Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL~1~, 2021, and ending JUN~30~, 2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

INC.

04-3236982

Name and title of officer or person subject to tax

ALICIA WALTON CONTROLLER

NATIONAL NETWORK OF ABORTION FUNDS,

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)		ъ5 <u>3,841,002.</u>
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)		2b
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)		3b
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5	i)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)		5b
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)		6b
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)		7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)		8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)		9b
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III,	, line 22)	10b
Part	II Declaration and Signatu	ıre	Authorization of Officer or Person Subject to Ta	X	
Jnder p	penalties of perjury, I declare that X	l ar	n an officer of the above entity or I am a person subject to	tax with respe	ect to (name
of entity	y)		, (EIN) an	nd that I have	examined a copy of the
2021 el			les and statements, and, to the best of my knowledge and belief		, 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.

: check one box o	nly		
I authorize		to enter my PIN	
	ERO firm name		Enter five numbers, b

as my signature on the tax year 2021 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.

X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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. anature of officer or person subject to tax

Certification and Authentication Part III

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

04144955902

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 > 05/15/23

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

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

Form **8879-TE** (2021)

do not enter all zeros

PIN

Form **8868**

(Rev. January 2022)

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

OMB No. 1545-0047 File a separate application for each return. Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service 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 Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print NATIONAL NETWORK OF ABORTION FUNDS, 04-3236982 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 9450 SW GEMINI DR PMB 16009 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 97008 BEAVERTON, OR Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 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 Form 990-T (corporation) 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 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. I request an automatic 6-month extension of time until ____ MAY 15, 2023 to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year JUN 30, 2022 ► X tax year beginning JUL 1, 2021 and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions За 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 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.

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

Form 8868 (Rev. 1-2022)

instructions

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

EXTENDED TO MAY 15, 2023

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ection 50 I(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

AF	or tne	2021 calendar year, or tax year beginning 00111 , 2021 and 6	enaing J	UN 30, 404	4		
B c	heck if pplicable:	C Name of organization		D Employer identi	fication number		
	Address	NATIONAL NETWORK OF ABORTION FUNDS, INC	C.				
	Name change	Doing business as		04-32369	982		
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 9450 SW GEMINI DR PMB 16009	Room/suite	E Telephone number 617-267-7161			
	⊒return/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	57,812,533.		
	ated ∏Amende			H(a) Is this a group			
\vdash	_return	,	for subordinate				
	tion pending	SAME AS C ABOVE		H(b) Are all subordinates	—		
	ax-exe	mpt status: X 501(c)(3)	r 527	1	a list. See instructions		
		E: ► WWW.ABORTIONFUNDS.ORG	027	H(c) Group exempt			
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: DC		
		Summary	,		<u> </u>		
	1 E	Briefly describe the organization's mission or most significant activities: TO RE	MOVE	BARRIERS TO	ABORTION		
Activities & Governance		ACCESS AND ADVOCATE FOR REPRODUCTIVE JUSTI					
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	ssets.		
ove.	3 1	Number of voting members of the governing body (Part VI, line 1a)					
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)					
es &	5 ⊺	otal number of individuals employed in calendar year 2021 (Part V, line 2a)					
viţi.	6 ⊺	otal number of volunteers (estimate if necessary)					
∤ cti	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7:			
_	b١	Net unrelated business taxable income from Form 990-T, Part I, line 11		71	0.		
				Prior Year	Current Year		
<u>o</u>	8 (Contributions and grants (Part VIII, line 1h)		13,482,943			
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0.			
3eV	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		28,884			
_	111 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,667			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,510,160			
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,054,212			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		6 172 040			
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,172,949			
Expenses	16a ⊦	Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>	0.		
Ä	D	Total fundraising expenses (Part IX, column (D), line 25) 1,924,56		2,112,626	2,939,131.		
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,339,787			
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		170,373			
	19 F	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	 ' ' 		
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	- DC	14,416,205	47,692,321.		
Asse Bal	21 1	Total liabilities (Part X, line 26)		1,833,549			
Net	22 1	Net assets or fund balances. Subtract line 21 from line 20		12,582,656			
Pa	rt II	Signature Block		, ,	, , , , , , , , , , , , , , , , , , , ,		
Unde	er penalt	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of r	ny knowledge and belief, it is		
		, and complete. Declaration of preparer (other than officer) is based on all information of whi					
		\					
Sigr	ո	Signature of officer		Date			
Her	e	ALICIA WALTON, CONTROLLER					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid	· <u> </u>	DANIELLE NIHILL DANIELLE NIHILL	0	5/15/23 self-emp			
Prep	-	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749		
Use	Only	Firm's address 4 BATTERYMARCH PARK, SUITE 100					
		QUINCY, MA 02169		Phone no. (<u>781) 982-1001 </u>		
Мау	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No		

Form	1990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 2
Pa	rt 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?
	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.
40	10 000 500
4a	(Code:) (Expenses \$18,293,739 . including grants of \$13,978,983 .) (Revenue \$) NNAF COLLABORATES WITH 100+ 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 \$
4c	(Code:) (Expenses \$
	-
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4-	Total program convice expenses \ \ \ 18 \ 293 \ 739 \.

Form **990** (2021)

Form 990 (2021)

NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982

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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)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11d Part X, line 16? If "Yes," complete Schedule D, Part IX 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? If "Yes." complete Schedule I. Parts I and II

Form 990 (2021)

Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 4

Part IV Checklist of Required Schedules (continued)

ı a	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	l		37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Х	
04-	Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1

132004 12-09-21

Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982

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Par	T 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 67							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.							
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x				
h	If "Yes," enter the name of the foreign country	Tu						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50						
ou	any contributions that were not tax deductible as charitable contributions?	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou						
-	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	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?	7a		х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10						
·	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70						
f								
g g								
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:	0.0						
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
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?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Ves " complete Form 6069							

NATIONAL NETWORK OF ABORTION FUNDS, INC. Form 990 (2021) 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. X 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. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? 16h Section C. Disclosure 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 | X | Upon request Other (explain on Schedule O)

17	List the states w	vith which a copy	of this Form 99	0 is required to	be filed ▶M	A
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9450 SW GEMINI DR PMB 16009, BEAVERTON

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.

State the name, address, and telephone number of the person who possesses the organization's books and records ALICIA WALTON - 617-314-0273

Form **990** (2021)

OR

Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 7
Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

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

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)). <u>gu</u>	<u> </u>) C)	1001	Jack	(D)	(E)	(F)
Name and title	Average	/al -		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	than o	n an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		99	n be us		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tı	rtio na	_	nploy	st cor	-	1033 (420)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			5.ga <u>_</u> a5
(1) YAMANI HERNANDES	40.00									
INTERIM EXECUTIVE DIRECTOR	0.00			Х				407,352.	0.	26,990.
(2) DEBASRI GHOSH	40.00									
MANAGING DIRECTOR	0.00			Х				206,557.	0.	20,052.
(3) CYNTHIA LIN	40.00									
DEPUTY DIRECTOR OF MOVEMENT BUILDING	0.00			Х				170,577.	0.	20,125.
(4) SIERRA HARRIS	40.00									
DEPUTY DIRECTOR OF NETWORK STRATEGIE	0.00			Х				153,375.	0.	19,898.
(5) JAMIE CERRETTI	40.00									
DEPUTY DIRECTOR OF STRATEGIC OPERATI	0.00			Х				141,276.	0.	22,349.
(6) JESSICA KANE	40.00									
OPERATIONS DIRECTOR	0.00			Х				141,462.	0.	18,594.
(7) EMILY WHITE HODGE	40.00								_	
HUMAN RESOURCES DIRECTOR	0.00					X		120,608.	0.	25,424.
(8) TIFFANY TAI	40.00								_	
NETWORK BUILDING MANAGER	0.00					Х		119,089.	0.	22,287.
(9) DANIEL STAPLES	40.00									
INFORMATION TECHNOLOGY & SECURITY MA	0.00					X		114,860.	0.	22,283.
(10) KIMBERLY ARENA	40.00					l				
AUTHOR	0.00					X		112,248.	0.	22,421.
(11) ADAKU UTAH	40.00					l				
MOVEMENT BUILDING LEADERSHIP MANAGER	0.00					Х		117,672.	0.	11,750.
(12) REBECCA LUXENBERG	40.00	ł		l				F 4 0F0	•	40 504
DIRECTOR OF FINANCE	0.00			Х				54,870.	0.	10,501.
(13) TANYA LADHA	1.00	l							•	•
DIRECTOR	0.00	Х						0.	0.	0.
(14) ROSA YADIRA ORTIZ	1.00								_	_
DIRECTOR	0.00	Х	\vdash			_		0.	0.	0.
(15) POONAM DREYFUS-PAI	1.00	,,							_	_
DIRECTOR (16) MARIO BARREDA		Х	\vdash			-	-	0.	0.	0.
(16) MARLO BARRERA	1.00	37							•	_
DIRECTOR	0.00	Х	\vdash				-	0.	0.	0.
(17) DAPHNE MAZUZ DIRECTOR	1.00	v							0.	^
DIRECTOR 122007 12 00 21	1 0.00	X	l	l		I	<u> </u>	0.	0.	0 • Form 990 (2021)

Form **990** (2021)

Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 8

101111 200 (2021)	1121110111		_		U -1		<u></u>	1 011227 11101	01 0100		<u> </u>	90 -
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(44.0	not cl	Pos				Reportable	Reportable	Est	imate	d
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	am	ount c	of
	week	offic	cer an	d a d	irecto	r/trus	tee)	from	from related	(other	
	(list any	ector						the	organizations	comp	ensat	ion
	hours for	or dir	a l			ted		organization	(W-2/1099-MISC/	l .	m the	
	related	stee (ruste			ensa		(W-2/1099-MISC/	1099-NEC)		ınizati	
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		l	relate	
	below line)	ividu	titutio	Officer	emp.	hest	Former			orgai	nizatio	ıns
		п	lns	JJ0	Key	E Hig	윤					
(18) KATRINA ROGERS	1.00											_
DIRECTOR	0.00	Х						0.	0.			0.
(19) ZAKIYA LUNA	1.00											_
DIRECTOR	0.00	Х						0.	0.			0.
(20) ANJALI SALVADOR	1.00											_
DIRECTOR	0.00	Х						0.	0.			0.
(21) UMA RAO	1.00											_
DIRECTOR	0.00	Х						0.	0.			0.
(22) MELISSA FLORES	1.00											
SECRETARY	0.00	Х		Х				0.	0.			0.
(23) SHILPI SHAH	1.00											
TREASURER	0.00	Х		Х				0.	0.			0.
(24) ASHA DANE'EL	1.00											
CO-CHAIR	0.00	Х		Х				0.	0.			0.
(25) KATHERINE MCGUINESS	1.00											
CO-CHAIR	0.00	Х		Х				0.	0.			0.
(26) ORIAKU NJOKU (AS OF JUNE 2022)	0.00											
EXECUTIVE DIRECTOR	0.00			Х				0.	0.			0.
1b Subtotal							▶	1,859,946.	0.	242	, 67	4.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)								1,859,946.	0.	242	2,67	4.
2 Total number of individuals (including but r							o re	ceived more than \$100,	000 of reportable			
compensation from the organization												27
			_	_	_	_	_				Yes	No
3 Did the organization list any former officer	, director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	loyee on			

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

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes," complete Schedule J for such person

5 X

rendered to the organization? *If* "Yes," complete Schedule J for such person 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.

the organization. Heport compensation for the daterial year chang with or with	T the organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
EXPONENT PARTNERS, ONE MARKET STREET,		
SPEAR TOWER, 36TH FLOOR, SAN FRANCISCO, C	PROGRAM CONSULTANT	453,634.
AMERICAN INSTITUTES FOR RESEARCH		
1400 CRYSTAL DR, ARLINGTON, VA 22202	PROGRAM CONSULTANT	326,451.
PACIFICA LAW GROUP, LLP		
1191 2ND AVE, SEATTLE, WA 98101	LEGAL	269,814.
HRC TOTAL SOLUTIONS	HSA CONTRIBUTION	
111 CHARLES ST, MANCHESTER, NH 03101	MANAGEMENT	213,750.
SMYSER KAPLAN & VESELKA LLP		
717 TEXAS AVE #2800, HOUSTON, TX 77002	LEGAL	119,109.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization >		
		- 000 (222)

Form **990** (2021)

Form	1990) (2				ORK OF A	BORTION FUN	NDS, INC.	04-3236	982 Page 9
Pa	rt V	Ш	Statement of Re	ver	nue					
			Check if Schedule O	cont	ains a response	or note to any lin		(5)		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			277,201.				
P, E			Fundraising events			2,112,509.				
ifts ar A					1d					
s, G mils			Government grants (conti							
Sign			All other contributions, gifts,							
but			similar amounts not included			51,347,080.				
d ii		g	Noncash contributions included in	lines	1a-1f 1g \$					
a Con		h	Total. Add lines 1a-1f			>	53,736,790.			
						Business Code				
e	2	а								
e vi		b								
Sch		С								
ran ev		d								
Program Service Revenue		е								
Δ.			All other program service							
		g	Total. Add lines 2a-2f							
	3		Investment income (include				0.267			0 267
	other similar amounts)						8,267.			8,267.
	4 Income from investment of tax-exempt bond pro 5 Royalties		•							
	5		Royalties	······	(i) Real	(ii) Personal				
	6	_	Cross ronts	60	· · · ·	(ii) i ersoriai	-			
			Gross rents Less: rental expenses	6a 6b			-			
			Rental income or (loss)	60			1			
			Net rental income or (loss)		· I					
			Gross amount from sales of	"一	(i) Securities	(ii) Other				
	•	u	assets other than inventory	7a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	` '				
		b	Less: cost or other basis		, ,					
ē		_	and sales expenses	7b	3,881,912					
evenue		С	Gain or (loss)							
Pev			Net gain or (loss)	_	•		52,218.			52,218.
Other R			Gross income from fundraisi							
₹			including \$2,	112	,509. of					
			contributions reported on	line	1c). See					
			Part IV, line 18			0.				
		b	Less: direct expenses		8t	0.				
			Net income or (loss) from		_	_	0.			
	9	а	Gross income from gamir	-	I					
			Part IV, line 19				-			
			Less: direct expenses			<u> </u>				
			Net income or (loss) from			_				
	10	а	Gross sales of inventory,		I	a 116,152.				
		L	and allowances			· · · · · · · · · · · · · · · · · · ·	-			
			Less: cost of goods sold		·····	-	26,533.			26,533.
		Ü	Net income or (loss) from	Sait	s or inventory .	Business Code	20,333.			20,333.
Sn	11	a								
neo	••	b								
Miscellaneous Revenue		c								
İSC			All other revenue			900099	17,194.			17,194.
Σ			Total. Add lines 11a-11d				17,194.			
	12		Total revenue. See instructi				53,841,002.	0.	0.	104,212.

12 132009 12-09-21

Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 13,977,483. 13,977,483. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,500. 1,500. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,374,260. 627,590. 580,928. 165,742. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,689,522. 1,809,674. 2,152,492. 727,356. Other salaries and wages 7 Pension plan accruals and contributions (include 137,597. 48,375. 67,091. 22,131. section 401(k) and 403(b) employer contributions) 522,293. 1,278,939. 562,520. 194,126. Other employee benefits 9 427,380. 171,855. 192,143. 63,382. 10 Payroll taxes 11 Fees for services (nonemployees): Management 412,112. 412,112. Legal 23,459. 23,459. Accounting Lobbying Professional fundraising services. See Part IV, line 17 46,627. 46,627. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,222,799. 1,060,161. 162,638. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 694,513. 52,582. 111,295. 530,636. Office expenses 13 264,507. 10,686. 197,384. 56,437. Information technology 14 15 Royalties 177,517. 177,595. 78. 16 Occupancy 34,018. 11.540. 20,460. 2,018. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 35,967. 35,967. Depreciation, depletion, and amortization 22 26,253. 26,253. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,281. 1,259. OTHER PERSONNEL EXPENSE 0. 22. All other expenses 24,825,812. 18,293,739. 4,607,507. 1,924,566. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

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Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 11

Par	rt X	Balance Sheet									
		Check if Schedule O contains a response or no	ote to an	y line in this Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing		1,579,415.	1	14,816,044.					
	2	Savings and temporary cash investments			62.	2	12,539,246.				
	3	Pledges and grants receivable, net				3					
	4	Accounts receivable, net			1,694,740.	4	18,239,230.				
	5	Loans and other receivables from any current of									
		trustee, key employee, creator or founder, subs	stantial c	contributor, or 35%							
		controlled entity or family member of any of the	ese pers	ons		5					
	6	Loans and other receivables from other disqua	lified per	rsons (as defined							
		under section 4958(f)(1)), and persons describe				6					
şţ	7	Notes and loans receivable, net				7					
Assets	8	Inventories for sale or use				8					
4	9	Prepaid expenses and deferred charges			176,853.	9	228,325.				
	10a	Land, buildings, and equipment: cost or other		104 000							
		basis. Complete Part VI of Schedule D	10a	104,032.	61 440						
	b	Less: accumulated depreciation			61,440.	10c	9,030.				
	11	Investments - publicly traded securities			10,902,438.	11	1,361,237.				
	12	Investments - other securities. See Part IV, line			12						
	13	Investments - program-related. See Part IV, line			13						
	14	Intangible assets	1 257	14	400 200						
	15	Other assets. See Part IV, line 11			1,257. 14,416,205.	15	499,209. 47,692,321.				
	16	Total assets. Add lines 1 through 15 (must eq			1,831,299.	16	6,331,945.				
	17	Accounts payable and accrued expenses		1,031,299.	17	0,331,943.					
	18 19	Grants payable			2,250.	18 19	0.				
	20	Deferred revenue			2,250.	20	•				
	21	Tax-exempt bond liabilities				21					
	22	Loans and other payables to any current or for									
Liabilities		trustee, key employee, creator or founder, sub-									
ipili		controlled entity or family member of any of the				22					
Lia	23	Secured mortgages and notes payable to unre				23					
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · ·		24					
	25	Other liabilities (including federal income tax, p									
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X							
		of Schedule D				25					
	26	Total liabilities. Add lines 17 through 25			1,833,549.	26	6,331,945.				
		Organizations that follow FASB ASC 958, ch	eck her	e ▶ X							
ces		and complete lines 27, 28, 32, and 33.									
lan	27	Net assets without donor restrictions			7,447,388.	27	19,333,439.				
Ва	28	Net assets with donor restrictions	5,135,268.	28	22,026,937.						
pur		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🔲							
ŗF		and complete lines 29 through 33.									
o s	29	Capital stock or trust principal, or current funds				29					
set	30	Paid-in or capital surplus, or land, building, or e	equipme	nt fund		30					
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			10 500 656	31	44 262 256				
Se	32	Total net assets or fund balances			12,582,656.	32	41,360,376.				
	33	Total liabilities and net assets/fund balances			14,416,205.	33	47,692,321.				

, 692, 321. Form **990** (2021)

	1990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC.	04	3236	982	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,84</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,82		
3	Revenue less expenses. Subtract line 2 from line 1	3		,01		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,58		
5	Net unrealized gains (losses) on investments	5		-23	7,4	70.
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	41	,36	0,3	<u> 76.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

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

2021

Open to Public Inspection

Name of the organization

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Description of the organization number of the organization nu

Pa	ırt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.				
The	organ	nization is not a private found	ation because it is: (f	For lines 1 through 12. c	heck only	one box.)					
1		A church, convention of ch	•	•	•	•	ινανί)				
2	H	A school described in sect				11 17 0(15)(יאריאיזי				
	H			•		/L\/d\/A\/:	::\				
3	H	A hospital or a cooperative									
4		A medical research organiz	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,			
		city, and state:									
5		An organization operated for	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). (Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in conju	inction with a land-grant	college			
		or university or a non-land-g				-	-	-			
		university:	y g · - · g · · -			···-,	,				
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membership fees an	d gross receipts from			
		activities related to its exen									
		income and unrelated busin		•				•			
				(less section of reax) inc	iii busiiles	sses acqui	red by the organization a	aiter durie 30, 1973.			
44		See section 509(a)(2). (Col		valu to toot for public on	fatu Caa	aaatian E(20(=)(4)				
11	Н	An organization organized a									
12		An organization organized a	•	•	-		•				
		more publicly supported or	-					Sneck the box on			
		lines 12a through 12d that					, ,				
а	ı		· · · · · · · · · · · · · · · · · · ·	•	•	-					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting			
	_	organization. You must o	complete Part IV, Se	ections A and B.							
b)	Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing			
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
c	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.				
c	ı 🗀	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness			
		requirement (see instructi	ions). You must con	nplete Part IV. Sections	A and D.	and Part	V .				
e	, [Check this box if the orga	•	= '							
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
f	Ente	er the number of supported of	• •	nan, musgratsa sappera							
		vide the following information		d organization(s)							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions))							
	-1							 			

Schedule A (Form 990) 2021 NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 2

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

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

Sec	tion A. Public Support	, , ,	, 333 333	,			_
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-,	(=, == :	(=, == :	(=, ====	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	membership fees received. (Do not						
	include any "unusual grants.")	5074100.	11197738.	13017132.	13482943.	53736790.	96508703.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5074100.	<u> 11197738.</u>	13017132.	13482943.	53736790.	96508703.
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)						36612202.
	Public support. Subtract line 5 from line 4.						59896501.
	tion B. Total Support		<u> </u>	<u> </u>	ı	ı	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	50/4100.	1119//38.	1301/132.	13482943.	53736790.	96508703.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	99,148.	160,218.	105,879.	18,313.	8,267.	391,825.
•	and income from similar sources	33,140.	100,210.	103,679.	10,313.	0,207.	391,023.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				13,304.	17,194.	30,498.
11	Total support. Add lines 7 through 10				13/3010	17,1310	96931026.
	Gross receipts from related activities,	etc (see instructio	ne)			12	138,713.
	First 5 years. If the Form 990 is for th	•	,	fourth, or fifth tax v	vear as a section 5		
	organization, check this box and stop	•		•		* * * *	ightharpoonup
Sec	tion C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	61.79 %
	Public support percentage from 2020					15	71.27 %
	33 1/3% support test - 2021. If the c					ore, check this bo	x and
	stop here. The organization qualifies						▶ 😈
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2021 NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 3

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 be	elow, please comp	olete Part II.)				
Section A. Public Support	, :		,			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	<u> </u>					
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
check this box and stop here			·	·····	<u></u>	>
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13, o	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves					•	
17 Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2			, (,,		18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box ar						N
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	ii ulu not check a	DOX OF THE 14, 19	a, or 190, check th	iis dux aitu see ins		·····

Schedule A (Form 990) 2021

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 4

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

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

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

_		Yes	No
	1		
L	2		
Н	За		
	3b		
L	3c		
	4 -		
	4a		
	4b		
	4 =		
	4c		
H	5a		
	Eh.		
F	5b 5c		
	_		
	6		
	7		
H	8		
ı	9a		
	9b		
-	9c		
	10a		
	10b		
ıle A	A (Forn	n 990)	2021

	nedule A (Form 990) 2021 NATIONAL NETWORK OF ABORTION FUNDS, INC.	04-32369	82 P	age 5
Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1				
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor	,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	Ι
			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). ction D. All Type III Supporting Organizations			
000	out B. All Type in Supporting Organizations		V	N ₂
			Yes	No
1				
	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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).		
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	ntity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990) 2021 NATIONAL NETWORK OF ABO			14-3236982 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functions	ally integrat	ted Type III supporting orga	nization (see

Schedule A (Form 990) 2021

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 7 Schedule A (Form 990) 2021 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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 **a** From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Schedule A (Form 990) 2021 NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2020 AMOUNT: \$ 13,304.
2021 AMOUNT: \$ 17,194.

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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) organizat	ions: Complete Part III.			
Nan	ne of organization			·	loyer identification number
	NATIONA	<u>L NETWORK OF ABO</u>	RTION FUNDS,	, INC.	04-3236982
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	36.
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		504(a)		\(0\)
_	art I-C Complete if the org	•		<u> </u>	· · ·
	Enter the amount directly expended	, ,	·	***************************************	
2	Enter the amount of the filing organ				
•	exempt function activities				
3	Total exempt function expenditures				
4	line 17b Did the filing organization file Form				
5	Enter the names, addresses and en				
Ŭ	made payments. For each organiza			-	
	contributions received that were pro	·	0 0		•
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021	NATIONAL NE	TWORK OF ABO	ORTION FUNDS	S, INC $04-3$	236982 Page 2
Part II-A Complete if the org	anization is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
	•	liated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
. — ' '	re of excess lobbying	'			
B Check if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.	Τ	
Limi	ts on Lobbying Expe	nditures		(a) Filing	(b) Affiliated group
		ınts paid or incurred.)		organization's totals	totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)		3,967.	
b Total lobbying expenditures to influ		, ,,		,	
c Total lobbying expenditures (add li				3,967.	
d Other exempt purpose expenditure				18,289,772.	
e Total exempt purpose expenditure				18,293,739.	
f Lobbying nontaxable amount. Enter				1,000,000.	
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,	,000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations the		` '	•	of the five columns be	low.
		ate instructions for lin			
	Lobbying Expe	nditures During 4-Yea	r Averaging Period	Τ	
Calendar year	(-) 2018	/b) 2010	(-) 2020	(4) 2001	(a) Total
(or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	493,440.	621,261.	562.139.	1,000,000.	2.676.840.
b Lobbying ceiling amount	150,1101	022,2021	302,2331	2,000,000	2,0,0,0200
(150% of line 2a, column(e))					4,015,260.
, (//					
c Total lobbying expenditures	92.	4,200.	565.	3,967.	8,824.
, , ,				•	•
d Grassroots nontaxable amount	92.	4,200.	565.	3,967.	8,824.
e Grassroots ceiling amount					
(150% of line 2d, column (e))					13,236.

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021

NATIONAL NETWORK OF ABORTION FUNDS, INC 04-3236982 Page 3

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)).

	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity.		(a)		(b)	
of the I	obbying activity.	Yes	N	lo	Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or					
ļ	ocal legislation, including any attempt to influence public opinion on a legislative matter					
(r referendum, through the use of:					
a ∖	olunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? $$					
c l	Media advertisements?					
d l	Mailings to members, legislators, or the public?					
e F	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	otal. Add lines 1c through 1i					
	old the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	"Yes," enter the amount of any tax incurred under section 4912					
	"Yes," enter the amount of any tax incurred by organization managers under section 4912					
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F04/-\/F				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(0)(5), 0	rsec	tion	
					Yes	No
1 \	Vere substantially all (90% or more) dues received nondeductible by members?			1		
• '						
	oid the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
2 [3 [bid the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section	prior year? 501(c)(5), o	3 r sec		3, is
2 [3 [Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."	prior year? 501(c)(5 No" OR (), o b) F	3 r sec Part I		3, is
2 [3 [Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Dues, assessments and similar amounts from members	prior year? 501(c)(5 No" OR (), o b) F	3 r sec		3, is
2 [3 [Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	prior year? 501(c)(5 No" OR (), o b) F	3 r sec Part I		3, is
2 [3 [Part 1 [2 5	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year? 501(c)(5 No" OR (), o b) F	3 r sec Part I		3, is
2 [3 [Part 1 [2 3 6 a (Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	prior year? 501(c)(5 No" OR (), o b) F	3 r sec Part I		3, is
2 [3 [Part 1 [2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Oues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? 501(c)(5 No" OR (), o b) F	3 r sec Part I		3, is
2 [3 [Part 1 [2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Dues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year service of the complete servi	prior year? 501(c)(5 No" OR (), o b) F	3 r sec Part I		3, is
2 [3 [Part 1 [2 5 6 6 6 6 6 6 6 6 6	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Dues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year service of the complete servi	prior year? 501(c)(5 No" OR (), o b) F	3 r sec Part I		3, is
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2 [3 [Part 1 [2 5 1] 2 1 1 1 1 1 1 1 1 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Oues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Ourrent year sarryover from last year sortion (5033(e)(1)(A) notices of nondeductible section 162(e) dues inotices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excessioes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Example amount of lobbying and political expenditures. See instructions Supplemental Information	prior year? 501(c)(5 No" OR (), o	3 r sec Part I	II-A, line	3, is
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2 [3 [Part 1 [2 5 1]	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Oues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year oratle amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues in notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? avable amount of lobbying and political expenditures. See instructions Expenditure next year? avable amount of lobbying and political expenditures. See instructions Expenditure required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group listions); and Part II-B, line 1. Also, complete this part for any additional information.	prior year? 501(c)(5 No" OR (), o	3 r sec Part I	II-A, line	3, is
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2 [3 [Part 1 [2 5 6 6 6 6 6 6 6 6 6	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Thotices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures. See instructions IV Supplemental Information The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group litions); and Part II-B, line 1. Also, complete this part for any additional information.	prior year? 501(c)(5 No" OR (), o	3 r sec Part I	II-A, line	3, is
2 [3 [Part 1 [2 5 6 6 6 6 6 6 6 6 6	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Thotices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures. See instructions IV Supplemental Information The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group litions); and Part II-B, line 1. Also, complete this part for any additional information.	prior year? 501(c)(5 No" OR (), o	3 r sec Part I	II-A, line	3, is
Part 1 [2 5 a 6 b 6 c 7 3 4 1 Provide instruct PART	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Thotices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures. See instructions IV Supplemental Information The the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group litions); and Part II-B, line 1. Also, complete this part for any additional information.	prior year? 501(c)(5 No" OR (), o	3 r sec Part I	II-A, line	3, is

SCHEDULE D (Form 990)

epartment 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

NATIONAL NETWORK OF ABORTION FUNDS,

Name of the organization **Employer identification number** 04-3236982 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. 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 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 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

	dule D (Form 990) 2021 NATIONA t III Organizations Maintaining C	L NETWORK Collections of Ar						04-32 r Assets			ge 2
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make sig	nificant ı	use of its		-	
	collection items (check all that apply):										
а	Public exhibition		t	Loan or exc	hange progra	am					
b	Scholarly research	•	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered '	"Yes" on F	orm 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributions	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ıstodial acco	unt liabilit	y?	L	Yes	Ш	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete										<u> </u>
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years b	ack_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1	g, column (a)) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment										
С		_%									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are held ar	nd administer	ed for the	organiza	ation		v	NI -
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
_	If "Yes" on line 3a(ii), are the related organiza								3b		
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	unds.							
ı aı	Complete if the organization answere) Dart IV	/ lino 11a S	00 Form 000	Dort V li	no 10				
				i					(-I) D I-		—
	Description of property	(a) Cost or o		` '	or other		cumulate		(d) Book	value	
	Land	basis (investr	n c nt)	Dasis	(other)	uep	reciation				—
	Land										—
	Buildings										—
	Leasehold improvements	I		1 0	4,032.		95,0	02	0	,03	$\overline{\cap}$
	Equipment			10	4,034		٠, د ر	· · ·		, 03	<u> </u>
	Other		V	(D) " 1	0 - 1			•	0	,03	0
ı otal	. Add lines 1a through 1e. (Column (d) must e	auai Form 990. Part	x. colun	ווח (ש). IIne 1 ו	UC.)				2	, , ,	· ·

Schedule D (Form 990) 2021

	TWORK OF ABORT	TION FUNDS, INC.	04-3236982 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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"			
(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"		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	e 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			s that reports the
, provide		re if the text of the footnote has been	

132053 10-28-21

Schedule D (Form 990) 2021

	edule D (Form 990) 2021 NATIONAL NETWORK OF ABORTION FO			3	"
Par	rt XI Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per Re	turn.		
	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	51,534,015	<u>.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	-237,470.			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	89,619.			
е	Add lines 2a through 2d		2e	-147,851	
3	Subtract line 2e from line 1		3	51,681,866	<u>.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	46,627.			
b	Other (Describe in Part XIII.)	2,112,509.			
	Add lines 4a and 4b		4c	2,159,136	
5			5	53,841,002	2.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements Wi	th Expenses per F	Retur	n.	
	Complete if the examination engagered "Vee" on Form 000. Dort IV line 100				
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	22,756,295	5.
1 2			1	22,756,295	5.
-	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	22,756,295	5.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a		1	22,756,295	5.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b		1	22,756,295	5.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2a	89,619.	1		
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c	89,619.	1 2e	89,619	9.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	89,619.			9.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	89,619.		89,619	9.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	89,619.	2e 3	89,619	9.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Cother (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	89,619.	2e 3	89,619 22,666,676) <u>.</u>
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	89,619. 46,627. 2,112,509.	2e 3	89,619 22,666,676 2,159,136). 5.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	89,619. 46,627. 2,112,509.	2e 3	89,619 22,666,676) . 5 .

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

Schedule D (Form 990) 2021 NATIONAL NETWORK OF ABORTION FUNDS Part XIII Supplemental Information (continued)	, INC. 04-3236982 Page 5
LONGER SUBJECT TO EXAMINATIONS BY TAX AUTHORITIES FOR	YEARS BEFORE JUNE
30, 2019.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	89,619.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS	2,112,509.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	89,619.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS	2,112,509.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection **Employer identification number**

NATIONA	L NETWORK OF ABOR!	NOIT	FUI	NDS, INC.	04-3236	982
	Complete if the organization answ				line 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P. b If "Yes," list the 10 highest paid individendments. 	e Solicit f Solicit g Special or oral agreement with any individual art VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of al fundra al (includ professi	non-g gover lising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(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 List all states in which the organizatio or licensing.				or has been notified	I it is exempt from re	gistration

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

Schedule G (Form 990) 2021

_	edul I rt I	Fundraising Events. Complete if the		"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FUND-A-THON	((t - t - 1)	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	2,112,509.			2,112,509.
	2	Less: Contributions	2,112,509.			2,112,509.
	2	Gross income (line 1 minus line 2)				
_	3	Gross income (line 1 militus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		•	
	11	*				
Pa	rt I	II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
aune			(a) Birigo	bingo/progressive bingo	(b) other garming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_	Г	toutho ototo(o) in which the averagination and	oto gomina cativitica			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	_			Yes No
		No," explain:				res NO
	' '' '	no, explain.				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended. or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:				
	_					

132082 10-21-21

Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021 NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3	<u> 3236982</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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	%
		13b	
	a An outside facility	l an l	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
_			
C	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	<u> </u>		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee midependent contractor		
4-	Manufalan de la Martina de		
	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
k	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 > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			
_			
_			

Schedule G	(Form 990) Supplemental Infor	NATIONAL	NETWORK	OF	ABORTION	FUNDS,	INC.	04-3236982	Page 4
Part IV	Supplemental Infor	mation _{(continu}	ued)						
-									
-									
-									
r-									
1									

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

Open to Public Inspection

Name of the organization NATIONAL 1	NETWORK O	F ABORTION	FUNDS, INC				Employer identification number 04-3236982
Part I General Information on Grants ar			•			•	
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to I recipient that received more than \$	tance? cedures for monit Oomestic Organia	oring the use of grant	funds in the United	States. omplete if the orga			Yes X No
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DCAF P.O. BOX 65061 WASHINGTON, DC 20035	20-4713150	501(C)(3)	1,642,759.	0.			TO SUPPORT ABORTION ASSISTANCE
BALTIMORE ABORTION FUND 1323 N CALVERT ST STE A BALTIMORE, MD 21202-3974	46-4699877	501(C)(3)	1,568,162.	0.			TO SUPPORT ABORTION ASSISTANCE
CAROLINA ABORTION FUND 5540 CENTERVIEW DR STE 204 PMB 8410 RALEIGH, NC 27606-8012	45-3810502	501(C)(3)	1,402,165.	0.			TO SUPPORT ABORTION ASSISTANCE
RICHMOND REPRODUCTIVE FREEDOM PROJECT - P.O. BOX 7389 - RICHMOND, VA 23221	38-3835776	501(C)(3)	1,388,066.	0.			TO SUPPORT ABORTION ASSISTANCE
BLUE RIDGE ABORTION FUND P.O. BOX 5082 CHARLOTTESVILLE, VA 22905	27-1343669	501(C)(3)	1,172,793.	0.			TO SUPPORT ABORTION ASSISTANCE
ACCESS REPRODUCTIVE CARE - SOUTHEAST - P.O. BOX 7354 - ATLANTA, GA 30357	47-3813101	501(C)(3)	1,020,400.	0.			TO SUPPORT ABORTION ASSISTANCE
Enter total number of section 501(c)(3) arEnter total number of other organizations			e line 1 table				<u>68.</u> 68.

		H ABORTION .	•		111/5 222		14-3236962 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho T	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO ABORTION FUND							
333 W NORTH AVE STE 267							TO SUPPORT ABORTION
CHICAGO, IL 60610-1293	36-3451293	501(C)(3)	547,988.	0.			ASSISTANCE
•			,				
ABORTION FUND OF OHIO							
P.O. BOX 1611							TO SUPPORT ABORTION
COLUMBUS, OH 43216	31-1357186	501(C)(3)	417,657.	0.			ASSISTANCE
FLORIDA ACCESS NETWORK							TO GUNDONE IDONETON
P.O. BOX 536522	E0 2206077	F01/G1/31	370 415				TO SUPPORT ABORTION
ORLANDO, FL 32853	59-3396077	501(C)(3)	372,415.	0.			ASSISTANCE
FUND TEXAS CHOICE							
3005 S LAMAR BLVD STE 109, BOX #111							TO SUPPORT ABORTION
AUSTIN, TX 78704	46-3372095	501(C)(3)	336,753.	0.			ASSISTANCE
,			,				
NEW YORK ABORTION ACCESS FUND							
FDR STATION, BOX 7569							TO SUPPORT ABORTION
NEW YORK, NY 10150	06-1610849	501(C)(3)	196,934.	0.			ASSISTANCE
NORTHWEST ABORTION ACCESS FUND							
4325 COMMERCE ST SUITE 111-433	50 4550500	504 (5) (0)	1-0-40				TO SUPPORT ABORTION
EUGENE, OR 97402	72-1553703	501(C)(3)	172,743.	0.			ASSISTANCE
ABORTION LIBERATION FUND OF PA							
123 S BROAD ST STE 635							TO SUPPORT ABORTION
PHILADELPHIA, PA 19109	23-1727133	501(C)(3)	95,740.	0.			ASSISTANCE
			10,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ACCESS REPRODUCTIVE JUSTICE							
P.O. BOX 3609							TO SUPPORT ABORTION
OAKLAND, CA 94609	51-0163201	501(C)(3)	94,872.	0.			ASSISTANCE
OUR JUSTICE ABORTION ASSISTANCE							
FUND - P.O. BOX 2105 -							TO SUPPORT ABORTION
MINNEAPOLIS, MN 55104	41-0971333	501(C)(3)	86,221.	0.			ASSISTANCE

		H ABORTION	•		adula I /Farm 000). Da		74-3236982 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule i (Form 990), Pa 	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRONTERA FUND							
P.O. BOX 721011							TO SUPPORT ABORTION
MCALLEN, TX 78504	47-4137116	501(C)(3)	67,874.	0.			ASSISTANCE
LILITH FUND							
5307 WATERBROOK DR							TO SUPPORT ABORTION
AUSTIN, TX 78723	74-3008249	501(C)(3)	64,054.	0.			ASSISTANCE
ALL-OPTIONS							TO GUDDODE ADODETON
P.O. BOX 28284 OAKLAND, CA 94604-8284	87-0729403	501/C\/3\	63,848.	0.			TO SUPPORT ABORTION ASSISTANCE
OARDAND, CA 94004-0204	07-0723403	301(0/(3/	03,040.	0.			ASSISTANCE
EASTERN MASSACHUSETTS ABORTION							
FUND - 955 MASSACHUSETTS AVE #427							TO SUPPORT ABORTION
- CAMBRIDGE, MA 02139	04-3502604	501(C)(3)	59,866.	0.			ASSISTANCE
KENTUCKY HEALTH JUSTICE NETWORK							
PO BOX 4761	27-1246514	E01/G\/3\	E7 960	0.			TO SUPPORT ABORTION ASSISTANCE
LOUISVILLE, KY 40208	27-1240514	501(C)(3)	57,869.	0.			ASSISTANCE
TEXAS EQUAL ACCESS FUND							
PO BOX 227336							TO SUPPORT ABORTION
DALLAS, TX 75222	11-3736286	501(C)(3)	56,551.	0.			ASSISTANCE
LOWIGIANA ADODETON TWO							
LOUISIANA ABORTION FUND P.O. BOX 850773							TO SUPPORT ABORTION
NEW ORLEANS, LA 70185-0773	46-0950114	501(C)(3)	55,530.	0.			ASSISTANCE
NEW ORDEANS, DA 70103-0773	40-0930114	501(0)(3)	33,330.	0.			ASSISTANCE
WOMEN'S MEDICAL FUND ●WI—							
P.O. BOX 248							TO SUPPORT ABORTION
MADISON, WI 53701	51-0189614	501(C)(3)	55,094.	0.			ASSISTANCE
JUST THE PILL							
2038 FORD PKWY #444							TO SUPPORT ABORTION
SAIN PAUL, MN 55116-1931	85-0868142	501(C)(3)	54,614.	0.			ASSISTANCE
,	1	<u> </u>	1 -,	<u> </u>	i .	1	<u> </u>

Schedule I (Form 990)

		F ABORTION .	•		111/5 005, 5		14-3236962 Page
Part II Continuation of Grants and Other	Assistance to Doı ⊺	mestic Organizations	and Domestic Go	overnments (Sche I	edule I (Form 990), Pa I	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI ABORTION FUND PO BOX 32034 ST LOUIS, MO 63132	47-1977531	501(C)(3)	51,600.	0.			TO SUPPORT ABORTION ASSISTANCE
TAMPA BAY ABORTION FUND 690 MAIN ST SAFETY HARBOR, FL 34695-3551	85-2493274		48,296.	0.			TO SUPPORT ABORTION ASSISTANCE
WESTERN PA FUND FOR CHOICE 5910 KIRKWOOD STREET PITTSBURGH, PA 15206	20-1377942	501(C)(3)	42,745.	0.			TO SUPPORT ABORTION ASSISTANCE
JANE'S DUE PROCESS 1023 SPRINGDALE RD AUSTIN, TX 78721-2465	75-2917844	501(C)(3)	39,366.	0.			TO SUPPORT ABORTION ASSISTANCE
NORTH DAKOTA WOMEN IN NEED FUND 512 1ST AVE N FARGO, ND 58102	45-0452955	501(C)(3)	38,028.	0.			TO SUPPORT ABORTION ASSISTANCE
MIDWEST ACCESS COALITION 4411 NORTH RAVENSWOOD AVENUE CHICAGO, IL 60640	47-2160168	501(C)(3)	33,104.	0.			TO SUPPORT ABORTION ASSISTANCE
HOLLER HEALTH JUSTICE P.O. BOX 11032 CHARLESTON, WV 25339-1032	83-1203957	501(C)(3)	30,234.	0.			TO SUPPORT ABORTION ASSISTANCE
EMERGENCY MEDICAL ASSISTANCE P.O. BOX 33552 PALM BEACH GARDENS, FL 33420-3552	51-0198610	501(C)(3)	26,066.	0.			TO SUPPORT ABORTION ASSISTANCE
JUSTICE THROUGH EMPOWERMENT NETWORK - JEN - P.O. BOX 2622 - SIOUX FALLS, SD 57101-2622	87-3611873	501(C)(3)	25,500.	0.			TO SUPPORT ABORTION ASSISTANCE

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule i (Form 990), Pa I	π II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STIGMA RELIEF FUND							
1001 E. MARKET ST., SUITE 200							TO SUPPORT ABORTION
CHARLOTTESVILLE, VA 22902	20-0627004	501(C)(3)	25,500.	0.			ASSISTANCE
PRETERM ACCESS FUND							
12000 SHAKER BLVD							TO SUPPORT ABORTION
CLEVELAND, OH 44120-1922	23-7314836	501(C)(3)	25,194.	0.			ASSISTANCE
WILD WEST ACCESS FUND OF NEVADA							
561 KEYSTONE AVE							TO SUPPORT ABORTION
RENO, NV 89503-4304	87-2812330	501(C)(3)	25,000.	0.			ASSISTANCE
CLINIC ACCESS SUPPORT NETWORK							
3824 CEDAR SPRINGS RD #801-3614							TO SUPPORT ABORTION
DALLAS, TX 75219-4136	46-3995595	501(C)(3)	20,853.	0.			ASSISTANCE
INDIGENOUS WOMEN RISING							
P.O. BOX 7475							TO SUPPORT ABORTION
ALBUQUERQUE, NM 87194-7475	85-3336543	501(C)(3)	20,604.	0.			ASSISTANCE
REPRODUCTIVE FREEDOM FUND OF NEW							
HAMPSHIRE - 422 CENTRAL AVE # 167							TO SUPPORT ABORTION
- DOVER, NH 03820-3411	82-1355025	501(C)(3)	19,978.	0.			ASSISTANCE
WOMEN'S HEALTH PROJECT DBA EMMA							
GOLDMAN CLINIC - 227 N. DUBUQUE	42 1000020	E01/G\/3\	10 017				TO SUPPORT ABORTION
STREET - IOWA CITY, IA 52245 WOMEN'S REPRODUCTIVE RIGHTS	42-1009939	201(6)(3)	18,817.	0.			ASSISTANCE
ASSISTANCE PROJECT - 2633 LINCOLN							TO SUPPORT ABORTION
BLVD # 338 - SANTA MONICA, CA							ASSISTANCETO SUPPORT
90405-4619	95-4522977	501(C)(3)	18,000.	0.			ABORTION ASSISTANCE
		, , . ,					
NEW RIVER ABORTION ACCESS FUND.							
P.O BOX 10701							TO SUPPORT ABORTION
BLACKSBURG, VA 24062	84-2154547	501(C)(3)	17,871.	0.			ASSISTANCE

Schedule I (Form 990)

Schedule I (Form 990) NATIONAL	NETWORK O.	F ABORTION I	FUNDS, INC	<i>:</i>		L C	14-3236982 Pag
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA COHOSH COLLABORATIVE 3077 LEEMAN FERRY RD STE. A3 HUNTSVILLE, AL 35801	84-2997771	501(C)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
ARKANSAS ABORTION SUPPORT NETWORK P.O. BOX 8416 JACKSONVILLE, AR 72078-8416	81-2441571	501(C)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
CHELSEA'S FUND P.O. BOX 1472 LANDER , WY 82520	83-0322262	501(C)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
IOWA ABORTION ACCESS FUND P.O. BOX 721 CEDAR RAPIDS, IA 52406	42-1122157	501(C)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
OPTIONS FUND P.O. BOX 473 EAU CLAIRE, WI 54701	39-1989709	501(C)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
YELLOWHAMMER FUND 2223 8TH AVE TUSCALOOSA, AL 35401	82-1822204	501(c)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
AGNES REYNOLDS JACKSON FUND P.O. BOX 4878 TOLEDO, OH 43610	34-1683826	501(C)(3)	15,015.	0.			TO SUPPORT ABORTION ASSISTANCE
VERMONT ACCESS TO REPRODUCTIVE FREEDOM - PO BOX 8452 - BURLINGTON, VT 05402	35-2173482	501(C)(3)	13,366.	0.			TO SUPPORT ABORTION ASSISTANCE
WOMEN'S HEALTH AND EDUCATION FUND PO BOX 5863 PROVIDENCE, RI 02903-0863	05-0463800	501(C)(3)	13,024.	0.			TO SUPPORT ABORTION ASSISTANCE

		H ABORTION .	•		l. l. l. (F 000) - B		74-3236982 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa I	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST FUND							
PO BOX 920088							TO SUPPORT ABORTION
EL PASO, TX 79902	46-4153283	501(C)(3)	12,375.	0.			ASSISTANCE
JANE FUND OF CENTRAL MASSACHUSETTS							
P.O. BOX 562							TO SUPPORT ABORTION
HOLDEN, MA 01520-0562	91-1811542	501(C)(3)	12,032.	0.			ASSISTANCE
·							
NEW JERSEY ABORTION ACCESS FUND							
P.O. BOX 345							TO SUPPORT ABORTION
RIDGEWOOD, NJ 07451	26-2767376	501(C)(3)	10,981.	0.			ASSISTANCE
KANSAS ABORTION FUND							
P.O. BOX 1093							TO SUPPORT ABORTION
LAWRENCE, KS 66044	48-1242707	501(C)(3)	10,565.	0.			ASSISTANCE
TUCSON ABORTION SUPPORT COLLECTIVE							TO GUDDODE ADODETON
210 E 20TH ST	46 1420042	E01/G\/3\	10 501				TO SUPPORT ABORTION
TUCSON, AZ 85719	46-1439043	501(C)(3)	10,501.	0.			ASSISTANCE
THE BRIDGE COLLECTIVE							
PO BOX 650075							TO SUPPORT ABORTION
AUSTIN, TX 78765-0075	38-3892724	501(C)(3)	10,500.	0.			ASSISTANCE
WOMEN'S EMERGENCY NETWORK (FL)							
P.O BOX 566392							TO SUPPORT ABORTION
MIAMI, FL 33256	59-2985791	501(C)(3)	10,500.	0.			ASSISTANCE
COLORADO DOULA PROJECT							
P.O. BOX 7213							TO SUPPORT ABORTION
DENVER , CO 80207	81-0900536	501(C)(3)	10,000.	0.			ASSISTANCE
NEBRASKA ABORTION RESOURCES FUND							
17105 MERION DR							TO SUPPORT ABORTION
OMAHA, NE 68136-4089	85-1982987	501(C)(3)	10,000.	0.			ASSISTANCE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RECLAIM, INC./MI WIN 35000 FORD RD STE. 3 WESTLAND , MI 48185-3719	47-4650419	501(C)(3)	7,291.	0.			TO SUPPORT ABORTION ASSISTANCE
WOMEN IN NEED P.O. BOX 494369 REDDING, CA 96049-4369	94-2259357	501(C)(3)	5,061.	0.			TO SUPPORT ABORTION ASSISTANCE
ABORTION CARE NETWORK 1225 EYE ST NW WASHINGTON, DC 20006		501(C)(3)	65,000.	0.			TO SUPPORT ABORTION ASSISTANCE
DARIA SERVICES 334 ALLISON ST NW WASHINGTON, DC 20011		501(C)(3)	75,000.	0.			TO SUPPORT ABORTION ASSISTANCE
UTAH ABORTION FUND P BOX 522155 SALT LAKE CITY, UT 84152		501(C)(3)	40,401.	0.			TO SUPPORT ABORTION ASSISTANCE
AFIYA CENTER 7220 S WESTMORELAND RD STE 200 DALLAS, TX 75237		501(C)(3)	20,851.	0.			TO SUPPORT ABORTION ASSISTANCE
MOUNTAIN ACCESS BRIGADE 118 N PETERS RD PMB 216 KNOXVILLE, TN 37923		501(C)(3)	10,500.	0.			TO SUPPORT ABORTION ASSISTANCE
SOCIAL GOOD FUND 305 W BROADWAY #10 NEW YORK, NY 10013		501(C)(3)	10,000.	0.			TO SUPPORT ABORTION ASSISTANCE

Schedule I	(Form 990) 2021 NATIONAL NETWOR	K OF ABO	KLTON LOND	S, INC.		04-3236982	Page 2
	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answ	ered "Yes" on Form 9	90, Part IV, line 22.		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	ssistance
Part IV	Supplemental Information. Provide the information red	uired in Part I, lir	ı ne 2; Part III, columr	n (b); and any other ac	Iditional information.		
		,	, ,				

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number 04-3236982

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

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) YAMANI HERNANDES	(i)	264,206.	140,746.	2,400.	9,750.	17,240.	434,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBASRI GHOSH	(i)	194,157.	10,000.	2,400.	0.	20,052.	226,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CYNTHIA LIN	(i)	168,177.	0.	2,400.	4,104.	16,021.	190,702.	0.
DEPUTY DIRECTOR OF MOVEMENT BUILDING	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SIERRA HARRIS	(i)	150,975.	0.	2,400.	3,834.	16,064.	173,273.	0.
DEPUTY DIRECTOR OF NETWORK STRATEGIE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMIE CERRETTI	(i)	122,876.	16,000.	2,400.	6,141.	16,208.	163,625.	0.
DEPUTY DIRECTOR OF STRATEGIC OPERATI	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JESSICA KANE	(i)	99,553.	10,600.	31,309.	5,038.	13,556.	160,056.	0.
OPERATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021	NATIONAL NETWORK OF ABORTION FUNDS, INC.	04-3236982	Page 3
Part III Supplemental Information	n		<u> </u>
	, 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.	
		7	

PART VI,

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection ▶ Go to www.irs.gov/Form990 for 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

OMB No. 1545-0047

FORM 990, PART VI, SECTION A, LINE 6: THE CORPORATION MAY HAVE ONE CLASS OF VOTING MEMBERS, WHOSE QUALIFCATION CRITERIA, PRIVILEGES, AND RIGHTS SHELL BE PROVIDED IN THE CORPORTATION'S BY-LAWS AND MAY HAVE ONE OR MORE CLASSES OF NONVOTING MEMBERS AS PROVIDED IN THE BY-LAWS.

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

SECTION A, LINE 7A:

MEMBERSHIP."

FORM 990,

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 2022.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization NATIONAL NETWORK OF ABORTION FUNDS, INC.	Employer identification number 04-3236982
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST P	OLICY AND
FINANCIAL STATEMENS ARE AVAILABLE UPON REQUEST	

132212 11-11-21 Schedule O (Form 990) 2021



CliftonLarsonAllen LLP CLAconnect.com

May 15, 2023

National Network of Abortion Funds, Inc. 9450 SW Gemini Dr PMB 16009 Beaverton, OR 97008

National Network of Abortion Funds, Inc.:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by May 15, 2023 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

MASSACHUSETTS FORM PC:

The Massachusetts Form PC should be mailed on or before May 15, 2023 to:

Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108

You have a balance due of \$1,000.

Payment must be made electronically via the Commonwealth of Massachusetts website at:

https://www.paybill.com/maagocharities

The annual report must be signed and dated by the authorized individual(s). Also be sure that all the necessary attachments are included with Form PC before filing.

A few final reminders relating to your tax return filings:

There are substantial penalties for failure to properly disclose and report foreign financial
accounts and foreign activity. Please make sure you have informed us of any foreign financial
accounts or foreign activity so that we have the necessary information to complete any required
disclosures or filings.

- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

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

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

05/04/04				Check all items attach	ched
Report for the Fiscal Period: $07/01/21$ to $06/30$	/22			(if applicable)	
AG Account #: 038341 Federal ID #:	04-323	36982	_	Filing Fee or Pri Electronic Payn Confirmation	
Electronic Payment Confirmation #:				X Copy of IRS Re	turn
Attach printout of electron	nic paymen	t confirmation.		X Audited Financi	al
				Statements/Rev	/iew
Electronic Payment Date:				Amended Articl By-Laws	es/
When did the organization first engage in				Schedule A-1	
charitable work in Massachusetts? 05/18/1994				X Schedule A-2	
				Schedule RO	
Has the organization applied for or been granted		XYes		Schedule VCO	.
IRS tax exempt status?		A Yes	∟ No	Probate Accour	nt
If yes, date of application OR date of determination letter:		05/18/1	L994		
IRS Exemption under 501(c):		3			
If exempt under 501(c), are contributions to the organizatio tax deductible as charitable contributions?	n	X Yes	No		
Organization Data					
Name: NATIONAL NETWORK OF ABORTION	EIMDC	TNC			
Name: NATIONAL NETWORK OF ABORTION	гоира	, INC.			-
Mailing Address: 9450 SW GEMINI DR PMB 16	6009				
City: BEAVERTON	S	tate: OR	ZIP: <u>9</u>	97008	
Phone Number: 617-267-7161		Fax Number: 617	7-267-7160		_
Email: INFO@ABORTIONFUNDS.ORG		Website: WWW . A	ABORTIONFUNDS	.ORG	
In the table below, please enter the appropriate codes from the c Enter up to 2 codes from Table 3 for your organization's main pu		ng tables found in the	e instructions.		
Category	Code		Category		Code
County (Table 1)	5	Organization Purpo	se Code 1		50
Type of Organization (Table 2)	18	Organization Purpo	ose Code 2		8
Please check box if final return prior to dissolution:					
		1			
Form PC Rev. 09/2020	Dogg	1 of 15	Office Use Only: Pay	ment Received	

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. 0	n what date	was the c	organization	created?	05/16/	/1994
------	-------------	-----------	--------------	----------	--------	-------

2.	Where was the organization created?	DISTRICT	OF	COLUMBIA	
----	-------------------------------------	----------	----	----------	--

What is the form of or	ganization? (check one
--	------------------------

Corporation	X Testamentary Trust	
Unincorporated Association	Inter Vivos Trust	
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.

5. Enter your summary of financial data:

	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	53,736,790.
В.	Gross support and revenue	53,788,784.
C.	Program services and similar amounts paid out	18,293,739.
D.	Fundraising expenses	1,924,566.
E.	Management and general expenses	4,607,507.
F.	Payments to affiliates	0.
G.	Total expenses	24,825,812.
Н.	Net assets or fund balances at the end of the year	41,360,376.

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
	YAMANI HERNANDEZ				
1.	EXECUTIVE DIRECTOR	40.00	265,354.	22,009.	132,856.
	DEBASRI GHOSH				
2.	MANAGING DIRECTOR	40.00	228,856.	20,449.	1,850.
	CYNTHIA LIN				
3.	DEPUTY DIRECTOR OF MOVE. BUILD.	40.00	178,308.	20,945.	1,700.
	SIERRA HARRIS				
4.	DEPUTY DIRECTOR OF NETWORK STRAT	40.00	168,993.	20,732.	1,700.
	JAMIE CERRETTI		_		
5.	DEPUTY DIRECTOR OF STRATEGIC OPE	40.00	159,728.	24,711.	1,700.

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

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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.	EXPONENT PARTNERS	453,634.	PROGRAM CONSULTANT
2.	AMERICAN INSTITUTES FOR RESEARCH	326,451.	PROGRAM CONSULTANT
3.	PACIFICA LAW GROUP, LLP	269,814.	LEGAL
4.	HRC TOTAL SOLUTIONS		HSA CONTRIBUTION MANAGEMENT
5.	SMYSER KAPLAN & VESELKA LLP	119,109.	LEGAL

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

Street Address: 9450 SW GEMINI DR PMB 16009

	,	
Bank	Address	Phone Number
	PO BOX 15284, WILMINGTON, DE	
BANK OF AMERICA	19850	1-888-287-4637
	4890 W KENNEDY BLVD STE 700,	
MORGAN STANLEY	TAMPA, FL 33609	1-813-286-5600
	880 CARILLON PARKWAY, ST.	
RAYMOND JAMES FINANCIAL	PETERSBURG, FL 33716	833-462-0720
10. What is the organization's accounting method?	Cash X Accrual	
	Other (specify):	
11. If organization's mailing address is a P.O. Box, lis	st the organization's full street address:	
Address:		

Phone Number: 617-314-0273

City: BEAVERTON

12. Contact Person Name: ALICIA WALTON

_____ State: _____ ZIP Code: _____

State: OR ZIP Code: 97008

13.	During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?	X 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? 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.	X Yes	☐ No
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		
	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 unparticular to conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)		
16.	Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates	. .	

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

the solicitation conducted.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

X 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

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FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT 1
NAME AND ADDRESS	PHONE NUMBER	
NONE		

FORM PC OFFICERS, DIRECTORS, TRUSTE	ES AND EXECUTIVES STATEMENT 2
NAME AND ADDRESS	TITLE
YAMANI HERNANDES 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	INTERIM EXECUTIVE DIRECTOR
DEBASRI GHOSH 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	MANAGING DIRECTOR
CYNTHIA LIN 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	DEPUTY DIRECTOR OF MOVEMENT
SIERRA HARRIS 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	DEPUTY DIRECTOR OF NETWORK S
JAMIE CERRETTI 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	DEPUTY DIRECTOR OF STRATEGIC
JESSICA KANE 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	OPERATIONS DIRECTOR
REBECCA LUXENBERG 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	DIRECTOR OF FINANCE
TANYA LADHA 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	DIRECTOR

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

DIRECTOR

POONAM DREYFUS-PAI

9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008

DIRECTOR

MARLO BARRERA

9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008

DIRECTOR

DAPHNE MAZUZ

9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008

DIRECTOR

KATRINA ROGERS

9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008

DIRECTOR

ZAKIYA LUNA

9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008

DIRECTOR

ANJALI SALVADOR 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008

DIRECTOR

UMA RAO

9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008

DIRECTOR

MELISSA FLORES

9450 SW GEMINI DR PMB 16009

BEAVERTON, OR 97008

SECRETARY

SHILPI SHAH

9450 SW GEMINI DR PMB 16009

BEAVERTON, OR 97008

TREASURER

ASHA DANE'EL

9450 SW GEMINI DR PMB 16009

BEAVERTON, OR 97008

CO-CHAIR

KATHERINE MCGUINESS

9450 SW GEMINI DR PMB 16009

BEAVERTON, OR 97008

CO-CHAIR

04-3236982

ORIAKU NJOKU (AS OF JUNE 2022) 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008

EXECUTIVE DIRECTOR

		
FORM PC	PAGE 4, I	LINE 18 STATEMENT 3
NAME AND ADDRESS		AREA OF RESPONSIBILITY
BOARD OF DIRECTORS 9450 SW GEMINI DR PMB BEAVERTON, OR 97008	16	RESPONSIBLE FOR CUSTODY OF FUNDS
BOARD OF DIRECTORS 9450 SW GEMINI DR PMB BEAVERTON, OR 97008	16	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
BOARD OF DIRECTORS 9450 SW GEMINI DR PMB BEAVERTON, OR 97008	16	RESPONSIBLE FOR FUNDRAISING
BOARD OF DIRECTORS 9450 SW GEMINI DR PMB BEAVERTON, OR 97008	16	CUSTODY OF FINANCIAL RECORDS
CONTROLLER 9450 SW GEMINI DR PMB BEAVERTON, OR 97008	16	AUTHORIZED TO SIGN CHECKS
CFO 9450 SW GEMINI DR PMB BEAVERTON, OR 97008	16	AUTHORIZED TO SIGN CHECKS
DDSO 9450 SW GEMINI DR PMB BEAVERTON, OR 97008	16	AUTHORIZED TO SIGN CHECKS
EXECUTIVE DIRECTOR 9450 SW GEMINI DR PMB BEAVERTON, OR 97008	16	RESPONSIBLE FOR CUSTODY OF FUNDS
EXECUTIVE DIRECTOR 9450 SW GEMINI DR PMB BEAVERTON, OR 97008	16	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
CONTROLLER 9450 SW GEMINI DR PMB BEAVERTON, OR 97008	16	CUSTODY OF FINANCIAL RECORDS
DDSO 9450 SW GEMINI DR PMB BEAVERTON, OR 97008	16	AUTHORIZED TO SIGN CHECKS

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STATEMENT(S) 3

FORM PC		PAGE	4,	LIN	NE 19	STATEMENT 4
STATE					RE	EG AGENCY
ALABAMA	_				AL	ABAMA CHARITABLE REGISTRATION
DATE OF REG	REG NUMBER	OTHER	NA	MES	USEI)
01/19/22	AL22-030	N/A				
SOLICIT DATE	TYPE OF SOL	ICITATIO	N			
06/30/22	OTHER		_			
STATE	_				RE	EG AGENCY
ALASKA					AR	KANSAS ATTORNEY GENERAL OFFICE
DATE OF REG	REG NUMBER	OTHER	NA	MES	USEI)
08/10/21	N/A	N/A				
SOLICIT DATE	TYPE OF SOL	ICITATIO	N			
06/30/22	OTHER					
STATE					RE	EG AGENCY
CALIFORNIA					CA	DEPARTMENT OF JUSTICE
DATE OF REG	REG NUMBER	OTHER	NA	MES	USEI)
01/26/22	CT0278144	N/A				
SOLICIT DATE	TYPE OF SOL	ICITATIO	N			
06/30/22	OTHER		_			
STATE					RE	EG AGENCY
CONNECTICUT	_				DE	PARTMENT OF CONSUMER PROTECTION
DATE OF REG	REG NUMBER	OTHER	NA	MES	USEI	
12/14/21	N/A	N/A				_
SOLICIT DATE	TYPE OF SOL	ICITATIO	N			
06/30/22	OTHER		_			

STATE REG AGENCY

FLORIDA DIVISION OF CONSUMER SERVICES

DATE OF REG REG NUMBER OTHER NAMES USED

03/02/22 CH67660 N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

GEORGIA SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

12/17/21 N/A N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

KANSAS ATTORNEY GENERAL'S OFFICE

DATE OF REG REG NUMBER OTHER NAMES USED

03/21/22 22-002813 N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

MAINE OFFICE OF PROFESSIONAL & FINANCIAL

DATE OF REG REG NUMBER OTHER NAMES USED

01/27/22 N/A N/A

SOLICIT DATE TYPE OF SOLICITATION

STATE REG AGENCY

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

DATE OF REG REG NUMBER OTHER NAMES USED

02/05/22 CH4449600 N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

NORTH DAKOTA SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

08/06/21 5584271 N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

OHIO ATTORNEY GENERAL'S OFFICE

DATE OF REG REG NUMBER OTHER NAMES USED

08/09/21 N/A N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

OKLAHOMA SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

01/14/22 N/A N/A

SOLICIT DATE TYPE OF SOLICITATION

STATE REG AGENCY

OREGON DEPARTMENT OF JUSTICE

DATE OF REG REG NUMBER OTHER NAMES USED

01/14/22 58818 N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

PENNSYLVANIA BUREAU OF CORPORATIONS AND CHARITY

DATE OF REG REG NUMBER OTHER NAMES USED

01/03/22 118530 N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

RHODE ISLAND DEPARTMENT OF BUSINESS REGULATIONS

DATE OF REG REG NUMBER OTHER NAMES USED

03/30/22 CO.9904151 N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

SOUTH CAROLINA SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

01/14/22 P69919 N/A

SOLICIT DATE TYPE OF SOLICITATION

STATE REG AGENCY

TENNESSEE SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

01/14/22 N/A N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

VIRGINIA OFFICE OF CHARITABLE PROGRAMS

DATE OF REG REG NUMBER OTHER NAMES USED

01/14/22 N/A N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

WASHINGTON SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

01/14/22 N/A N/A

SOLICIT DATE TYPE OF SOLICITATION

06/30/22 OTHER

STATE REG AGENCY

WEST VIRGINIA SECRETARY OF STATE

DATE OF REG REG NUMBER OTHER NAMES USED

01/14/22 N/A N/A

SOLICIT DATE TYPE OF SOLICITATION

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

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

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982

	If ye	s, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X 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	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation. STATEMENT 5	X Yes	☐ No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	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	X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?	Yes	X No
	•	ou answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stati	ing the	

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FORM PC EXPLANATION FOR PAGE 5, LINE 21

STATEMENT 5

RESTRICTED FUNDS IN THE AMOUNT OF \$16,097,055 WERE RELEASED DURING THE YEAR AS THE RESTRICTED USE WAS MET.

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?	Yes	X No
В.	Has your organization leased assets to or leased assets from a related party?	Yes	X No
C.	Has your organization been indebted to a related party?	Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	Yes	X No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	Yes	X No
l.	Has your organization transferred income or assets to or for use by a related party?	Yes	X 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?	Yes	X 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?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes	X 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?	Yes	X No

Signature Required		
Under penalty of perjury, I declare that the information furnished in this repcorrect to the best of my knowledge.	port, including all attachments, is true and	
,		
Signature:	Date:	
Printed Name: ALICIA WALTON		
Title: CONTROLLER		
Name of Preparer: CLIFTONLARSONALLEN LLP		
Address 4 BATTERYMARCH PARK, SUITE 100		
City QUINCY	State <u>MA</u> ZIP Code <u>0 2 1 6 9</u>	
Phone Number (781) 982-1001		

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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 Via the Internet Door-to-door Raffle, beano, bingo or gaming event Entertainment event Sale of goods other than by telephone Telemarketing without sale of goods or ads Individual Mailings Telemarketing with sale of goods Corporate solicitations Grant Proposals Telemarketing with sale of ads Other (specify): _____ Identify the method or methods you expect to use for the fundraising (check all that apply): Own employees Professional solicitor* Professional fundraising counsel* Volunteers Commercial co-venturer* * Provide applicable names and addresses: Professional Solicitor Name: _____ Address _____ State _____ ZIP Code _ Professional Fundraising Counsel Name:

_____ State _____ ZIP Code ____

City _____ State ____ ZIP Code ____

Commercial Co-Venturer Name: __

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 _____ State OR ZIP Code 97008 City BEAVERTON Name and Title: City _____ State ____ ZIP Code ____ 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 ______ State OR ____ ZIP Code 97008 City BEAVERTON Name and Title: City ______ State _____ ZIP Code _____

Form PC - Schedule A-1 178009

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 Via the Internet Door-to-door Raffle, beano, bingo or gaming event Entertainment event Sale of goods other than by telephone Individual Mailings Telemarketing without sale of goods or ads Telemarketing with sale of goods Corporate solicitations Grant Proposals Telemarketing with sale of ads Other (specify): _____ Identify the method or methods you expect to use for the fundraising (check all that apply): Own employees Professional solicitor* Professional fundraising counsel* Volunteers Commercial co-venturer* * Provide applicable names and addresses: Professional Solicitor Name: _____ Address _____ State _____ ZIP Code ____ Professional Fundraising Counsel Name: _____ State _____ ZIP Code ____ Commercial Co-Venturer Name: __

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 <u>OR</u> ZIP Code <u>97008</u> Name and Title: City _____ State ____ ZIP Code _____ 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 _____ State OR ZIP Code 97008 City BEAVERTON Name and Title: City ______ State _____ ZIP Code _____

Form PC - Schedule A-2 178011 04-01-21

City _____ State ____ ZIP Code ____

Certification by Organization

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

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: SHILPI SHAH	
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:	T	Primary purpose or activity:	T	I					
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)					
Name		Duine and a superior and a set of the set							
Name: FYE	A. Donor restricted funds (-) liabilities	Primary purpose or activity: 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.

	Title:	
Salary and Other Income:	Benefits Plan:	Other Compensation
-		<u>'</u>
	Title	
Salary and Other Income:		Other Compensation
	Donomo r isam	
	Title:	
Salary and Other Income:	Benefits Plan:	Other Compensation
		I
	Title	
Salary and Other Income:	Benefits Plan:	Other Compensation
Tall tall		T ₂ ₂
Salary and Other Income:	Benefits Plan:	Other Compensation
	Salary and Other Income: Salary and Other Income: Salary and Other Income: Salary and Other Income:	Title: Salary and Other Income: Title: Salary and Other Income: Benefits Plan: Title: Salary and Other Income: Benefits Plan: Title: Title: Title: Title: Title: Title: Title:

Form PC - Schedule RO 178014 04-01-21

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Rev. 09/2020

X No

foundations excluded pursuant to instructions?

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A F	or the	2021 calendar year, or tax year beginning $$	nding J	<u>UN 30, 2022</u>				
В с	heck if oplicable:	C Name of organization		D Employer identific	cation number			
	Address change	NATIONAL NETWORK OF ABORTION FUNDS, INC.						
	Name change	Doing business as		04-3236982				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
	Final return/	9450 SW GEMINI DR PMB 16009	617-267-					
	termin- ated Amende	City or town, state or province, country, and ZIP or foreign postal code BEAVERTON, OR 97008	G Gross receipts \$	57,812,533.				
	」return ☐Applica _tion		H(a) Is this a group re					
	_tion pending	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in				
т т	2 0 0	mpt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) () $\overline{}}$ (insert no.) $\overline{}}$ 4947(a)(1) or $\overline{}}$	527	1 ' '	list. See instructions			
		: ► WWW.ABORTIONFUNDS.ORG	JZ1	H(c) Group exemption				
		organization: X Corporation Trust Association Other	I Year o		State of legal domicile: DC			
		Summary	L Car C	οι ιστιιατίση. 2 2 2 1 1	otate of legal dofficite, 20			
	1 8	Briefly describe the organization's mission or most significant activities: TO REM	IOVE 1	BARRIERS TO	ABORTION			
9		ACCESS AND ADVOCATE FOR REPRODUCTIVE JUSTIC						
Governance	_	Check this box if the organization discontinued its operations or disposed		than 25% of its net ass	sets.			
) Ve				3	14			
ၓ	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	14			
& &		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			67			
Activities	6 T	otal number of volunteers (estimate if necessary)		6	14			
ۇ	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_`	bΝ	let unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.			
				Prior Year	Current Year			
<u>e</u>		Contributions and grants (Part VIII, line 1h)		13,482,943.	53,736,790.			
en.		Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		28,884.	60,485.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,667. 13,510,160.	43,727. 53,841,002.			
\dashv		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,054,212.	13,978,983.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	13,970,963.			
		Renefits paid to or for members (Part IX, column (A), line 4)		6,172,949.	7,907,698.			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0,172,545.	0.			
ğ		otal fundraising expenses (Part IX, column (D), line 25) 1,924,566	5	•	•			
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,112,626.	2,939,131.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,339,787.	24,825,812.			
		Revenue less expenses. Subtract line 18 from line 12		170,373.	29,015,190.			
or Se			Beg	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		14,416,205.	47,692,321.			
ASS	21 T	otal liabilities (Part X, line 26)		1,833,549.	6,331,945.			
		let assets or fund balances. Subtract line 21 from line 20		12,582,656.	41,360,376.			
	rt II	Signature Block						
		ies of perjury, I declare that I have examined this return, including accompanying schedules an		•	knowledge and belief, it is			
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer l	has any knowledge.				
		Signature of officer		 Date				
Sigr 		, -		Date				
Here	9	ALICIA WALTON, CONTROLLER Type or print name and title						
	+		In	Date Check	PTIN			
Paid		Print/Type preparer's name DANIELLE NIHILL DANIELLE NIHILL		5/15/23 of self-employ				
r aiu Prep	_	Firm's name CLIFTONLARSONALLEN LLP	lo.		41-0746749			
Use		Firm's address 4 BATTERYMARCH PARK, SUITE 100		I IIIII 3 LIIV	0/10/1			
550	,	QUINCY, MA 02169		Phone no (7	81) 982-1001			
—— Mav	the IR	S discuss this return with the preparer shown above? See instructions		, i nono nos ()	X Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	1990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 2
Pa	rt 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?
	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.
40	10 000 500
4a	(Code:) (Expenses \$18,293,739 . including grants of \$13,978,983 .) (Revenue \$) NNAF COLLABORATES WITH 100+ 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 \$
4c	(Code:) (Expenses \$
	-
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4-	Total program convice expenses \ \ \ 18 \ 293 \ 739 \.

Form **990** (2021)

Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982

Page 3

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)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11d Part X, line 16? If "Yes," complete Schedule D, Part IX 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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Form 990 (2021)

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 4

Pai	Crecklist 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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 25	
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F Contract Con	00-		х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	<u> 3</u> 6	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	, .		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC.

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

04-3236982

Page 5

	o o i (continued)			г –
_			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 67			
		01-	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country See instructions for filling year incoments for FinCFN Form 114. Beneat of Foreign Benk and Financial Associate (FRAR)			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		1
D	was and have the described O	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did	7a		х
		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		x
d	1-1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	isa		
h	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves " complete Form 6069			

NATIONAL NETWORK OF ABORTION FUNDS, INC. Form 990 (2021) 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. X 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. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA 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.

Another's website X Upon request Own website Other (explain on Schedule O)

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.

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,

Form **990** (2021)

OR

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 <u> Page</u> **7** Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	(B)			(()			(D)	(E)	(F)
Name and title	Average	/ al a		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	than o s both	an	compensation	compensation	amount of
	week	offi	cer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	9			ated		organization	(W-2/1099-MISC/	from the
	related	stee	truste		gy.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) YAMANI HERNANDES	40.00	=	=	0	Ā	王 👨	Œ			
INTERIM EXECUTIVE DIRECTOR	0.00	•		х				407,352.	0.	26,990
(2) DEBASRI GHOSH	40.00							,	-	. ,
MANAGING DIRECTOR	0.00			Х				206,557.	0.	20,052
(3) CYNTHIA LIN	40.00									•
DEPUTY DIRECTOR OF MOVEMENT BUILDING	0.00			Х				170,577.	0.	20,125
(4) SIERRA HARRIS	40.00									
DEPUTY DIRECTOR OF NETWORK STRATEGIE	0.00			Х				153,375.	0.	19,898
(5) JAMIE CERRETTI	40.00									
DEPUTY DIRECTOR OF STRATEGIC OPERATI	0.00			Х				141,276.	0.	22,349
(6) JESSICA KANE	40.00									
OPERATIONS DIRECTOR	0.00			Х				141,462.	0.	18,594
(7) EMILY WHITE HODGE	40.00							100 600	0	05 404
HUMAN RESOURCES DIRECTOR	0.00		_			X		120,608.	0.	25,424
(8) TIFFANY TAI	40.00					-		110 000	0	22 207
NETWORK BUILDING MANAGER (9) DANIEL STAPLES	0.00					X		119,089.	0.	22,287
(9) DANIEL STAPLES INFORMATION TECHNOLOGY & SECURITY MA	0.00					x		114 060	0.	22 202
(10) KIMBERLY ARENA	40.00		\vdash			^		114,860.	0.	22,283
AUTHOR	0.00					x		112,248.	0.	22,421
(11) ADAKU UTAH	40.00							112,240.	0.	22,421
MOVEMENT BUILDING LEADERSHIP MANAGER	0.00	-				x		117,672.	0.	11,750
(12) REBECCA LUXENBERG	40.00							127,70720		
DIRECTOR OF FINANCE	0.00	•		х				54,870.	0.	10,501
(13) TANYA LADHA	1.00							,	-	,
DIRECTOR	0.00	Х						0.	0.	0 .
(14) ROSA YADIRA ORTIZ	1.00								-	-
DIRECTOR	0.00	Х	L					0.	0.	0
(15) POONAM DREYFUS-PAI	1.00									
DIRECTOR	0.00	Х						0.	0.	0 .
(16) MARLO BARRERA	1.00									
DIRECTOR	0.00	Х						0.	0.	0 .
(17) DAPHNE MAZUZ	1.00	_							_	_
DIRECTOR	0.00	Х						0.	0.	0 Form 990 (202

04-3236982 Page 8 Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC.

(B. 1741)								FUNDS, INC.		962 Page 6
Part VII Section A. Officers, Directors, Trus (A)	(B)	ПОУ	ees,			jnes	i Co	(D)	(E)	(F)
Name and title	Average		(C) Position					Reportable	(E) Reportable	(F) Estimated
Name and the	hours per		(do not check more than box, unless person is both					compensation	compensation	amount of
	week	offic	cer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	truste		9	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		ploye	st con	L	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) KATRINA ROGERS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(19) ZAKIYA LUNA	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(20) ANJALI SALVADOR	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(21) UMA RAO	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(22) MELISSA FLORES	1.00									
SECRETARY	0.00	Х		X				0.	0.	0.
(23) SHILPI SHAH	1.00									
TREASURER	0.00	Х		X				0.	0.	0.
(24) ASHA DANE'EL	1.00									
CO-CHAIR	0.00	Х		X				0.	0.	0.
(25) KATHERINE MCGUINESS	1.00									
CO-CHAIR	0.00	Х		Х				0.	0.	0.
(26) ORIAKU NJOKU (AS OF JUNE 2022)	0.00							_		_
EXECUTIVE DIRECTOR	0.00			X				0.	0.	0.
1b Subtotal								1,859,946.	0.	242,674.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)				<u></u>			<u> </u>	1,859,946.	0.	242,674.
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										27

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

Section B. Independent Contractors

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.

the organization. Heport compensation for the daterial year chang with or with	T the organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
EXPONENT PARTNERS, ONE MARKET STREET,		
SPEAR TOWER, 36TH FLOOR, SAN FRANCISCO, C	PROGRAM CONSULTANT	453,634.
AMERICAN INSTITUTES FOR RESEARCH		
1400 CRYSTAL DR, ARLINGTON, VA 22202	PROGRAM CONSULTANT	326,451.
PACIFICA LAW GROUP, LLP		
1191 2ND AVE, SEATTLE, WA 98101	LEGAL	269,814.
HRC TOTAL SOLUTIONS	HSA CONTRIBUTION	
111 CHARLES ST, MANCHESTER, NH 03101	MANAGEMENT	213,750.
SMYSER KAPLAN & VESELKA LLP		
717 TEXAS AVE #2800, HOUSTON, TX 77002	LEGAL	119,109.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization >		
		- 000 (222)

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	990 r t VI I				ΤW	ORK OF A	ORTION FUN	NDS, INC.	04-3236	982 Page 9
ıa	I VII	Check if Schedule O			200	or note to any line	a in this Dart VIII			
		Check if Schedule O'C	Joritali	is a respoi	156 (or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included	ibutior grants, above	1b 1c 1d 1d 1s) and 1f 1g \$		277,201. 2,112,509. 51,347,080.	53,736,790.			
Program Service C Revenue	2 a b c d d e f		revenu	ue		Business Code				
	3 4 5 6 a b	Investment income (include other similar amounts)	f tax-e	vidends, in	tere nd p	st, and ▶ roceeds ▶	8,267.			8,267.
evenue	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b 7c	(i) Securiti 3,934,1 3,881,9 52,2	es 30. 12.	(ii) Other				
Other Re	8 a	Ret gain or (loss) Gross income from fundraisii including \$ 2, contributions reported on Part IV, line 18 Less: direct expenses	ng ever 112,5 line 1	nts (not 609. of c). See	8a 8b	0.	52,218.			52,218.
	b	Gross income from gamin Part IV, line 19 Less: direct expenses Net income or (loss) from	g activ	vities. See	9a 9b	>	0.			
	b	Gross sales of inventory, I and allowances			10a 10b	89,619.	26,533.			26,533.
scellaneous Revenue	11 a				_	Business Code				
ЖM	لم	All other revenue				900099	17 194		I	17 194

12 To

Form **990** (2021)

104,212.

0.

17,194.

53,841,002.

Total. Add lines 11a-11d

Total revenue. See instructions

Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 13,977,483. 13,977,483. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,500. 1,500. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,374,260. 627,590. 580,928. 165,742. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,689,522. 1,809,674. 2,152,492. 727,356. Other salaries and wages 7 Pension plan accruals and contributions (include 137,597. 48,375. 67,091. 22,131. section 401(k) and 403(b) employer contributions) 522,293. 1,278,939. 562,520. 194,126. Other employee benefits 9 427,380. 171,855. 192,143. 63,382. 10 Payroll taxes 11 Fees for services (nonemployees): Management 412,112. 412,112. Legal 23,459. 23,459. Accounting Lobbying Professional fundraising services. See Part IV, line 17 46,627. 46,627. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,222,799. 1,060,161. 162,638. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 694,513. 52,582. 111,295. 530,636. Office expenses 13 264,507. 10,686. 197,384. 56,437. Information technology 14 15 Royalties 177,517. 177,595. 78. 16 Occupancy 34,018. 11.540. 20,460. 2,018. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 35,967. 35,967. Depreciation, depletion, and amortization 22 26,253. 26,253. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,281. 1,259. OTHER PERSONNEL EXPENSE 0. 22. All other expenses 24,825,812. 18,293,739. 4,607,507. 1,924,566. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

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Form 990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 11

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,579,415.	1	14,816,044.		
	2	Savings and temporary cash investments	62.	2	12,539,246.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	1,694,740.	4	18,239,230.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
٤	9	Prepaid expenses and deferred charges	176,853.	9	228,325.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	104,032.			
	b	Less: accumulated depreciation			61,440.	10c	9,030.
	11	Investments - publicly traded securities			10,902,438.	11	1,361,237.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			1 057	14	400 200
	15	Other assets. See Part IV, line 11			1,257.	15	499,209.
	16	Total assets. Add lines 1 through 15 (must ed	14,416,205. 1,831,299.	16	47,692,321. 6,331,945.		
	17	Accounts payable and accrued expenses			1,031,233.	17	0,331,343.
	18	Grants payable			2,250.	18 19	0.
	19	Deferred revenue			2,250.	20	 _
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete	Dort IV	of Schodulo D		21	
	22	Loans and other payables to any current or for				21	
Liabilities		trustee, key employee, creator or founder, sub					
iii		controlled entity or family member of any of th				22	
Lia	23	Secured mortgages and notes payable to unre		23			
	24	Unsecured notes and loans payable to unrelat			24		
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25			1,833,549.	26	6,331,945.
		Organizations that follow FASB ASC 958, ch	neck here	e ▶ X			
ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions		7,447,388. 5,135,268.	27	19,333,439. 22,026,937.	
Ba	28	Net assets with donor restrictions	<u></u>	5,135,268.	28	22,026,937.	
멑		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🔲			
Ę		and complete lines 29 through 33.					
<u>8</u>	29	Capital stock or trust principal, or current fund				29	
ssei	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		······	10 500 656	31	41 262 256
Se	32				12,582,656.	32	41,360,376.
	33	Total liabilities and net assets/fund balances			14,416,205.	33	47,692,321.

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	1990 (2021) NATIONAL NETWORK OF ABORTION FUNDS, INC.	04	3236	982	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,84</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,82		
3	Revenue less expenses. Subtract line 2 from line 1	3		,01		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,58		
5	Net unrealized gains (losses) on investments	5		-23	7,4	70.
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	41	,36	0,3	<u> 76.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

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

2021

Open to Public Inspection

Employer identification number Name of the organization NATIONAL NETWORK OF ABORTION FUNDS 04-3236982 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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 (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. You must complete Part IV, Sections A and 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). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 2

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

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

Sec	ction A. Public Support		· .	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	5074100.	11197738.	13017132.	13482943.	53736790.	96508703.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5074100.	11197738.	13017132.	13482943.	<u>53736790.</u>	96508703.
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)						36612202.
	Public support. Subtract line 5 from line 4.						59896501.
	etion B. Total Support		# N = 0 / 0		()) 0000	() 222/	(n =
	ndar year (or fiscal year beginning in)	(a) 2017 5 0 7 4 1 0 0	(b) 2018	(c) 2019 13017132.	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	3074100.	1119//30.	1301/132.	13402343.	53730790.	90300703.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	99,148.	160,218.	105,879.	18,313.	8,267.	391,825.
_	and income from similar sources	33,140.	100,210.	103,073.	10,313.	0,207.	391,023.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				13,304.	17,194.	30,498.
11	Total support. Add lines 7 through 10						96931026.
	Gross receipts from related activities,	etc. (see instructio	nns)			12	138,713.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop	_					
Sec	tion C. Computation of Public						
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11, o	column (f))		14	61.79 %
	Public support percentage from 2020					15	71.27 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies a	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2020. If the o	rganization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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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 be	elow, please comp	olete Part II.)				
Section A. Public Support	, :		,			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	<u> </u>					
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
check this box and stop here			·	·····	<u></u>	>
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13, o	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves					•	
17 Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2			, (,,		18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box ar						N
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	ii ulu not check a	DOX OF THE 14, 19	a, or 190, check th	iis dux aitu see ins		·····

Schedule A (Form 990) 2021

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 4

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below*.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
-		
7		
8		
9a		
Oh		
9b		
9c		
10a		
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10b	m 000)	2021

	nedule A (Form 990) 2021 NATIONAL NETWORK OF ABORTION FUNDS, INC.	04-32369	82 P	age 5
Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1				
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor	,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	Ι
			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). ction D. All Type III Supporting Organizations			
000	out B. All Type in Supporting Organizations		V	N ₂
			Yes	No
1				
	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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).		
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	ntity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functions	ally integrat	ted Type III supporting orga	nization (see

Schedule A (Form 990) 2021

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982 Page 7 Schedule A (Form 990) 2021 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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 **a** From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019

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d Excess from 2020e Excess from 2021

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2020 AMOUNT: \$ 13,304.
2021 AMOUNT: \$ 17,194.

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			·	loyer identification number
	NATIONA	<u>L NETWORK OF ABO</u>	RTION FUNDS,	, INC.	04-3236982
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	36.
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		504(a)		\(0\)
_	art I-C Complete if the org	•		<u> </u>	· · ·
	Enter the amount directly expended	, ,	·	***************************************	
2	Enter the amount of the filing organ				
•	exempt function activities				
3	Total exempt function expenditures				
4	line 17b Did the filing organization file Form				
5	Enter the names, addresses and en				
Ŭ	made payments. For each organiza			-	
	contributions received that were pro	·	0 0		•
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021	NATIONAL NE	TWORK OF ABO	ORTION FUNDS	S, INC $04-3$	236982 Page 2
Part II-A Complete if the org	anization is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
	ŭ	liated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
. — .	re of excess lobbying e	• •			
B Check Lifthe filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.		
Limi	ts on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
		ints paid or incurred.)		totals	totals
d - Tatal lable in a compandition to infli				3,967.	
1a Total lobbying expenditures to influ				3,901.	
b Total lobbying expenditures to influ				3,967.	
c Total lobbying expenditures (add li				18,289,772.	
d Other exempt purpose expendituree Total exempt purpose expenditure		١		18,293,739.	
				1,000,000.	
f Lobbying nontaxable amount. Enter				1,000,000.	
Not over \$500,000	` '	bying nontaxable amo	ount is:		
Over \$500,000 but not over \$1,000		the amount on line 1e. 00 plus 15% of the exce	200 OVOT \$500 000		
Over \$1,000,000 but not over \$1,000	<i>'</i>	00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,500,000 but n		00 plus 5% of the exces			
Over \$17,000,000	\$1,000,	•	ss ονει ψ1,500,000.		
Over \$17,000,000	γ ψ1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zero	,			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer					
reporting section 4911 tax for this	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Γ	Yes No
roperming occurrent term taken time		eraging Period Under			
(Some organizations the				of the five columns be	low.
•	See the separ	ate instructions for lin	es 2a through 2f.)		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
0.11					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
(c) nocal year beginning my					
2a Lobbying nontaxable amount	493,440.	621,261.	562,139.	1,000,000.	2,676,840.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					4,015,260.
c Total lobbying expenditures	92.	4,200.	565.	3,967.	8,824.
d Grassroots nontaxable amount	92.	4,200.	565.	3,967.	8,824.
e Grassroots ceiling amount					12 226
(150% of line 2d, column (e))					13,236.
		1			i

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021

NATIONAL NETWORK OF ABORTION FUNDS, INC 04-3236982 Page 3

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

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 504(-)(5)		11	
art III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5),	, or sec	tion	
331(3)(3).			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		
, , , , , , , , , , , , , , , , , , , ,				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? n 501(c)(5),	2 3 or sec		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? n 501(c)(5), "No" OR (b	3 , or sec) Part I		3, is
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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

Employer identification number

Inspection

Name of the organization

NATIONAL NETWORK OF ABORTION FUNDS TNC 04-3236982

Par	t I Organizations Maintaining Donor Advised Fu		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	g that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's exclu	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor	rs in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organization	ation answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch	neck all that apply).	
	Preservation of land for public use (for example, recreation of	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 control of the	onservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after 7		I I
_	listed in the National Register		
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the c	organization during the tax
	year -		
4	Number of states where property subject to conservation easemen	<u> </u>	
5	Does the organization have a written policy regarding the periodic	•	□ Vaa □ Na
6	violations, and enforcement of the conservation easements it hold Staff and volunteer hours devoted to monitoring, inspecting, hand		
6	Starr and volunteer riours devoted to morntoning, inspecting, nand	iling of violations, and emorcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conservation	on easements during the year
•	S	or violations, and emoreing conservation	or casements during the year
8	Does each conservation easement reported on line 2(d) above sati	isfy 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 ea		
	balance sheet, and include, if applicable, the text of the footnote to	-	
	organization's accounting for conservation easements.	C	
Par	t III Organizations Maintaining Collections of Art	, Historical Treasures, or Oth	er 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, no	t to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its financial s	statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public exhibit	bition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treasure		
	the following amounts required to be reported under FASB ASC 9	58 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for I		Schedule D (Form 990) 2021

132051 10-28-21

Sche Par		L NETWORK						04-32			ıge 2
	·								<u>(continu</u>	<u>ıed)</u>	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	t make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	: L	Loan or exc	hange progra	am					
b	Scholarly research	•	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	e organizatio	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or								_		
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia							_	_		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								7.,	$\overline{}$	
	Did the organization include an amount on Fo						ty?		」Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it										
· u	Endownient Fands: Complete II	(a) Current year	1	rior year	(c) Two yea			years back	(a) Four	veare k	
4.	Danisaria a of consultations	(a) Current year	(5)	nor year	(C) TWO you	13 Dack	(d) Thirde	yours buck	(C) rour	/ours i	- AUN
ıa L	Beginning of year balance										
D	Contributions										
	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance [Provide the estimated percentage of the current p	ant year and balance	o (lino 1 c	· column (a)) hold so:				<u> </u>		
2		•	e (iiile 1ç	j, coluitiit (a)	ij Heiu as.						
a b	Board designated or quasi-endowment Permanent endowment	%	⁷⁰								
		⁷⁰									
·	The percentages on lines 2a, 2b, and 2c shou	-									
32	Are there endowment funds not in the posses	•	ation tha	t are held ar	nd administer	ed for th	e organiz:	ation			
ou	by:	solon of the organize	ation tha	t are ricia ar	ia aarriiriiotoi	00 101 111	o organizi	20011	[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)	\dashv	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on So	chedule R?					3b	\dashv	
4	Describe in Part XIII the intended uses of the										
Par											
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value	,
	<u> </u>	basis (investr	ment)	. ,	(other)		oreciation	l l			
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			10	4,032.		95,0	02.	9	,03	0.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum	nn (B). line 1	Oc.)				9	,03	10.

Schedule D (Form 990) 2021

Part VII			TION FUNDS, INC. 04	:-3236982 Pag
	Investments - Other Securities.	n Form 000 Port IV line	11b Coo Form 000 Bort V line 10	
(a) Descript	Complete if the organization answered "Yes" o tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
· ·	Laladorationa	(b) Dook value	(c) Method of Valuation. Cost of en	u-or-year market value
	ll derivativesheld equity interests			
Other	neid equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" o	n 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 en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
art IX	Other Assets. Complete if the organization answered "Yes" o (a) D	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)				
(2)				
(3)				
(3)				
(3) (4) (5)				
(3) (4)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line	15.)	>	
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" o			1
(3) (4) (5) (6) (7) (8) (9) (al. (Columant X	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			(b) Book value
(3) (4) (5) (6) (7) (8) (9) tal. (Columnart X	Other Liabilities. Complete if the organization answered "Yes" o			1
(3) (4) (5) (6) (7) (8) (9) (al. (Colur art X	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) al. (Colur art X	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) (al. (Colur art X (1) Fede (2) (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) (al. (Columant X) (1) Fede (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) tal. (Columant X (1) Fede (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) (al. (Colurant X (1) Fede (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) (al. (Colur art X) (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) (al. (Columnart X) (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			1
(3) (4) (5) (6) (7) (8) (9) tal. (Column (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (8)	Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value

132053 10-28-21

	edule D (Form 990) 2021 NATIONAL NETWORK OF ABOR				3236982 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn.	
	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	51,534,015.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-237,470.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	89,619.		
е	Add lines 2a through 2d			2e	-147,851.
3	Subtract line 2e from line 1			3	51,681,866.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	46,627.		
b	Other (Describe in Part XIII.)	4b	2,112,509.		
С	Add lines 4a and 4b			4c	2,159,136.
_	Total revenue Add lines 2 and 40 (This was a 15 and 20 Day 11 (15 and 10)			5	53,841,002.
5					
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements Wit	h Expenses per F		n.
	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements Wit 12a.	h Expenses per F	Retur	n.
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements Wit 12a.	h Expenses per F		n. 22,756,295.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements Wit 12a.	h Expenses per F	Retur	n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements Wit 12a.	h Expenses per F	Retur	n.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ements Wit 12a	h Expenses per F	Retur	n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	h Expenses per F	Retur	n.
Pa 1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	h Expenses per F	Retur	n. 22,756,295.
Pa 1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a	89,619.	Retur	n. 22,756,295. 89,619.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a	89,619.	1	n. 22,756,295.
Pa 1 2 a b c d e	Table 1 Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a	89,619.	1 2e 3	n. 22,756,295. 89,619.
Pa 1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	89,619.	1 2e 3	n. 22,756,295. 89,619.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	89,619.	1 2e 3	89,619. 22,666,676.
1 2 a b c d e 3 4 a b b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a	89,619. 46,627. 2,112,509.	1 2e 3	89,619. 22,666,676.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a	89,619. 46,627. 2,112,509.	1 2e 3	89,619. 22,666,676.

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

Schedule D (Form 990) 2021

PART XII, LINE 2D - OTHER ADJUSTMENTS: PART XII, LINE 2D - OTHER ADJUSTMENTS: PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS 2,112,509. PART XII, LINE 4B - OTHER ADJUSTMENTS: COST OF GOODS SOLD 89,619. PART XII, LINE 2D - OTHER ADJUSTMENTS: PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS 2,112,509. PART XII, LINE 4B - OTHER ADJUSTMENTS: COST OF GOODS SOLD 89,619. PART XII, LINE 4B - OTHER ADJUSTMENTS: PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS 2,112,509.
PART XI, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 89,619. PART XI, LINE 4B - OTHER ADJUSTMENTS: PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS 2,112,509. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 89,619.
COST OF GOODS SOLD PART XI, LINE 4B - OTHER ADJUSTMENTS: PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 89,619. PART XII, LINE 4B - OTHER ADJUSTMENTS:
COST OF GOODS SOLD PART XI, LINE 4B - OTHER ADJUSTMENTS: PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 89,619. PART XII, LINE 4B - OTHER ADJUSTMENTS:
PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS 2,112,509. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 89,619. PART XII, LINE 4B - OTHER ADJUSTMENTS:
PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 89,619. PART XII, LINE 4B - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 89,619. PART XII, LINE 4B - OTHER ADJUSTMENTS:
PART XII, LINE 4B - OTHER ADJUSTMENTS:
PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS 2,112,509.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

Schedule G (Form 990) 2021

NATIONA	L NETWORK	OF ABORT	ION	FUI	NDS, INC.	04-3236	982
Part I Fundraising Activities. required to complete this part	Complete if the o					line 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through a or oral agreement w art VII) or entity in a viduals or entities (i	e Solicitat f Solicitat g Special with any individual connection with pr	ion of ion of fundra (includ	non-govern govern dising of onal fu	overnment grants nment grants events ficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	ual (ii) Activity			Did aiser ustody trol of utions?	(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 or licensing.	n is registered or li	icensed to solicit c	ontrib	utions	or has been notified	d it is exempt from re	gistration

132081 10-21-21

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

1 Gross receipts 2,112,509 (event type) (total number) col. (e)		rt I	Fundraising Events Complete if the	o organization anawarad	"Voo" on Form 000 Por	t IV line 19 or reported	3236982 Page 2		
Capendary Cape	ı u								
Gevent type Gevent type (cotal number) Cot. (c)				(a) Event #1		(c) Other events			
1 Gross receipts 2,112,509 2 2 Less: Contributions 2,112,509 2 2 Less: Contributions 2,112,509 2 3 Gross income (fine 1 minus line 2) 2,112,509 3 4 Cash prizes 5 5 Noncash prizes 5 5 Noncash prizes 6 6 Rent/facility costs 7 7 Food and beverages 10 Direct expenses summary. Add lines 4 through 9 in column (s) 11 Net ricome summary. Subtract line 10 from line 3, column (s) 11 Net ricome summary. Subtract line 10 from line 3, column (s) 11 Net ricome summary. Subtract line 10 from line 3, column (s) 12 Gross revenue (s) 12 Gross revenue (s) 13 Noncash prizes (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (c) 14 Gross revenue (s) 15 Column (s) 15 Column (s) 16 Column (s) 17 Column (s) 17 Column (s) 18 Noncash prizes 18 Noncash prizes 19 Noncash prizes 19 Noncash prizes 19 Prize (s) 18 Noncash prizes 19 Noncash prizes 19 Noncash prizes 19 Prize (s) 19 Noncash prizes 19 Nonca					(event type)	(total number)	col. (c))		
2 Less: Contributions 2,112,509 2 3 Gross income (line 1 minus line 2) 2,112,509 2 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 (d) Total gaming (add col. (a) through col. (a) Bingo (b) Pull tabs/linstant bingo/progressive bingo (c) Other gaming (col. (a) through col. (d) Total gaming (add col. (a)	e			(event type)	(event type)	(total number)			
3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 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 "Ves" 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) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 5 Other direct expenses 6 Volunteer labor 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?	Reven	1	Gross receipts	2,112,509.			2,112,509.		
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Grant III Granting. 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 (cd) Total gaming (add col. (a) through col. (c) through		2	Less: Contributions	2,112,509.			2,112,509.		
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Grant III Granting. 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 (cd) Total gaming (add col. (a) through col. (c) through		3	Gross income (line 1 minus line 2)						
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Service summary. Subtract line 10 from line 3, column (d) 1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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 icensed to conduct gaming activities in each of these states? 10 Direct expense. 10 Direct expenses lines 2 through 5 in column (d) 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Yes N			, , , , , , , , , , , , , , , , , , , ,						
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Rent lines summary. Subtract line 10 from line 3, column (d) 11 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (d) Total gaming (add col. (a) through col. (4	Cash prizes						
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 (add col. (a) through col. (c) through col. (c) other gaming (add col. (a) through col. (c) through col. (c) other gaming (add col. (a) through col. (c) other ga	S	5	Noncash prizes						
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 (add col. (a) through col. (c) through col. (c) other gaming (add col. (a) through col. (c) through col. (c) other gaming (add col. (a) through col. (c) other ga	xpense	6	Rent/facility costs						
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 (add col. (a) through col. (c) through col. (c) other gaming (add col. (a) through col. (c) through col. (c) other gaming (add col. (a) through col. (c) other ga	irect E	7	Food and beverages						
9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net Income summary. Subtract line 10 from line 3, 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 (c) Other gaming (add col. (a) through col. (c) Other gaming (add col. (a) through c	의	8	Entertainment						
10 Direct expense summary. Add lines 4 through 9 in column (d) The tincome summary. Subtract line 10 from line 3, column (d) Part III		_							
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. 1 Gross revenue				n 9 in column (d)	<u> </u>	•			
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add cool. (a) through col. (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes		11	Net income summary. Subtract line 10 from li	(,					
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (ad col. (a) through col. (c) 1 Gross revenue	Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than			
1 Gross revenue			\$15,000 on Form 990-EZ, line 6a.	ı	T	-			
2 Cash prizes 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses No No No 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	<u>o</u>			(a) Bingo		(c) Other gaming			
2 Cash prizes 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses No No No 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	enc				billigo/progressive billigo		coi. (a) trirough coi. (c))		
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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? b If "No," explain:	Re	1	Gross revenue						
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes N	(0)	2							
5 Other direct expenses Yes	seuses								
5 Other direct expenses Yes	ct Exp								
Yes		4	Rent/facility costs						
6 Volunteer labor No No No No No No No No No Priest expense summary. Add lines 2 through 5 in column (d) No	\perp	5	Other direct expenses						
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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes N				Yes %	Yes %	Yes %			
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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes N		6	Volunteer labor	No No	No No	No No			
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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes N		7 Direct expense summary. Add lines 2 through 5 in column (d)							
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes N	Net gaming income summary. Subtract line 7 from line 1, column (d)								
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes N									
b f "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 17 Yes N			.,	_					
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes N									
	b	lf "I	No," explain:						
b If "Yes," explain:						/ear?	Yes No		
	b	If "`	Yes," explain:						

132082 10-21-21

Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021 NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3	<u> 3236982</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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	%
		13b	
	a An outside facility	l an l	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
_			
C	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		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
k	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 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990) Supplemental Inform	NATIONA	L NETWORK	OF	ABORTION	FUNDS,	INC.	04-3236982	Page 4
Part IV	Supplemental Infor	mation _{(conti}	nued)						
-									

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

Open to Public Inspection

Name of the organization NATIONAL 1	NETWORK O	F ABORTION	FUNDS, INC	· .			Employer identification number 04-3236982
Part I General Information on Grants ar							
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's properties. Grants and Other Assistance to Description that received more than \$	tance? cedures for monit Oomestic Organia	oring the use of grant	funds in the United	States. omplete if the organic			Yes X No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DCAF P.O. BOX 65061 WASHINGTON, DC 20035	20-4713150	501(C)(3)	1,642,759.	0.			TO SUPPORT ABORTION ASSISTANCE
BALTIMORE ABORTION FUND 1323 N CALVERT ST STE A BALTIMORE, MD 21202-3974	46-4699877	501(C)(3)	1,568,162.	0.			TO SUPPORT ABORTION ASSISTANCE
CAROLINA ABORTION FUND 5540 CENTERVIEW DR STE 204 PMB 8410 RALEIGH, NC 27606-8012	45-3810502	501(C)(3)	1,402,165.	0.			TO SUPPORT ABORTION ASSISTANCE
RICHMOND REPRODUCTIVE FREEDOM PROJECT - P.O. BOX 7389 - RICHMOND, VA 23221	38-3835776	501(C)(3)	1,388,066.	0.			TO SUPPORT ABORTION ASSISTANCE
BLUE RIDGE ABORTION FUND P.O. BOX 5082 CHARLOTTESVILLE, VA 22905	27-1343669	501(C)(3)	1,172,793.	0.			TO SUPPORT ABORTION ASSISTANCE
ACCESS REPRODUCTIVE CARE - SOUTHEAST - P.O. BOX 7354 - ATLANTA, GA 30357	47-3813101		1,020,400.	0.			TO SUPPORT ABORTION ASSISTANCE 68.
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	-						

Part II Continuation of Grants and Other A		r ABURTION I	•		edule I (Form 990) Pa		14-3230902 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO ABORTION FUND 333 W NORTH AVE STE 267 CHICAGO, IL 60610-1293	36-3451293	501(C)(3)	547,988.	0.			TO SUPPORT ABORTION ASSISTANCE
ABORTION FUND OF OHIO P.O. BOX 1611 COLUMBUS, OH 43216	31-1357186	501(C)(3)	417,657.	0.			TO SUPPORT ABORTION ASSISTANCE
FLORIDA ACCESS NETWORK P.O. BOX 536522 ORLANDO, FL 32853	59-3396077	501(C)(3)	372,415.	0.			TO SUPPORT ABORTION ASSISTANCE
FUND TEXAS CHOICE 3005 S LAMAR BLVD STE 109, BOX #111 AUSTIN, TX 78704	46-3372095	501(C)(3)	336,753.	0.			TO SUPPORT ABORTION ASSISTANCE
NEW YORK ABORTION ACCESS FUND FDR STATION, BOX 7569 NEW YORK, NY 10150	06-1610849	501(C)(3)	196,934.	0.			TO SUPPORT ABORTION ASSISTANCE
NORTHWEST ABORTION ACCESS FUND 4325 COMMERCE ST SUITE 111-433 EUGENE, OR 97402	72-1553703	501(C)(3)	172,743.	0.			TO SUPPORT ABORTION ASSISTANCE
ABORTION LIBERATION FUND OF PA 123 S BROAD ST STE 635 PHILADELPHIA, PA 19109	23-1727133	501(C)(3)	95,740.	0.			TO SUPPORT ABORTION ASSISTANCE
ACCESS REPRODUCTIVE JUSTICE P.O. BOX 3609 OAKLAND, CA 94609	51-0163201	501(C)(3)	94,872.	0.			TO SUPPORT ABORTION ASSISTANCE
OUR JUSTICE ABORTION ASSISTANCE FUND - P.O. BOX 2105 - MINNEAPOLIS, MN 55104	41-0971333	501(C)(3)	86,221.	0.			TO SUPPORT ABORTION ASSISTANCE

Schedule I (Form 990)

		F ABORTION .			- dula I (Faura 000) Da		74-3230902 F
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho 	edule I (Form 990), Pa I	rt II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRONTERA FUND							
P.O. BOX 721011							TO SUPPORT ABORTION
MCALLEN, TX 78504	47-4137116	501(C)(3)	67,874.	0.			ASSISTANCE
LILITH FUND							
5307 WATERBROOK DR				_			TO SUPPORT ABORTION
AUSTIN, TX 78723	74-3008249	501(C)(3)	64,054.	0.			ASSISTANCE
ALL-OPTIONS							
P.O. BOX 28284							TO SUPPORT ABORTION
OAKLAND, CA 94604-8284	87-0729403	501(C)(3)	63,848.	0.			ASSISTANCE
			,				
EASTERN MASSACHUSETTS ABORTION							
FUND - 955 MASSACHUSETTS AVE #427							TO SUPPORT ABORTION
- CAMBRIDGE, MA 02139	04-3502604	501(C)(3)	59,866.	0.			ASSISTANCE
KENTUCKY HEALTH JUSTICE NETWORK							
PO BOX 4761							TO SUPPORT ABORTION
LOUISVILLE, KY 40208	27-1246514	501(C)(3)	57,869.	0.			ASSISTANCE
10015V1222, N1 10200	27 1210311	301(0)(3)	37,003.	· ·			I DE LE
TEXAS EQUAL ACCESS FUND							
PO BOX 227336							TO SUPPORT ABORTION
DALLAS, TX 75222	11-3736286	501(C)(3)	56,551.	0.			ASSISTANCE
LOUITGEANA ADODMION HUND							
LOUISIANA ABORTION FUND P.O. BOX 850773							TO SUPPORT ABORTION
NEW ORLEANS, LA 70185-0773	46-0950114	501 (C) (3)	55,530.	0.			ASSISTANCE
MEM OKULANO, DA /0103-0//3	40-0930114	D01(C)(3)	33,330.	0.			PODIDIVICE
WOMEN'S MEDICAL FUND ●WI—							
P.O. BOX 248							TO SUPPORT ABORTION
MADISON, WI 53701	51-0189614	501(C)(3)	55,094.	0.			ASSISTANCE
THOM MITS DILL							
JUST THE PILL 2038 FORD PKWY #444							TO SUPPORT ABORTION
	85-0868142	501/C)/3)	54 614	0.			ASSISTANCE
SAIN PAUL, MN 55116-1931	85-0868142	DOT(C)(3)	54,614.	υ.			ASSISTANCE

Schedule I (Form 990)

		F ABORTION .	•		l. l. l. (F 000) D-		74-3236962 Page
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI ABORTION FUND							
PO BOX 32034							TO SUPPORT ABORTION
ST LOUIS, MO 63132	47-1977531	501(C)(3)	51,600.	0.			ASSISTANCE
TAMPA BAY ABORTION FUND							
690 MAIN ST							TO SUPPORT ABORTION
SAFETY HARBOR, FL 34695-3551	85-2493274	501(C)(3)	48,296.	0.			ASSISTANCE
WESTERN PA FUND FOR CHOICE							
5910 KIRKWOOD STREET							TO SUPPORT ABORTION
PITTSBURGH, PA 15206	20-1377942	501(C)(3)	42,745.	0.			ASSISTANCE
JANE'S DUE PROCESS							
1023 SPRINGDALE RD							TO SUPPORT ABORTION
AUSTIN, TX 78721-2465	75-2917844	501(C)(3)	39,366.	0.			ASSISTANCE
NORTH DAKOTA WOMEN IN NEED FUND							
512 1ST AVE N							TO SUPPORT ABORTION
FARGO, ND 58102	45-0452955	501(C)(3)	38,028.	0.			ASSISTANCE
MIDWEST ACCESS COALITION							
4411 NORTH RAVENSWOOD AVENUE							TO SUPPORT ABORTION
CHICAGO, IL 60640	47-2160168	501(C)(3)	33,104.	0.			ASSISTANCE
HOLLER HEALTH JUSTICE							
P.O. BOX 11032							TO SUPPORT ABORTION
CHARLESTON, WV 25339-1032	83-1203957	501(C)(3)	30,234.	0.			ASSISTANCE
	03 1203337	501(0)(3)	30,234.	<u> </u>			NO TOTAL CO
EMERGENCY MEDICAL ASSISTANCE							
P.O. BOX 33552							TO SUPPORT ABORTION
PALM BEACH GARDENS, FL 33420-3552	51-0198610	501(C)(3)	26,066.	0.			ASSISTANCE
THEMTOE MUDOHOU EMPONEDMENT							
JUSTICE THROUGH EMPOWERMENT NETWORK - JEN - P.O. BOX 2622 -							TO SUPPORT ABORTION
SIOUX FALLS, SD 57101-2622	87-3611873	501(C)(3)	25,500.	0.			ASSISTANCE
	1 3. 0022070	\ 0 / \ 0 /		· ••			

Schedule I (Form 990)

		F ABORTION .	•		- dula I /Farra 000\ Da		14-3236982 Page				
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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
STIGMA RELIEF FUND											
1001 E. MARKET ST., SUITE 200							TO SUPPORT ABORTION				
CHARLOTTESVILLE, VA 22902	20-0627004	501(C)(3)	25,500.	0.			ASSISTANCE				
PRETERM ACCESS FUND											
12000 SHAKER BLVD							TO SUPPORT ABORTION				
CLEVELAND, OH 44120-1922	23-7314836	501(C)(3)	25,194.	0.			ASSISTANCE				
WILD WEST ACCESS FUND OF NEVADA											
561 KEYSTONE AVE							TO SUPPORT ABORTION				
RENO, NV 89503-4304	87-2812330	501(C)(3)	25,000.	0.			ASSISTANCE				
CLINIC ACCESS SUPPORT NETWORK											
3824 CEDAR SPRINGS RD #801-3614							TO SUPPORT ABORTION				
DALLAS, TX 75219-4136	46-3995595	501(C)(3)	20,853.	0.			ASSISTANCE				
INDIGENOUS WOMEN RISING											
P.O. BOX 7475							TO SUPPORT ABORTION				
ALBUQUERQUE, NM 87194-7475	85-3336543	501(C)(3)	20,604.	0.			ASSISTANCE				
REPRODUCTIVE FREEDOM FUND OF NEW											
HAMPSHIRE - 422 CENTRAL AVE # 167							TO SUPPORT ABORTION				
- DOVER, NH 03820-3411	82-1355025	501(C)(3)	19,978.	0.			ASSISTANCE				
WOMEN'S HEALTH PROJECT DBA EMMA							TO GUDDODE ADODETON				
GOLDMAN CLINIC - 227 N. DUBUQUE	42 1000020	E01/G\/3\	10 017	0.			TO SUPPORT ABORTION ASSISTANCE				
STREET - IOWA CITY, IA 52245 WOMEN'S REPRODUCTIVE RIGHTS	42-1009939	501(C)(3)	18,817.	0.			ASSISTANCE				
ASSISTANCE PROJECT - 2633 LINCOLN							TO SUPPORT ABORTION				
BLVD # 338 - SANTA MONICA, CA							ASSISTANCETO SUPPORT				
90405-4619	95-4522977	501(C)(3)	18,000.	0.			ABORTION ASSISTANCE				
NEW RIVER ABORTION ACCESS FUND. P.O BOX 10701							TO SUPPORT ABORTION				
BLACKSBURG, VA 24062	84-2154547	501(C)(3)	17,871.	0.			ASSISTANCE				
DUNCKBBOKG, VA 24002	04-2134347	Por(C)(3)	1/,0/1.	<u> </u>		1	LOSTSTATICE				

Part II Continuation of Grants and Other		r ABURTION	•		adula I (Form 000) Da		14-3230902 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA COHOSH COLLABORATIVE 3077 LEEMAN FERRY RD STE. A3 HUNTSVILLE, AL 35801	84-2997771	501(C)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
ARKANSAS ABORTION SUPPORT NETWORK P.O. BOX 8416 JACKSONVILLE, AR 72078-8416	81-2441571	501(C)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
CHELSEA'S FUND P.O. BOX 1472 LANDER , WY 82520	83-0322262	501(C)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
IOWA ABORTION ACCESS FUND P.O. BOX 721 CEDAR RAPIDS, IA 52406	42-1122157	501(C)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
OPTIONS FUND P.O. BOX 473 EAU CLAIRE, WI 54701	39-1989709	501(C)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
YELLOWHAMMER FUND 2223 8TH AVE TUSCALOOSA, AL 35401	82-1822204	501(C)(3)	15,500.	0.			TO SUPPORT ABORTION ASSISTANCE
AGNES REYNOLDS JACKSON FUND P.O. BOX 4878 TOLEDO, OH 43610	34-1683826	501(C)(3)	15,015.	0.			TO SUPPORT ABORTION ASSISTANCE
VERMONT ACCESS TO REPRODUCTIVE FREEDOM - PO BOX 8452 - BURLINGTON, VT 05402	35-2173482	501(C)(3)	13,366.	0.			TO SUPPORT ABORTION ASSISTANCE
WOMEN'S HEALTH AND EDUCATION FUND PO BOX 5863 PROVIDENCE, RI 02903-0863	05-0463800	501(C)(3)	13,024.	0.			TO SUPPORT ABORTION ASSISTANCE

		H ABORTION .	•		l. l. l. (F 000) - B		74-3236982 Page				
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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
WEST FUND											
PO BOX 920088							TO SUPPORT ABORTION				
EL PASO, TX 79902	46-4153283	501(C)(3)	12,375.	0.			ASSISTANCE				
JANE FUND OF CENTRAL MASSACHUSETTS											
P.O. BOX 562							TO SUPPORT ABORTION				
HOLDEN, MA 01520-0562	91-1811542	501(C)(3)	12,032.	0.			ASSISTANCE				
·											
NEW JERSEY ABORTION ACCESS FUND											
P.O. BOX 345							TO SUPPORT ABORTION				
RIDGEWOOD, NJ 07451	26-2767376	501(C)(3)	10,981.	0.			ASSISTANCE				
KANSAS ABORTION FUND											
P.O. BOX 1093							TO SUPPORT ABORTION				
LAWRENCE, KS 66044	48-1242707	501(C)(3)	10,565.	0.			ASSISTANCE				
TUCSON ABORTION SUPPORT COLLECTIVE							TO GUDDODE ADODETON				
210 E 20TH ST	46 1420042	E01/G\/3\	10 501				TO SUPPORT ABORTION				
TUCSON, AZ 85719	46-1439043	501(C)(3)	10,501.	0.			ASSISTANCE				
THE BRIDGE COLLECTIVE											
PO BOX 650075							TO SUPPORT ABORTION				
AUSTIN, TX 78765-0075	38-3892724	501(C)(3)	10,500.	0.			ASSISTANCE				
WOMEN'S EMERGENCY NETWORK (FL)											
P.O BOX 566392							TO SUPPORT ABORTION				
MIAMI, FL 33256	59-2985791	501(C)(3)	10,500.	0.			ASSISTANCE				
COLORADO DOULA PROJECT											
P.O. BOX 7213							TO SUPPORT ABORTION				
DENVER , CO 80207	81-0900536	501(C)(3)	10,000.	0.			ASSISTANCE				
NEBRASKA ABORTION RESOURCES FUND											
17105 MERION DR							TO SUPPORT ABORTION				
OMAHA, NE 68136-4089	85-1982987	501(C)(3)	10,000.	0.			ASSISTANCE				

		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
RECLAIM, INC./MI WIN							
35000 FORD RD STE. 3 WESTLAND , MI 48185-3719	47-4650419	501(C)(3)	7,291.	0.			TO SUPPORT ABORTION ASSISTANCE
WOMEN IN NEED							
P.O. BOX 494369							TO SUPPORT ABORTION
REDDING, CA 96049-4369	94-2259357	501(C)(3)	5,061.	0.			ASSISTANCE
ABORTION CARE NETWORK							
1225 EYE ST NW		504 (5) (0)	65.000				TO SUPPORT ABORTION
WASHINGTON, DC 20006	_	501(C)(3)	65,000.	0.			ASSISTANCE
DARIA SERVICES							
334 ALLISON ST NW		F01/G1/31	75 000	0			TO SUPPORT ABORTION
WASHINGTON, DC 20011	_	501(C)(3)	75,000.	0.			ASSISTANCE
UTAH ABORTION FUND							
P BOX 522155				_			TO SUPPORT ABORTION
SALT LAKE CITY, UT 84152		501(C)(3)	40,401.	0.			ASSISTANCE
AFIYA CENTER							
7220 S WESTMORELAND RD STE 200							TO SUPPORT ABORTION
DALLAS, TX 75237		501(C)(3)	20,851.	0.			ASSISTANCE
MOUNTAIN ACCESS BRIGADE							
118 N PETERS RD PMB 216							TO SUPPORT ABORTION
KNOXVILLE, TN 37923		501(C)(3)	10,500.	0.			ASSISTANCE
SOCIAL GOOD FUND							
305 W BROADWAY #10							TO SUPPORT ABORTION
NEW YORK, NY 10013		501(C)(3)	10,000.	0.			ASSISTANCE

Schedule	I (Form 990) 2021 NATIONAL NETWOR	04-3236982 Pa				
Part III	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, columr	(b); and any other ac	dditional information.	

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

AMIONAL MEMUODIK OF ADODMION FINDS INS

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Part I | Questions Regarding Compensation

Employer identification number 04-3236982

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

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) YAMANI HERNANDES	(i)	264,206.	140,746.	2,400.	9,750.	17,240.	434,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBASRI GHOSH	(i)	194,157.	10,000.	2,400.	0.	20,052.	226,609.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CYNTHIA LIN	(i)	168,177.	0.	2,400.	4,104.	16,021.	190,702.	0.
DEPUTY DIRECTOR OF MOVEMENT BUILDING	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SIERRA HARRIS	(i)	150,975.	0.	2,400.	3,834.	16,064.	173,273.	0.
DEPUTY DIRECTOR OF NETWORK STRATEGIE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMIE CERRETTI	(i)	122,876.	16,000.	2,400.	6,141.	16,208.	163,625.	0.
DEPUTY DIRECTOR OF STRATEGIC OPERATI	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JESSICA KANE	(i)	99,553.	10,600.	31,309.	5,038.	13,556.	160,056.	0.
OPERATIONS DIRECTOR	(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)							

Schedule J (Fo	orm 990) 2021 NATIONAL NETWORK OF ABORTION FUNDS, INC.	04-3236982	Page 3
Part III Sup	olemental Information		
	ormation, 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 the	is part for any additional information.	
		-	
		-	

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-FZ

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number 04-3236982

OMB No. 1545-0047

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

THE CORPORATION MAY HAVE ONE CLASS OF VOTING MEMBERS, WHOSE QUALIFCATION

CRITERIA, PRIVILEGES, AND RIGHTS SHELL BE PROVIDED IN THE CORPORTATION'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 2022.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization NATIONAL NETWORK OF ABORTION FUNDS, INC.	Employer identification number 04-3236982
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST P	OLICY AND
FINANCIAL STATEMENS ARE AVAILABLE UPON REQUEST	

32212 11-11-21 Schedule O (Form 990) 2021

NATIONAL NETWORK OF ABORTION FUNDS FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2022 AND 2021



NATIONAL NETWORK OF ABORTION FUNDS TABLE OF CONTENTS YEARS ENDED JUNE 30, 2022 AND 2021

I	NDEPENDENT AUDITORS' REPORT	1
F	FINANCIAL STATEMENTS	
	STATEMENTS OF FINANCIAL POSITION	3
	STATEMENTS OF ACTIVITIES	4
	STATEMENTS OF FUNCTIONAL EXPENSES	6
	STATEMENTS OF CASH FLOWS	8
	NOTES TO FINANCIAL STATEMENTS	q



CliftonLarsonAllen LLP CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Board of Directors National Network of Abortion Funds Boston, Massachusetts

Report on the Audit of the Financial Statements *Opinion*

We have audited the accompanying financial statements of National Network of Abortion Funds (NNAF), a nonprofit organization, which comprise the statements of financial position as of June 30, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Network of Abortion Funds as of June 30, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of National Network of Abortion Funds and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about National Network of Abortion Funds' ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Board of Directors National Network of Abortion Funds

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due
 to fraud or error, and design and perform audit procedures responsive to those risks. Such
 procedures include examining, on a test basis, evidence regarding the amounts and disclosures
 in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 National Network of Abortion Funds' internal control.
 Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about National Network of Abortion Funds' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

CliftonLarsonAllen LLP

CliftonLarson Allen LLP

Boston, Massachusetts April 20, 2023

NATIONAL NETWORK OF ABORTION FUNDS STATEMENTS OF FINANCIAL POSITION JUNE 30, 2022 AND 2021

	2022	2021
ASSETS		
Cash and Cash Equivalents	\$ 27,355,290	\$ 8,374,326
Contributions and Grants Receivable, Net	18,239,230	1,694,740
Prepaid Expenses and Other Assets	228,325	178,115
Investments	1,361,237	4,107,584
Property and Equipment, Net	9,030	34,216
Software, Net	499,209	27,224
Total Assets	\$ 47,692,321	\$ 14,416,205
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts Payable and Accrued Expenses	\$ 6,331,945	\$ 1,833,549
NET ASSETS		
Without Donor Restrictions	19,333,439	7,447,388
With Donor Restrictions	22,026,937	5,135,268
Total Net Assets	41,360,376	12,582,656
Total Liabilities and Net Assets	\$ 47,692,321	\$ 14,416,205

NATIONAL NETWORK OF ABORTION FUNDS STATEMENT OF ACTIVITIES YEAR ENDED JUNE 30, 2022

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE, SUPPORT, AND GAINS			
Grants and Contracts	\$ 2,637,563	\$ 32,988,724	\$ 35,626,287
Contributions	15,720,793	-	15,720,793
Membership Dues	277,201	-	277,201
Other Income	133,346	-	133,346
Special Events, Net:			
Gross Special Events Revenue Raised	2,112,509	-	2,112,509
Less: Contributions to Pass-Through Funds	(2,112,509)	-	(2,112,509)
Investment Income (Losses), Net	(223,612)	-	(223,612)
Net Assets Released from Restriction	16,097,055	(16,097,055)	
Total Revenue, Support, and Gains	34,642,346	16,891,669	51,534,015
EXPENSES AND LOSSES			
Program Services Expense	15,461,568	-	15,461,568
Fundraising and Development	2,733,847	-	2,733,847
Management and General	4,560,880	<u> </u>	4,560,880
Total Expenses and Losses	22,756,295		22,756,295
CHANGE IN NET ASSETS	11,886,051	16,891,669	28,777,720
Net Assets - Beginning of Year	7,447,388	5,135,268	12,582,656
NET ASSETS - END OF YEAR	<u>\$ 19,333,439</u>	\$ 22,026,937	\$ 41,360,376

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

		ithout Donor Restrictions		Vith Donor Restrictions		Total
REVENUE, SUPPORT, AND GAINS						
Federal and State Contracts and Grants	\$	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: Contributions to Pass-Through Funds		(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	<u>\$</u>	7,447,388	<u>\$</u>	5,135,268	<u>\$</u>	12,582,656

NATIONAL NETWORK OF ABORTION FUNDS STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED JUNE 30, 2022

	Program Services	Fundraising and Development	Management and General	Total
EMPLOYEE COMPENSATION AND RELATED COSTS Salaries and Wages Payroll Taxes Employee Benefits	\$ 2,396,462 171,855 611,470	\$ 883,839 63,382 225,516	\$ 2,679,374 192,143 683,657	\$ 5,959,675 427,380 1,520,643
I otal Employee Compensation and Related Costs OTHER EXPENSES	3,179,787	1,172,737	3,355,174	889,708,7
Depreciation and Amortization	1	•	35,967	35,967
Insurance	•	•	26,253	26,253
Merchandising Expenses	26,589	63,030	•	89,619
Occupancy Costs	1	78	177,517	177,595
Office Supplies, Fees and Expenses	52,582	530,636	111,295	694,513
Other Personnel Expenses	1	23	1,259	1,282
Professional Development, Consulting, and Other	1,060,160	162,638	435,571	1,658,369
Program Direct Assistance	11,120,224	2,858,759	•	13,978,983
Telecommunications, Website, and Publications	10,686	56,437	197,384	264,507
Travel and Meetings	11,540	2,018	20,460	34,018
Total Other Expenses	12,281,781	3,673,619	1,005,706	16,961,106
Less: Expenses Netted Against Revenues on Statement of Activities:				
Special Event Expenses	1	(2,112,509)	1	(2,112,509)
Total Expenses	\$ 15,461,568	\$ 2,733,847	\$ 4,560,880	\$ 22,756,295

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

	Program Services	Fundraising and Development	Management and General	Total
EMPLOYEE COMPENSATION AND RELATED COSTS Salaries and Wages Payroll Taxes Fmolovee Benefits	\$ 1,879,230 133,676 318,056	\$ 1,625,205 117,820 280,328	\$ 1,458,172 106,668 253,794	\$ 4,962,607 358,164 852,178
Total Employee Compensation and Related Costs	2,330,962	2,023,353	1,818,634	6,172,949
OTHER EXPENSES				
Depreciation and Amortization	25,866	14,450	9,540	49,856
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	62,339	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
Total Other Expenses	4,604,037	1,849,223	739,850	7,193,110
Less: Expenses Netted Against Revenues on				
Statement of Activities:				
Special Event Expenses	1	(1,319,536)	1	(1,319,536)
Total Expenses	\$ 6,934,999	\$ 2,553,040	\$ 2,558,484	\$ 12,046,523

NATIONAL NETWORK OF ABORTION FUNDS STATEMENTS OF CASH FLOWS YEARS ENDED JUNE 30, 2022 AND 2021

	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ 28,777,720	\$ 458,707
Adjustments to Reconcile Change in Net Assets to Net Cash		
Used by Operating Activities:		
Depreciation and Amortization	35,967	49,856
Realized and Unrealized Loss (Gain) on Operating Investments	185,252	(298,905)
Forgiveness of Government Loan	-	(685,000)
Decrease (Increase) in Operating Assets and Liabilities		
Contributions and Grants Receivable	(16,544,490)	1,000,653
Prepaid Expenses and Other Assets	(50,210)	(73,875)
Accounts Payable and Accrued Expenses	4,498,396	1,014,282
Net Cash Provided by Operating Activities	16,902,635	1,465,718
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of Property, Equipment, and Software	(482,766)	-
Net Proceeds from Operating Investments	3,934,130	1,504,756
Purchases of Operating Investments	(1,373,035)	-
Net Cash Provided by Investing Activities	2,078,329	1,504,756
NET CHANGE IN CASH AND CASH EQUIVALENTS	18,980,964	2,970,474
Cash and Cash Equivalents - Beginning of Year	8,374,326	5,403,852
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 27,355,290	\$ 8,374,326

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. The Board may designate funds without donor restrictions.

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.

Use of Estimates

The preparation of financial statements in conformity with GAAP 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.

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions and Grants Receivable

Contributions and grants receivable are recorded at the present value of future cash flows. Pledges and grants are typically due within one year or less, for which their net realizable value is a reasonable estimate of fair value; any pledges due in in more than one year are reviewed by management for a discount. As of June 30, 2022, the discount on contributions and grants receivable totaled \$278,468. There was no discount as of June 30, 2021.

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, 2022 and 2021 based on review of receivables.

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.

Fair Value

Accounting standards provide a common definition of fair value and establishes a framework to make the measurement of fair value in 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 13).

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.

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment (Continued)

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. The carrying value is reviewed for impairment if events or circumstance indicate the remaining carrying value may not be recoverable. There were no indicators of impairment noted by management in 2022 or 2021.

Computer Software

Computer software and costs related to website development are capitalized at cost and amortized over a useful life of five years. The carrying value is reviewed for impairment if events or circumstance indicate the remaining carrying value may not be recoverable. There were no indicators of impairment noted by management in 2022 or 2021.

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, 2022 and 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.

The Organization's revenue within the scope of Topic 606 includes merchandise sales of \$116,152 and \$22,561 for 2022 and 2021, respectively, in Other Income, and membership dues of \$277,201 and \$39,334 for 2022 and 2021, respectively. 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. There was no deferred revenue, contract liabilities or contract receivables related to exchange revenue during 2022 or 2021.

The Organization's revenue from special events includes contributions from donors during an annual fundraising event, which allows donors to specify funds for contributions to be passed through to. There is no direct benefit to the donor. Revenue is recognized when conditions and/or barriers are met and passed through to fund recipients.

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 services or contributed goods services were received during the years ended June 30, 2022 and 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 \$9,519,014 and \$3,200,974 for the years ended June 30, 2022 and 2021, respectively.

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.

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, 2019.

Advertising Costs

Advertising costs are expensed as incurred and approximated \$18,620 and \$112,924 during the years ended June 30, 2022 and 2021, respectively.

NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying consolidated financial statements to maintain consistency between periods presented. The reclassifications had no impact on previously reported net assets.

Subsequent Events

We have evaluated subsequent events through April 20, 2023, the date the financial statements were available to be issued.

GRANTS AND CONTRIBUTIONS RECEIVABLE NOTE 2

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

	2022	2021
Within One Year	\$ 9,005,090	\$ 1,394,740
In One to Five Years	9,512,608_	 300,000
Total	18,517,698	1,694,740
Less: Present Value Discount	(278,468)	
Total	\$ 18,239,230	\$ 1,694,740

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

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:

	 2022	 2021
Mutual Funds, Cost	\$ 1,172,789	\$ 3,626,760
Unrealized Gains	 188,448	 480,824
Mutual Funds, Market Value	\$ 1,361,237	\$ 4,107,584

NOTE 4 PROPERTY AND EQUIPMENT, AND WEBSITE DEVELOPMENT COSTS

Property and equipment consist of the following at June 30:

	 2022	 2021
Equipment	\$ 104,032	\$ 104,032
Less: Accumulated Depreciation and Amortization	 (95,002)	 (69,816)
Total Property and Equipment	\$ 9,030	\$ 34,216

Depreciation expense on equipment totaled \$25,186 and \$25,184 for the years ended June 30, 2022 and 2021, respectively.

NOTE 5 WEBSITE DEVELOPMENT COSTS

Website development costs consist of the following at June 30:

	 2022		2021	
Computer Software	\$ 617,751	\$	134,985	
Less: Accumulated Amortization	 (118,542)		(107,761)	
Total Software	\$ 499,209	\$	27,224	

Amortization expense for website development costs totaled \$10,781 and \$24,670 for the years ended June 30, 2022 and 2021, respectively.

NOTE 6 CREDIT CARD LINE OF CREDIT

The Organization has a revolving credit card account with a maximum \$200,000 limit 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, 2022 and 2021, there was no outstanding balance on the credit card.

NOTE 7 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.

NOTE 7 GOVERNMENT LOAN (CONTINUED)

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 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 ended 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 8 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, 2022.

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, 2022.

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, 2022 and 2021, as an Operating Reserve to be used at management's discretion.

NOTE 8 RESTRICTIONS AND LIMITATIONS ON NET ASSET BALANCES (CONTINUED)

Net Assets With Donor Restrictions

The Organization has various sources of donor-restricted funds. Net assets with donor restrictions consisted of the following as of June 30:

	2022		2021	
Net Assets with Donor Restrictions				
Collective Power Fund	\$	1,560,614	\$ 412,629	
Emergency Relief Fund		438,154	-	
Other Programmatic Restrictions		575,286	1,622,161	
Time Restricted Funds		19,452,883	3,100,478	
Total Net Assets with Donor Restrictions		22,026,937	 5,135,268	

Net assets with donor restrictions were released from donor restrictions during the years ended June 30 as follows:

	2022		 2021	
Net Assets Released from Restrictions				
Collective Power Fund	\$	827,500	\$ 1,022,000	
Emergency Relief Fund		920,778	511,470	
Other Programmatic Restrictions		3,956,182	3,404,278	
Time Restricted Funds		10,392,595	3,362,189	
Total Net Assets Released from Restrictions	\$	16,097,055	\$ 8,299,937	

NOTE 9 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 years ended June 30, 2022 and 2021, the Organization contributed \$149,229 and \$118,806, respectively.

NOTE 10 OPERATING 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 at \$37,200 that expired June 2022. The Organization is currently a tenant-at-will upon expiration of the lease.

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 ninemonth lease agreement beginning March 2021 that ended November 2021. That office was closed and no longer utilized after November 2021.

NOTE 10 OPERATING LEASES (CONTINUED)

Rent expense under these agreements for the years ended June 30, 2022 and 2021 totaled \$47,489 and \$53,580, respectively.

NOTE 11 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 12 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 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 13 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:

NOTE 13 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 assets 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:

	Total	Level 1	Level 2	Level 3
<u>June 30, 2022</u> Mutual Funds	\$ 1,361,237	\$ 1,361,237	\$ -	\$ -
June 30, 2021 Mutual Funds	\$ 4,107,584	\$ 4,107,584	\$ -	\$ -

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, 2022 and 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, 2022 and 2021.

NOTE 14 AVAILABILITY AND LIQUIDITY OF FINANCIAL ASSETS

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:

	2022	2021	
Financial Assets at Year-End:			
Cash and Cash Equivalents	\$ 27,355,290	\$ 8,374,326	
Contributions and Grants Receivable, Net	18,239,230	1,694,740	
Investments	1,361,237	4,107,584	
Total Financial Assets	46,955,757	14,176,650	
Less Amounts not Available to be Used Within			
One Year:			
Net Assets With Donor Restrictions - Program			
Restrictions	2,574,054	2,034,790	
Long-Term Receivables, Net of Discount	9,234,140	300,000	
Financial Assets Available to Meet General Expenditures Over the Next Twelve Months	\$ 35,147,563	\$ 11,841,860	
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