATING SUPPORT
RECLAIM, INC./MI WIN 35000 FORD RD STE 3 WESTLAND, MI 48185-3719	47-4650419	501C3	8,278.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS
WOMEN'S REPRODUCTIVE RIGHTS ASSISTANCE PROJECT - 2633 LINCOLN BLVD # 338 - SANTA MONICA, CA 90405-4619	95-4522977	501C3	7,500.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE

Schedule I (Form 990)

Schedule I (Form 990) **NATIONAL NETWORK OF ABORTION FUNDS, INC.**

04-3236982

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A FUND INC. PO BOX 221286 LOUISVILLE, KY 40252-1286	61-1237178	501C3	7,100.	0.			GENERAL OPERATING SUPPORT; TECHNICAL ASSISTANCE
SAFE ABORTIONS FOR EVERYONE - MAINE - PO BOX 752 - PORTLAND, ME 04104	01-0449907	501C3	5,870.	0.			GENERAL OPERATING SUPPORT; FUND-A-THON PAYOUTS

Schedule I (Form 990)

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO ABORTION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; PATIENT

NAVIGATION; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS

NAME OF ORGANIZATION OR GOVERNMENT: FUND TEXAS CHOICE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT; PATIENT

NAVIGATION; TECHNICAL ASSISTANCE; FUND-A-THON PAYOUTS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number
04-3236982

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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 compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) YAMANI HERNANDEZ EXECUTIVE DIRECTOR	(i)	185,140.	35,718.	0.	8,559.	1,900.	231,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CYNTHIA LIN DEPUTY DIRECTOR OF MOVEMENT BUILDING	(i)	143,836.	10,000.	0.	3,856.	1,900.	159,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JESSICA KANE DEPUTY DIRECTOR OF STRATEGIC OPERATI	(i)	140,116.	10,000.	0.	7,250.	1,900.	159,266.	0.
	(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)							

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number

04-3236982

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION MAY HAVE ONE CLASS OF VOTING MEMBERS, WHOSE QUALIFICATION
CRITERIA, PRIVILEGES, AND RIGHTS SHALL BE PROVIDED IN THE CORPORATION'S
BY-LAWS AND MAY HAVE ONE OR MORE CLASSES OF NONVOTING MEMBERS AS PROVIDED
IN THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH VOTING MEMBER SHALL BE ENTITLED TO CAST TWO VOTES AT MEMBERSHIP
MEETINGS BY DESIGNATING, IN WRITING ADDRESSED TO THE SECRETARY, ONE OR TWO
VOTING REPRESENTATIVES, WHO COLLECTIVELY SHALL CONSTITUTE NNAF'S "VOTING
MEMBERSHIP."

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

COPIES OF THE FORM 990 ARE PROVIDED TO THE BOARD OF DIRECTORS BEFORE THE
FILLING OF THE RETURN

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

ORGANIZATION CONSISTENTLY REVIEWS WRITTEN CONFLICT OF INTEREST POLICY.

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

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE OFFICERS AND OTHER
EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE BOARD USING COMPARABILITY
DATA AND A MAJORITY VOTE. THE LAST TIME THIS WAS PERFORMED WAS IN 2021.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization NATIONAL NETWORK OF ABORTION FUNDS, INC.	Employer identification number 04-3236982
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FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

NATIONAL NETWORK OF ABORTION FUNDS
FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2021



WEALTH ADVISORY | OUTSOURCING
AUDIT, TAX, AND CONSULTING

CLAconnect.com

**NATIONAL NETWORK OF ABORTION FUNDS
TABLE OF CONTENTS
YEAR ENDED JUNE 30, 2021**

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CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Board of Directors
National Network of Abortion Funds
Boston, Massachusetts

We have audited the accompanying financial statements of National Network of Abortion Funds, which comprise the statement of financial position as of June 30, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Directors
National Network of Abortion Funds

Opinion

In our opinion, the June 30, 2021 financial statements referred to above present fairly, in all material respects, the financial position of National Network of Abortion Funds as of June 30, 2021, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Boston, Massachusetts
April 25, 2022

NATIONAL NETWORK OF ABORTION FUNDS
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2021

ASSETS

Cash and Cash Equivalents	\$ 8,374,326
Contributions and Grants Receivable, Net	1,694,740
Prepaid Expenses and Other Assets	178,115
Investments	4,107,584
Property and Equipment, Net	<u>61,440</u>
Total Assets	<u><u>\$ 14,416,205</u></u>

LIABILITIES AND NET ASSETS

LIABILITIES

Accounts Payable and Accrued Expenses	<u>\$ 1,833,549</u>
Total Liabilities	<u>1,833,549</u>

NET ASSETS

Without Donor Restrictions	7,447,388
With Donor Restrictions	<u>5,135,268</u>
Total Net Assets	<u>12,582,656</u>
Total Liabilities and Net Assets	<u><u>\$ 14,416,205</u></u>

See accompanying Notes to Financial Statements.

**NATIONAL NETWORK OF ABORTION FUNDS
STATEMENT OF ACTIVITIES
YEAR ENDED JUNE 30, 2021**

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE, SUPPORT, AND GAINS			
Grants and Contracts	2,422,460	\$ 6,814,304	\$ 9,236,764
Contributions	2,198,161	-	2,198,161
Membership Dues	39,334	-	39,334
Other Income	35,865	-	35,865
Special Events, Net:			
Gross Special Events Revenue	1,319,536	-	1,319,536
Less: Cost of Direct Benefits to Donors	(1,319,536)	-	(1,319,536)
Investment Income, Net	305,958	-	305,958
Forgiveness of Government Loan	689,148	-	689,148
Net Assets Released from Restriction	8,299,937	(8,299,937)	-
Total Revenue, Support, and Gains	13,990,863	(1,485,633)	12,505,230
EXPENSES AND LOSSES			
Program Services Expense	6,934,999	-	6,934,999
Fundraising and Development	2,553,040	-	2,553,040
Management and General	2,558,484	-	2,558,484
Total Expenses and Losses	12,046,523	-	12,046,523
CHANGE IN NET ASSETS	1,944,340	(1,485,633)	458,707
Net Assets - Beginning of Year	5,503,048	6,620,901	12,123,949
NET ASSETS - END OF YEAR	\$ 7,447,388	\$ 5,135,268	\$ 12,582,656

See accompanying Notes to Financial Statements.

NATIONAL NETWORK OF ABORTION FUNDS
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2021

	Program Services	Fundraising and Development	Management and General	2021 Total
EMPLOYEE COMPENSATION AND RELATED COSTS				
Salaries and Wages	\$ 1,879,230	\$ 1,625,205	\$ 1,458,172	\$ 4,962,607
Payroll Taxes	133,676	117,820	106,668	358,164
Employee Benefits	318,056	280,328	253,794	852,178
	<u>2,330,962</u>	<u>2,023,353</u>	<u>1,818,634</u>	<u>6,172,949</u>
OTHER EXPENSES				
Depreciation	25,866	14,450	9,540	49,856
Fundraising Supplies and Expenses	-	-	-	-
Insurance	-	-	20,169	20,169
Merchandising Expenses	11,749	25,783	-	37,532
Occupancy Costs	26,200	20,200	115,092	161,492
Office Supplies, Fees and Expenses	6,116	286,305	65,339	357,760
Other Personnel Expenses	2,005	472	177,449	179,926
Professional Development, Consulting, and Other Expenses	789,902	165,307	197,786	1,152,995
Program Direct Assistance	3,734,675	1,319,536	-	5,054,211
Telecommunications, Website, and Publications	7,524	16,359	140,621	164,504
Travel and Meetings	-	811	13,854	14,665
	<u>4,604,037</u>	<u>1,849,223</u>	<u>739,850</u>	<u>7,193,110</u>
Less Expenses Netted Against Revenues on Statement of Activities:				
Special Event Expenses	-	(1,319,536)	-	(1,319,536)
	<u>-</u>	<u>(1,319,536)</u>	<u>-</u>	<u>(1,319,536)</u>
Total Expenses	<u><u>\$ 6,934,999</u></u>	<u><u>\$ 2,553,040</u></u>	<u><u>\$ 2,558,484</u></u>	<u><u>\$ 12,046,523</u></u>

See accompanying Notes to Financial Statements.

**NATIONAL NETWORK OF ABORTION FUNDS
STATEMENT OF CASH FLOWS
YEAR ENDED JUNE 30, 2021**

CASH FLOWS FROM OPERATING ACTIVITIES

Change in Net Assets	\$ 458,707
Adjustments to Reconcile Change in Net Assets to Net Cash Used by Operating Activities:	
Depreciation	49,856
Realized and Unrealized (Gain) Loss on Operating Investments	(298,905)
Forgiveness of Government Loan	(685,000)
Stock Donations	(3,200,974)
Decrease (Increase) in Operating Assets and Liabilities	
Contributions and Grants Receivable	1,000,653
Prepaid Expenses and Other Assets	(73,875)
Accounts Payable and Accrued Expenses	1,014,282
Net Cash Used by Operating Activities	<u>(1,735,256)</u>

CASH FLOWS FROM INVESTING ACTIVITIES

Proceeds from Sales of Operating Investments	<u>4,705,730</u>
Net Cash Provided by Investing Activities	<u>4,705,730</u>

NET CHANGE IN CASH AND CASH EQUIVALENTS

2,970,474

Cash and Cash Equivalents - Beginning of Year

5,403,852**CASH AND CASH EQUIVALENTS - END OF YEAR**\$ 8,374,326

See accompanying Notes to Financial Statements.

**NATIONAL NETWORK OF ABORTION FUNDS
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021**

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES

Organization

National Network of Abortion Funds (the Organization) is a nonprofit corporation organized and incorporated in 1994. The Organization was created to facilitate networking to provide support and technical assistance to local abortion funds belonging to the Organization. The Organization builds power with members to remove financial and logistical barriers to abortion access by centering people who have abortions and organizing at the intersections of racial, economic and reproductive justice. In addition, the Organization facilitates creation of new abortion funds and works in national coalitions on issues of abortion access.

Basis of Accounting

The Organization prepares its financial statements on the accrual basis of accounting in accordance with reporting principles generally accepted in the United States of America (GAAP) as defined by Professional Standards.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets that are available for use in general operations and not subject to donor (or certain grantor) restrictions. Net assets without donor restrictions used for operations represent the ongoing activity of the Organization, exclusive of certain activities designated by the board. Any portion of board designated funds may be expended with the approval of the board.

Net Assets With Donor Restrictions – Net assets subject to donor (or certain grantor) imposed restrictions. Some donor-imposed restrictions are temporary in nature, that may or will be met either by actions of the Organization and/or the passage of time. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

**NATIONAL NETWORK OF ABORTION FUNDS
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021**

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

Cash and Cash Equivalents

For the purposes of financial reporting, the Organization considers all short-term debt securities purchased with an original maturity of three months or less to be cash equivalents.

Contributions and Grants Receivable

Contributions receivable are recorded at the present value of future cash flows, net of an allowance for uncollectible accounts. Pledges are typically due within one year or less, for which their net realizable value is a reasonable estimate of fair value.

Grants receivable are recorded at the present value of future cash flows, net of an allowance for uncollectible accounts. Grants are typically due within one year or less, for which their net realizable value is a reasonable estimate of fair value.

On a periodic basis, the Organization evaluates its contributions and grants receivable and establishes an allowance for doubtful accounts. The allowance is based on the prior years' experience and management's analysis of specific pledges and grants made. Contributions and grants receivable are considered past due based on the pledge or grant date and are written off when management believes amounts will not be collected. Management does not believe an allowance was required at June 30, 2021.

Investments and Investment Income and Gains

The Organization follows the not-for-profit subtopic of the FASB Accounting Standards Codification with respect to investments, and under this subtopic, investments in marketable equity and fixed income securities with readily determinable fair values are stated at fair value in the statement of financial position. Investment income or loss (including realized gains and losses on investments, interest, and dividends) are included in increase (decrease) in net assets.

**NATIONAL NETWORK OF ABORTION FUNDS
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021**

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value

Accounting standards provide a common definition of fair value and establishes a framework to make the measurement of fair value in U.S. GAAP more consistent and comparable.

Accounting standards also require expanded disclosures to provide information about the extent to which fair value is used to measure certain financial assets and liabilities, the methods, and assumptions used to measure fair value, and the effect of fair value measures on earnings. The Organization's financial assets reflected in the financial statements at fair value include its investments (see Note 12).

Property and Equipment

Purchased property and equipment is capitalized at cost. The Organization capitalizes property and equipment with a purchased cost or donated fair value of \$5,000 and greater. Property and equipment is depreciated over the estimated useful lives of the related assets using the straight-line method over a three to seven year. Donations of property and equipment are recorded as contributions at their estimated fair value. Absent explicit donor stipulation about how long those assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long-lived assets are placed into service.

The cost of maintenance and repairs is charged to operations as incurred; significant renewals and betterments are capitalized. When assets are retired or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is reflected in the change in net assets for the period.

Revenue Recognition

Contributions and grants, including unconditional promises to give, are recorded as support without donor restrictions or with donor restrictions, depending on the existence and/or nature of any donor restrictions in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. Contributions of assets other than cash are recorded at their estimated fair value at the date of the gift.

Any funding source may, at its discretion, request reimbursement for expenses or return of funds or both, as a result of noncompliance by the Organization with the terms of the grant. Funding sources may also request return of unexpended funds if stated in the terms of the grant. As of June 30, 2021, no funding sources had requested the return of any funds.

To determine revenue recognition for the arrangements that the Organization determines are within the scope of Topic 606, the Organization performs the following five steps: (1) identify the contract(s) with a customer, (2) identify the performance obligation(s) in the contract, (3) determine the transaction price, (4) allocate the transaction price to the performance obligation(s) in the contract, and (5) recognize revenue when the Organization satisfies a performance obligation.

NATIONAL NETWORK OF ABORTION FUNDS
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition (Continued)

The Organization's revenue within the scope of Topic 606 includes merchandise sales of \$22,561 included in Other Income and Membership Dues of \$39,334. Revenue is recognized as the services or sales occur over time. Any amounts collected prior to the revenue being recognized is included in deferred revenue. Deferred revenue primarily is composed of revenue for the Organization's National Meet, which occurs every two years. Due to COVID, there was no National Meet in the current year and the event is next scheduled in 2023. There was no deferred revenue or receivables related to exchange revenue as of July 1, 2020 or June 30, 2021.

The Organization's revenue from special events includes contributions that are specified by purpose by the donor. The Organization recognizes the contribution when conditions and/or barriers are met.

Donated Services and In-Kind Contributions

The Organization pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Organization with specific program gift solicitations, and various committee assignments. The value of this contributed time and service is not reflected in these statements since it is not susceptible to objective measurement or valuation. No significant contributions of such goods or services were received during the year ended June 30, 2021.

Contributed Stock

The Organization's policy is to liquidate stock immediately upon receipt. The policy is communicated to the potential donor of the stock. An investment account is maintained with a minimum balance of cash or stock as required to facilitate the donation and liquidation. Proceeds from the sale of the stock are considered as an increase in contributions without donor restrictions, unless the donor has imposed a restriction as a condition of the gift, in which case procedures for accounting for contributions with donor restrictions will be followed. Stock contributions, included in Contributions in the statement of activities, totaled \$3,200,974 for the year ended June 30, 2021.

Functional Allocation of Expenses

The costs of providing program activities and other services have been summarized on a functional basis. Expenses associated with a particular program are charged directly to that program. Indirect expenses consisting of payroll and related expenses and depreciation are allocated based upon management's estimate of time incurred and usage of space. Management and general expenses include those expenses that are not directly identifiable with any other specific program but are for the overall support and direction of the Organization.

NATIONAL NETWORK OF ABORTION FUNDS
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

The Organization is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code and, except for taxes pertaining to unrelated business income, is exempt from federal and state income taxes. No provision has been made for income taxes in the accompanying financial statements as the Organization has had no unrelated business income.

The Organization has not taken any tax positions which would have a material effect, individually or in the aggregate, upon the Organization's financial statements. The Organization believes it has not taken any significant uncertain tax positions or any tax positions that would jeopardize the Organization's tax-exempt status. The Organization files tax forms in the United States federal and state jurisdictions and is no longer subject to examinations by tax authorities for years before June 30, 2018.

Advertising Costs

Advertising costs are expensed as incurred and approximated \$112,924 during the year ended June 30, 2021.

Recent Accounting Guidance

In February 2016, the FASB issued ASU No. 2016-02, *Leases*, which is a comprehensive lease accounting standard that requires entities that lease assets (lessees) to recognize the assets and related liabilities for the rights and obligations created by the leases on the balance sheet for leases with terms exceeding 12 months. The lessee in a lease will be required to initially measure the right-of-use asset and the lease liability at the present value of the remaining lease payments, as well as capitalize initial direct costs as part of the right-of-use asset. The effective date for the Organization is for annual periods beginning after December 15, 2021, however, early application is permitted. The Organization is currently evaluating the impact this guidance will have on its financial statements.

Change in Accounting Principle

The Financial Accounting Standards Board (FASB) issued new guidance that created Topic 606, *Revenue from Contracts with Customers*, in the Accounting Standards Codification (ASC). Topic 606 supersedes the revenue recognition requirements in FASB ASC 605, *Revenue Recognition*, and requires the recognition of revenue when promised goods or services are transferred to customers in an amount that reflects the consideration to which an entity expects to be entitled in exchange for those goods or services. The Organization adopted the requirements of the new guidance as of July 1, 2020, utilizing the modified retrospective method of transition. There was no material impact on the Organization's financial position and results of operations upon adoption of the new standard.

Subsequent Events

We have evaluated subsequent events through April 25, 2022, the date the financial statements were available to be issued.

NATIONAL NETWORK OF ABORTION FUNDS
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 2 GRANTS AND CONTRIBUTIONS RECEIVABLE

Contributions and grants receivable are summarized as follows at June 30:

	2021
Within One Year	\$ 1,394,740
In One to Five Years	300,000
Total	<u>1,694,740</u>
Less: Present Value Discount	-
Total	<u><u>\$ 1,694,740</u></u>

Contributions and grants receivable are discounted using the average short-term applicable federal rate at year end. The discount was deemed immaterial by management for the year ended June 30, 2021.

NOTE 3 INVESTMENTS

The board, as the governing authority, is responsible for oversight of the Organization's investments, the establishment and implementation of an investment policy, including the establishment of investment guidelines and the selection of investment managers. Investments authorized by the board include high quality, readily marketable equity and fixed income securities; other types of investments may be made with the approval of the board. The Organization maintains policies and procedures to value instruments using the best and most relevant data available.

The following schedule summarizes the Organization's investments as of June 30:

	2021
Mutual Funds	\$ 4,107,584
Total	<u><u>\$ 4,107,584</u></u>

NOTE 4 PROPERTY AND EQUIPMENT

Property and equipment consists of the following at June 30:

	2021
Equipment	\$ 239,017
Less: Accumulated Depreciation and Amortization	(177,577)
Total Property and Equipment	<u><u>\$ 61,440</u></u>

Depreciation expense totaled \$49,856 for the year ended June 30, 2021.

**NATIONAL NETWORK OF ABORTION FUNDS
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021**

NOTE 5 CREDIT CARD LINE OF CREDIT

The Organization has a revolving credit card account with a maximum \$200,000 available for all card holders combined. The credit card balances are payable on demand, with interest due monthly on the then outstanding balance. As of June 30, 2021, there was no outstanding balance.

NOTE 6 GOVERNMENT LOAN

In May 2020 the Organization received funds under the Paycheck Protection Program (the PPP) in the amount of \$685,000. The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act (CARES Act), provides funds to qualifying organizations that may only be used for payroll costs, costs used to continue group health care benefits, mortgage payments, rent, utilities, and interest on other debt obligations.

Management and the board of the Organization have interpreted the funds received under the PPP to be a loan, forgiveness of the loan, in whole or in part, to be recognized when the lender or Small Business Administration has rendered their decision, at which time a gain contingency will be recognized on the statement of activities. Until the decision was rendered, the funds received under the PPP were recognized as a government loan on the statement of financial position. As of December 14, 2020, the Organization received notification that its PPP loan application had been approved and forgiven in full. Forgiveness of the loan and accrued interest were recognized as revenue on the statement of activities for the year ending June 30, 2021. The SBA may review funding eligibility and usage of funds for compliance with program requirements based on dollar thresholds and other factors. The amount of liability, if any, from potential noncompliance cannot be determined with certainty; however, management is of the opinion that any review will not have a material adverse impact on the Organization's financial position

NOTE 7 RESTRICTIONS AND LIMITATIONS ON NET ASSET BALANCES

Board-Designated Net Assets

The board of the Organization has established the following board-designated funds:

Rainy Day Fund

Intended to provide the Organization with an internal source of funding to navigate unexpected challenges that temporarily disrupt the finances of current programs and operations. There were no amounts designated by the board as of June 30, 2021.

Special Opportunity Fund

Intended to provide the Organization with an internal source of funding to pursue new strategic opportunities or new programs. There were no amounts designated by the board as of June 30, 2021.

**NATIONAL NETWORK OF ABORTION FUNDS
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021**

NOTE 7 RESTRICTIONS AND LIMITATIONS ON NET ASSET BALANCES (CONTINUED)

Board-Designated Net Assets (Continued)

In addition, the board established an Operating Reserve Fund to support working capital and liquidity needs of the Organization, available at the discretion of executive staff of the Organization. As this fund is available at the discretion of management without board approval, it is classified with net assets without donor restrictions. The board approved \$5,391,752 as of June 30, 2021 as an Operating Reserve to be used at management's discretion.

Net Assets With Donor Restrictions

The Organization has various sources of donor restricted funds. Net assets with donor restrictions were released from donor restriction by incurring expenses satisfying the restricted purpose specified by the donor. The net assets with donor restrictions released from restrictions for meeting purpose restrictions for the year ended June 30, 2021 were \$4,631,143, consisting of \$566,977 for the Collective Power Fund, \$1,446,499 for program purposes, and \$2,617,667 released due to satisfying time restrictions.

NOTE 8 RETIREMENT BENEFIT

The Organization participates in a 401(k) retirement plan through Lincoln Financial Group which covers all regular full-time employees. Under this Plan, the Organization matches 50% of the participating employee's contribution, but no more than 5% of their annual compensation. For the year ended June 30, 2021, the Organization contributed \$118,806.

NOTE 9 LEASES

In 2017, the Organization entered into a lease agreement to rent office space with an initial term of three years, expiring June 2020, at \$37,200 per year. In July 2020, the organization renewed its lease for an additional term of two years, expiring June 2022, at \$37,200 per year.

In 2017, the Organization entered into an additional lease agreement to rent office space with an initial term of one year, at a minimum monthly rent of \$1,300. The lease can be terminated by either party by giving at least 60 days written notice prior to the end of the lease term. In February 2020, the lease automatically renewed for an additional one-year term at \$1,365 per month. During February 2021, the Organization entered into a nine-month lease agreement beginning March 2021 that ended November 2021. That office will be closed and no longer utilized after November 2021.

Rent expense under these agreements for the years ended June 30, 2021 totaled \$53,580.

Future minimum lease payments include lease payments for the year ended June 30, 2022 amounting to \$44,625.

**NATIONAL NETWORK OF ABORTION FUNDS
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021**

NOTE 10 RELATED PARTY TRANSACTIONS

From time to time, members of the board will make monetary donations to the Organization, as well as donating substantial time assisting the Organization with strategic planning, program implementation, and fundraising.

NOTE 11 CONCENTRATION OF CREDIT RISK

The Organization maintains cash balances with a financial institution and attempts to limit the amount of credit exposure. At times, the Organization's cash balance may temporarily exceed the Federal Deposit Insurance Corporation (FDIC) insurance limits. The Organization has not experienced any losses on its accounts and monitors the creditworthiness of the financial institution with which it conducts business. Management believes the Organization is not exposed to any significant concentration of credit risk on cash.

The Organization also holds various investments. Investments are subject to credit and market risks. Credit risk is the possibility that a loss may occur from the failure of another party to perform according to the terms of a contract. Market risk is the possibility that fluctuations in the investment market will impact the value of the portfolio. The Organization has an investment policy and utilizes management oversight, and periodically reviews its investment portfolios to monitor these risks.

NOTE 12 FAIR VALUE MEASUREMENTS

Accounting standards require that financial and nonfinancial assets and liabilities recognized or disclosed in the financial statements on a recurring basis (at least annually), be measured at fair value. These standards define fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

The Organization categorize its assets and liabilities measured at fair value into a three-level hierarchy based on the priority of the inputs to the valuation technique used to determine fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used in the determination of the fair value measurement fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement. Assets and liabilities valued at fair value are categorized based on the inputs to the valuation techniques as follows:

NATIONAL NETWORK OF ABORTION FUNDS
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 12 FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the organization has the ability to access.

Level 2 – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity’s own assumptions, as there is little, if any, related market activity.

The asset’s or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Organization uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Organization measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 and Level 3 inputs are only used when higher-level inputs are not available.

The basis for determining the fair value of investments is the readily determinable sales price or current exchange rate of the investments based on prices or quotations for over-the-counter markets. In the case of mutual funds, the fair value is determined as the number of units held in the fund multiplied by the price per unit share as quoted.

Assets measured at fair value on a recurring basis were as follows:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>June 30, 2021</u>				
Mutual Funds	<u>\$ 4,107,584</u>	<u>\$ 4,107,584</u>	<u>\$ -</u>	<u>\$ -</u>
Total	<u><u>\$ 4,107,584</u></u>	<u><u>\$ 4,107,584</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with others, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the report date.

There were no changes in the valuation techniques and related inputs at June 30, 2021.

The Organization recognizes transfers between levels in the fair value hierarchy at the end of the reporting period. There were no transfers between levels for the years ended June 30, 2021.

NATIONAL NETWORK OF ABORTION FUNDS
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 13 AVAILABILITY AND LIQUIDITY

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds.

The following represents the Organization's financial assets at June 30:

	<u>2021</u>
Financial Assets at Year-End:	
Cash and Cash Equivalents	\$ 8,374,326
Contributions and Grants Receivable, Net	1,694,740
Investments	<u>4,107,584</u>
Total Financial Assets	<u>14,176,650</u>
Less Amounts not Available to be Used Within One Year:	
Net Assets With Donor Restrictions - Program Restrictions	2,034,790
Long-Term Receivables, Net of Discount	<u>300,000</u>
Financial Assets Available to Meet General Expenditures Over the Next Twelve Months	<u>\$ 11,841,860</u>

NOTE 14 UNCERTAINTIES

The Organization evaluated its June 30, 2021 financial statements for subsequent events through the date the financial statements were issued. As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact its support and revenue as well as its investments. Other financial impacts could occur though such potential impact is unknown at this time. As such, the Organization's financial condition and liquidity may be negatively impacted for the fiscal year 2022. However, the related financial impact and duration cannot be reasonably estimated at this time.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982

Name and title of officer or person subject to tax

**ALICIA WALTON
CONTROLLER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>13,510,160.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Alicia Walton

Date **5/11/2022**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0414495902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **DANIELLE NIHILL**

Date **05/11/22**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Certificate Of Completion

Envelope Id: 726266528EF54DEC8DA329CE17F1DA8D

Status: Completed

Subject: Please DocuSign: 2020 Tax Return Client Copy - National Network of Abortion Funds.pdf, ACTION I...

Client Name: National Network of Abortion Funds

Client Number: 093-601008

Source Envelope:

Document Pages: 1

Signatures: 1

Envelope Originator:

Supplemental Document Pages: 158

Initials: 0

Monica Dumas

Certificate Pages: 5

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220 South 6th Street

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Suite 300

Time Zone: (UTC-06:00) Central Time (US & Canada)

Minneapolis, MN 55402

Monica.Dumas@claconnect.com

IP Address: 136.226.74.188

Record Tracking

Status: Original

Holder: Monica Dumas

Location: DocuSign

5/11/2022 1:51:18 PM

Monica.Dumas@claconnect.com

Signer Events

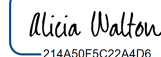
Alicia Walton

alicia@abortionfunds.org

Controller

Security Level: Email, Account Authentication
(None), Access Code**Signature**

DocuSigned by:



214A50F5C22A4D6...

Timestamp

Sent: 5/11/2022 2:00:44 PM

Viewed: 5/11/2022 3:43:58 PM

Signed: 5/11/2022 3:46:08 PM

Signature Adoption: Pre-selected Style

Signed by link sent to alicia@abortionfunds.org

Using IP Address: 76.24.92.178

Electronic Record and Signature Disclosure:

Accepted: 8/30/2021 10:21:31 AM

ID: ae4fd3f1-8a46-4e1b-8d32-e5f663aa887f

Supplemental Documents:

2020 Tax Return Client Copy - National Network of
Abortion Funds.pdf

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