

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

OMB No. 1545-0047

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

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 instructions.

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.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ALICIA WALTON**
9450 SW GEMINI DRIVE - BEAVERTON, OR 97008
Telephone No. **617-314-0273** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1	I request an automatic 6-month extension of time until MAY 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: <input type="checkbox"/> calendar year 20 ____ or <input checked="" type="checkbox"/> tax year beginning JUL 1 , 20 23 , and ending JUN 30 , 20 24			
2	If the tax year entered in line 1 is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Department of the Treasury
Internal Revenue Service

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.

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL NETWORK OF ABORTION FUNDS, INC.		D Employer identification number 04-3236982
	Doing business as		E Telephone number 617-267-7161
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 29,197,910.
	9450 SW GEMINI DR PMB 16009		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BEAVERTON, OR 97008		H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: UMA RAO SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ABORTIONFUNDS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1994	M State of legal domicile: DC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: "TO REMOVE BARRIERS TO ABORTION ACCESS AND ADVOCATE FOR REPRODUCTIVE JUSTICE.THE NATIONAL NETWORK OF		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	89
	6	Total number of volunteers (estimate if necessary)	6	11
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 48,516,537.	Current Year 21,803,435.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	848,814.	2,886,224.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-203,415.	-39,571.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,161,936.	24,650,088.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,324,680.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,966,481.	10,565,898.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	4,526,457.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,577,008.	6,906,877.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,868,169.	30,797,834.
19	Revenue less expenses. Subtract line 18 from line 12	16,293,767.	-6,147,746.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 67,774,582.	End of Year 65,430,567.
	21	Total liabilities (Part X, line 26)	9,972,080.	13,106,500.
	22	Net assets or fund balances. Subtract line 21 from line 20	57,802,502.	52,324,067.

Part II Signature Block

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

Sign Here	Signature of officer ANTOINETTE MIMS, CFO	Signed by: <i>Antoinette Mims</i>	Date 5/15/2025
	Type or print name and title 49DCD50A21104D7...		
Paid	Print/Type preparer's name DANIELLE NIHILL	Preparer's signature DANIELLE NIHILL	Date 05/15/25
Preparer Use Only	Firm's name CLIFTONLARSONALLEN LLP	Check if self-employed <input type="checkbox"/>	PTIN P01350943
	Firm's address 4 BATTERYMARCH PARK, SUITE 100 QUINCY, MA 02169	Firm's EIN 41-0746749	Phone no. (781) 982-1001

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

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

332001 12-21-23

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE NATIONAL NETWORK OF ABORTION FUNDS (NNAF) IS DETERMINED TO BUILD A
WORLD WHERE ALL REPRODUCTIVE OPTIONS ARE VALUED, ACCESSIBLE, AND
STIGMA-FREE.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 18,415,739. including grants of \$ 13,325,059.) (Revenue \$)
NNAF COLLABORATES WITH CLOSE TO 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 \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 18,415,739.

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	99
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 89		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.			
a 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:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	9													
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		9												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
6 Did the organization have members or stockholders?							6	X						
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a	X					
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										8a	X			
b Each committee with authority to act on behalf of the governing body?											8b			X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

ALICIA WALTON - 617-314-0273

9450 SW GEMINI DRIVE, BEAVERTON, OR 97008

Form 990 (2023)

NATIONAL NETWORK OF ABORTION FUNDS, INC.

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ORIAKU NJOKU EXECUTIVE DIRECTOR	40.00			X				278,804.	0.	14,480.
(2) JAMIE CERRETTI DEPUTY DIRECTOR OF STRATEG	40.00			X				190,396.	0.	47,584.
(3) DANIELLE TILLMAN DEPUTY DIRECTOR OF COMMUNICATIONS	40.00				X			180,773.	0.	37,464.
(4) DEBASRI GHOSH MANAGING DIRECTOR	40.00			X				185,869.	0.	8,981.
(5) DANIEL STAPLES DIRECTOR OF IT AND CYBERSECURITY	40.00					X		140,998.	0.	44,371.
(6) CYNTHIA LIN DEPUTY DIRECTOR OF MOVEMEN	40.00			X				141,602.	0.	42,955.
(7) YAS JIBRIL ASSOCIATE DIRECTOR OF DEVE	40.00				X			169,665.	0.	13,525.
(8) TIFFANY TAI MEMBERSHIP DIRECTOR	40.00					X		134,331.	0.	47,446.
(9) ANTOINETTE MIMS CHIEF FINANCIAL OFFICER	40.00				X			154,390.	0.	17,853.
(10) ETHEL SIMON TECHNICAL ASSISTAN	40.00					X		135,416.	0.	32,381.
(11) ALICIA WALTON CONTROLLER	40.00				X			153,380.	0.	9,777.
(12) ALANNA PETERSON CHIEF LEGAL OFFICER	40.00				X			154,836.	0.	5,652.
(13) AZIZA JONES DONOR ENGAGEMENT DIRECTOR	40.00					X		123,617.	0.	30,022.
(14) POONAM DREYFUS-PAI CHAIR UNTIL JAN 2023	1.00	X		X				0.	0.	0.
(15) ROSA YADIRA ORTIZ CO-CHAIR	1.00	X		X				0.	0.	0.
(16) MELISSA FLORES CO-CHAIR	1.00	X		X				0.	0.	0.
(17) KATRINA ROGERS VICE-CHAIR	1.00	X		X				0.	0.	0.

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NATIONAL NETWORK OF ABORTION FUNDS, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHILPI SHAH TREASURER	1.00	X		X				0.	0.	0.
(19) UMA RAO SECRETARY	1.00	X						0.	0.	0.
(20) ASHA DANE'EL DIRECTOR	1.00	X						0.	0.	0.
(21) ANJALI SALVADOR DIRECTOR	1.00	X						0.	0.	0.
(22) ZAKIYA LUNA DIRECTOR	1.00	X						0.	0.	0.
(23) TANYA LADHA DIRECTOR	1.00	X						0.	0.	0.
(24) MARLO BARRERA DIRECTOR UNTIL AUG 2023	1.00	X						0.	0.	0.
1b Subtotal								2,144,077.	0.	352,491.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,144,077.	0.	352,491.

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 **28**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PACIFICA LAW GROUP, LLP, 1191 SECOND AVENUE, SUITE 2000, SEATTLE, WA 98101	LEGAL ADVICE AND FUND SUPPORT	266,789.
LESLIE AVANT-BROWN, DBA BLOOMING WILLOW COA 18701 GRAND RIVER AVE, #116, DETROIT, MI 48	COACHING AND ORGANIZING SUPPORT	205,400.
SMYSER KAPLAN & VESELKA, LLP, 717 TEXAS AVE, SUITE 2800, HOUSTON, TX 77002	LEGAL ADVICE AND NETWORK STRATEGY SU	161,996.
ELISABETH GARRETT 5286 DUNNIGAN CT, CASTRO VALLEY, CA 94546	COACHING SUPPORT	118,400.
INFORMATION ECOLOGY, LLC P.O. BOX 3395, OAKLAND, CA 94609	INFORMATION TECHNOLOGY CONSULTIN	107,755.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Form **990** (2023)

Form 990 (2023)

NATIONAL NETWORK OF ABORTION FUNDS, INC.

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(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	1 a Federated campaigns	1a					
	b Membership dues	1b	65,675.				
	c Fundraising events	1c	1,667,148.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	20,070,612.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,068,018.			2068018.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 1,667,148. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b Less: direct expenses	8b	0.				
	c Net income or (loss) from fundraising events		0.				
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	26,248.					
b Less: cost of goods sold	10b	106,282.					
c Net income or (loss) from sales of inventory		-80,034.					
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS INCOME		900099	40,463.			40,463.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			40,463.			
12 Total revenue. See instructions				24,650,088.	0.	0.	2846653.

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NATIONAL NETWORK OF ABORTION FUNDS, INC.

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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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,251,103.	13,251,103.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	73,956.	73,956.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,033,233.	691,200.	1,169,966.	172,067.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,819,561.	2,176,180.	2,307,448.	2,335,933.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,690.	40,157.		48,533.
9 Other employee benefits	978,175.	390,819.	269,689.	317,667.
10 Payroll taxes	646,239.	245,571.	219,721.	180,947.
11 Fees for services (nonemployees):				
a Management				
b Legal	379,714.		379,714.	
c Accounting	39,013.		39,013.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,186.		54,186.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,670,551.	677,163.	1,957,164.	1,036,224.
12 Advertising and promotion	36,616.	11,513.	18,850.	6,253.
13 Office expenses	326,693.	25,235.	180,935.	120,523.
14 Information technology	926,727.	291,397.	477,076.	158,254.
15 Royalties				
16 Occupancy	11,401.	1,140.	9,349.	912.
17 Travel	1,129,815.	509,027.	517,907.	102,881.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	105,560.		105,560.	
23 Insurance	56,025.	1,355.	54,196.	474.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER PERSONNEL EXPENSE	170,576.	29,923.	94,864.	45,789.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	30,797,834.	18,415,739.	7,855,638.	4,526,457.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

NATIONAL NETWORK OF ABORTION FUNDS, INC.

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Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,379,158.	1	8,970,578.
	2 Savings and temporary cash investments	47,942,452.	2	50,239,109.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,118,367.	4	3,758,585.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	427,894.	9	374,970.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 104,032.		
	b Less: accumulated depreciation	10b 104,032.		
		3,011.	10c	0.
	11 Investments - publicly traded securities	1,511,490.	11	1,797,665.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	392,210.	15	289,660.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	67,774,582.	16	65,430,567.	
Liabilities	17 Accounts payable and accrued expenses	9,972,080.	17	13,106,500.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	9,972,080.	26	13,106,500.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	40,747,562.	27	41,508,832.
	28 Net assets with donor restrictions	17,054,940.	28	10,815,235.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	57,802,502.	32	52,324,067.
	33 Total liabilities and net assets/fund balances	67,774,582.	33	65,430,567.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,650,088.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,797,834.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,147,746.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,802,502.
5	Net unrealized gains (losses) on investments	5	169,311.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	500,000.
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	52,324,067.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

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

2023

Open to Public
Inspection

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

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

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

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- ☒ 7 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.)
- ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☐ 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- ☐ 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- ☐ 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- ☐ 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.

☐ a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

☐ 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.**

☐ 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.**

☐ d **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.**

☐ e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
- | g Provide the following information about the supported organization(s). | | | | | | |
|--|----------|---|---|----|---|---|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |
- LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

332021 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13017132.	13482943.	53736790.	48516537.	21803435.	150556837
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13017132.	13482943.	53736790.	48516537.	21803435.	150556837
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)						37598295.
6 Public support. Subtract line 5 from line 4.						112958542

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	13017132.	13482943.	53736790.	48516537.	21803435.	150556837
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	105,879.	18,313.	8,267.	870,551.	2068018.	3071028.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	562,701.	13,304.	17,194.	17,991.	40,463.	651,653.
11 Total support. Add lines 7 through 10						154279518
12 Gross receipts from related activities, etc. (see instructions)					12	227,236.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	73.22	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	71.42	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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		
c 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		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
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			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number

04-3236982

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,253,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	562,139.	1,000,000.			1,562,139.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,343,209.
c Total lobbying expenditures	565.	3,967.			4,532.
d Grassroots nontaxable amount	565.	3,967.			4,532.
e Grassroots ceiling amount (150% of line 2d, column (e))					6,798.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Name of the organization

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number

04-3236982

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II

Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		
4 Number of states where property subject to conservation easement is located		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year		
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.		
(i) Revenue included on Form 990, Part VIII, line 1	\$	
(ii) Assets included in Form 990, Part X	\$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:		
a Revenue included on Form 990, Part VIII, line 1	\$	
b Assets included in Form 990, Part X	\$	

Schedule D (Form 990) 2023

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibitiond ☐ Loan or exchange programb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		104,032.	104,032.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

NATIONAL NETWORK OF ABORTION FUNDS, INC.

04-3236982 Page 3

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	23,204,473.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	169,311.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	106,282.
e	Add lines 2a through 2d	2e	275,593.
3	Subtract line 2e from line 1	3	22,928,880.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,186.
b	Other (Describe in Part XIII.)	4b	1,667,022.
c	Add lines 4a and 4b	4c	1,721,208.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,650,088.

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

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

1	Total expenses and losses per audited financial statements	1	29,182,908.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	106,282.
e	Add lines 2a through 2d	2e	106,282.
3	Subtract line 2e from line 1	3	29,076,626.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,186.
b	Other (Describe in Part XIII.)	4b	1,667,022.
c	Add lines 4a and 4b	4c	1,721,208.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	30,797,834.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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

Part XIII

Supplemental Information

(continued)

LONGER SUBJECT TO EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	106,282.
--------------------	----------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS	1,667,022.
---	------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	106,282.
--------------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PAYOUTS DEDUCTED FROM REVENUE ON FINANCIALS	1,667,022.
---	------------

Name of the organization

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number

04-3236982

Part I

General Information on Activities Outside the United States.

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS	GRANTS TO FOREIGN ORGS	23,201.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS	GRANTS TO FOREIGN ORGS	50,755.
3 a Subtotal	0	0			73,956.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			73,956.

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO SUPPORT REPRODUCTIVE HEALTH ACCESS	23,201.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT REPRODUCTIVE HEALTH ACCESS	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT REPRODUCTIVE HEALTH ACCESS	40,755.	WIRE	0.		

2

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

0

3

Enter total number of other organizations or entities

3

Part IV Foreign Forms

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

Schedule F (Form 990) 2023

Schedule G (Form 990) 2023

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		FUND-A-THON (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,667,148.			1,667,148.
	2 Less: Contributions	1,667,148.			1,667,148.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ROXANNA CURIEL

(I) ADDRESS OF FUNDRAISER:

500 4TH ST NW, STE 102 PMB 2149, ALBUQUERQUE, NM 87102

332084 04-01-23

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

2023**Open to Public
Inspection**

Name of the organization

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number

04-3236982**Part I** General Information on Grants and Assistance**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?☒ **Yes** ☐ **No****2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A FUND INC PO BOX 221286 LOUISVILLE, KY 40252	61-1237178	501C3	30,750.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ABORTION CARE FOR TENNESSEE 4525 CHARLOTTE AVE NASHVILLE, TN 37209	83-1203957	501C3	78,734.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ABORTION FREEDOM FUND PO BOX 567 MIDDLETOWN, MD 21769	84-3867470	501C3	131,519.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ABORTION FREEDOM PARTNERSHIP 14435 C BIG BASIN WAY, #106 SARATOGA, CA 95070	84-3867470	501C3	30,000.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ABORTION FUND OF ARIZONA 1934 E CAMELBACK RD STE 120-416 PHOENIX, AZ 85016	30-0380039	501C3	160,066.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ABORTION FUND OF OHIO P.O. BOX 1611 COLUMBUS, OH 43216	31-1357186	501C3	385,755.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **91.****3** Enter total number of other organizations listed in the line 1 table **0.**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABORTION LIBERATION FUND OF PA 123 S BROAD ST STE 635 PHILADELPHIA, PA 19109	23-1727133	501C3	180,526.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ABORTION RIGHTS FUND OF WESTERN MA PO BOX 2162 AMHERST, MA 01004	22-2928632	501C3	31,000.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ACCESS REPRODUCTIVE CARE - SOUTHEAST - P.O. BOX 570132 - ATLANTA, GA 30357	47-3813101	501C3	413,396.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ACCESS REPRODUCTIVE JUSTICE PO BOX 3609 OAKLAND, CA 94609	51-0163201	501C3	87,160.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
AFIYA CENTER 7220 S. WESTMORELAND RD. SUITE 200 DALLAS, TX 75237	26-0595106	501C3	30,750.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
AGNES REYNOLDS JACKSON FUND PO BOX 4878 TOLEDO, OH 43610	34-1683826	501C3	48,207.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ALABAMA COHOSH COLLABORATIVE ALABAMA COHOSH COLLABORATIVE 3077 LEEMAN FERRY ROAD SW SUITE A3 - HUNTSVILLE	84-2997771	501C3	45,029.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ALL-OPTIONS PO BOX 28284 OAKLAND, CA 94604	87-0729403	501C3	192,063.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ARKANSAS ABORTION SUPPORT NETWORK 4 OFFICE PARK DR LITTLE ROCK, AR 72211	81-2441571	501C3	67,637.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS

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BALTIMORE ABORTION FUND 1323 N CALVERT ST STE A BALTIMORE, MD 21202	46-4699877	501C3	757,652.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
BLUE RIDGE ABORTION FUND P.O. BOX 5082 CHARLOTTESVILLE, VA 22905	27-1343669	501C3	531,011.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
CAROLINA ABORTION FUND 5540 CENTERVIEW DR STE 204 PMB 8410 RALEIGH, NC 27606	45-3810502	501C3	599,631.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
CHELSEA'S FUND PO BOX 1472 LANDER, WY 82520	83-0322262	501C3	32,000.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
CHICAGO ABORTION FUND 333 W NORTH AVE STE 267 CHICAGO, IL 60610	36-3451293	501C3	652,387.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
CHOICES PATIENT ASSISTANCE FUND 1203 POPLAR AVE MEMPHIS, TN 38104	62-0931089	501C3	99,636.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
COBALT ABORTION FUND PO BOX 22485 DENVER, CO 80222	84-6050191	501C3	149,120.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
COLORADO DOULA PROJECT PO BOX 7213 DENVER, CO 80207	81-0900536	501C3	102,403.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
DCAF P.O. BOX 65061 WASHINGTON, DC 20035	20-4713150	501C3	734,119.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS

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EASTERN MASSACHUSETTS ABORTION FUND - 955 MASSACHUSETTS AVE #427 - CAMBRIDGE, MA 02139	04-3502604	501C3	132,557.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
EMERGENCY MEDICAL ASSISTANCE PO BOX 33552 PALM BEACH GARDENS, FL 33420	51-0198610	501C3	173,153.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
FAITH ROOTS REPRODUCTIVE ACTION PO BOX 66433 ALBUQUERQUE, NM 87193	85-0391823	501C3	144,451.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
FIRST STATE ABORTION FUND WILMINGTON LMINGTON, DE 19803	88-2952462	501C3	40,550.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
FLORIDA ACCESS NETWORK P.O. BOX 536522 ORLANDO, FL 32853	59-3396077	501C3	386,227.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
FONDO DE ABORTO PARA LA JUSTICIA SOCIAL MARIA - CALLE HUATUSCO NO 39 - ROMA SUR, CUAUHTEMOC, MEXCIO CITY, MEXICO 06760	APPLIED FOR	501C3	48,658.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
FOUNTAIN STREET CHURCH CHOICE FUND 24 FOUNTAIN STREET NE GRAND RAPIDS, MI 49503	38-1381154	501C3	35,579.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
FREEDOM FUND INC (WI) P.O. BOX 92 MARSHFIELD, WI 54449	39-1874477	501C3	30,750.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
FRONTERA FUND P.O. BOX 721011 MCALLEN, TX 78504	47-4137116	501C3	82,448.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS

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FUND TEXAS CHOICE 5900 BALCONES DR. AUSTIN, TX 78731	46-3372095	501C3	268,812.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
HOLLER HEALTH JUSTICE PO BOX 11032 CHARLESTON, WV 25339	83-1203957	501C3	117,399.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
HOTDISH MILITIA 32 E 1ST ST #300 DULUTH, MN 55802	41-1444270	501C3	81,983.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
INDIGENOUS WOMEN RISING PO BOX 7475 ALBUQUERQUE, NM 87194	85-3336543	501C3	134,274.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
INNOVATIONS IN REPRODUCTIVE HEALTH ACCESS - 1001 46TH STREET UNIT 519 - EMERYVILLE, CA 94608	11-3800306	501C3	93,226.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
IOWA ABORTION ACCESS FUND PO BOX 721 CEDAR RAPIDS, IA 52406	42-1122157	501C3	78,393.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
JANE'S DUE PROCESS. 1023 SPRINGDALE RD AUSTIN, TX 78721	75-2917844	501C3	38,627.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
JUST THE PILL 2038 FORD PKWY # 444 SAINT PAUL, MN 55116	85-0868142	501C3	88,633.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
JUSTICE THROUGH EMPOWERMENT NETWORK - JEN - 1301 NORTH LINCOLN AVENUE - SIOUX FALLS, SD 57104	87-3611873	501C3	12,134.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS

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KANSAS ABORTION FUND PO BOX 1093 LAWRENCE, KS 66044	48-1242707	501C3	118,787.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
KENTUCKY HEALTH JUSTICE NETWORK PO BOX 4761 LOUISVILLE, KY 40208	27-1246514	501C3	108,464.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
LILITH FUND PO BOX 684949 AUSTIN, TX 78768	74-3008249	501C3	111,149.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
LOUISIANA ABORTION FUND PO BOX 850773 NEW ORLEANS, LA 70185	46-0950114	501C3	132,033.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
MARIPOSA FUND 522 LOMAS BLVD NE ALBUQUERQUE, NM 87102	84-3867470	501C3	7,367.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
MIDWEST ACCESS COALITION 4411 NORTH RAVENSWOOD AVENUE CHICAGO, IL 60640	47-2160168	501C3	90,152.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
MISSOURI ABORTION FUND PO BOX 32034 ST LOUIS, MO 63132	47-1977531	501C3	105,833.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
MONTANA ABORTION ACCESS PROGRAM P.O. BOX 11757 BOZEMAN, MT 59718	27-0670177	501C3	113,656.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
MOUNTAIN ACCESS BRIGADE 118 N PETERS RD PMB 216 KNOXVILLE, TN 37923	83-1203957	501C3	74,584.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS

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NEBRASKA ABORTION RESOURCES FUND 17105 MERION DR OMAHA, NE 68136	85-1982987	501C3	102,705.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
NEW JERSEY ABORTION ACCESS FUND PO BOX 345 RIDGEWOOD, NJ 07451	26-2767376	501C3	95,609.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
NEW RIVER ABORTION ACCESS FUND. PO BOX 10701 BLACKSBURG, VA 24062	84-2154547	501C3	182,866.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
NEW YORK ABORTION ACCESS FUND FDR STATION NEW YORK, NY 10150	06-1610849	501C3	270,661.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
NORTHWEST ABORTION ACCESS FUND 4325 COMMERCE ST SUITE 111-433 EUGENE, OR 97402	72-1553703	501C3	110,695.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
OUR JUSTICE ABORTION ASSISTANCE FUND - P.O. BOX 2105 - MINNEAPOLIS, MN 55104	41-0971333	501C3	172,765.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
PRAIRIE ABORTION FUND PO BOX 2018 FARGO, ND 58107	45-0452955	501C3	44,200.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
PRETERM ACCESS FUND 12000 SHAKER BLVD CLEVELAND, OH 44120	23-7314836	501C3	141,826.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
PROCEDURE AND TRAVEL HELP (PATH) FUND - 263 RAINIER AVE S STE 200 - RENTON, WA 98057	91-1083929	501C3	30,000.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS

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RECLAIM, INC./MI WIN 35000 FORD RD STE 3 WESTLAND, MI 48185	47-4650419	501C3	14,626.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
REFLECTOR LAB LLC 100 FAIRBANK ROAD RIVERSIDE, IL 60546	APPLIED FOR	501C3	78,875.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
REPROCARE 14435 BIG BASIN WAY SARATOGA, CA 95070	84-3867470	501C3	138,698.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
REPRODUCTIVE EQUALITY FUND OF THE BOULDER VALLEY WOMENS' HEALTH CENTER - 2855 VALMONT RD. - BOULDER, CO 80301	84-0645786	501C3	129,605.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
REPRODUCTIVE FREEDOM FUND OF NEW HAMPSHIRE - 422 CENTRAL AVE # 167 - DOVER, NH 03820	82-1355025	501C3	126,878.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
RICHMOND REPRODUCTIVE FREEDOM PROJECT - P.O. BOX 7389 - RICHMOND, VA 23221	38-3835776	501C3	611,541.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
ROE FUND OF THE OKLAHOMA RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE - PO BOX 35194 - TULSA, OK 74153	73-1447828	501C3	31,593.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
SAFE ABORTIONS FOR EVERYONE - MAINE - PO BOX 752 - PORTLAND, ME 04104	01-0449907	501C3	92,553.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
SILVER STATE HOPE FUND 7260 W AZURE DR STE 140-870 LAS VEGAS, NV 89130	46-4972833	501C3	122,195.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS

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SOCIAL GOOD FUND 12651 SAN PABLO AVE, UNIT 547 RICHMOND, CA 94805	46-1323531	501C3	10,000.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
SQUAT MEDIA INC 1724 E MILES STREET TUSCON, AZ 85719	46-1439043	501C3	40,000.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
STIGMA RELIEF FUND 1001 E. MARKET ST. CHARLOTTESVILLE, VA 22902	20-0627004	501C3	30,731.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
TAMPA BAY ABORTION FUND 690 MAIN ST #27 SAFETY HARBOR, FL 34695	85-2493274	501C3	219,834.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
TEXAS EQUAL ACCESS FUND PO BOX 227336 DALLAS, TX 75222	11-3736286	501C3	171,733.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
THE REACH FUND OF CONNECTICUT, INC. - 654 MAIN AVENUE 1037 - NORWALK, CT 06851	87-1726385	501C3	90,553.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
TIDES FOR REPRODUCTIVE FREEDOM 114 ALLYN ST HOLYOKE, MA 01040	86-2456665	501C3	40,061.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
TUCSON ABORTION SUPPORT COLLECTIVE 210 E 20TH ST TUCSON, AZ 85719	46-1439043	501C3	46,176.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
UTAH ABORTION FUND 107 ESPLANADE AVE APT 78 PACIFICA, CA 94044	84-3867470	501C3	87,455.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS

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VERMONT ACCESS TO REPRODUCTIVE FREEDOM - PO BOX 8452 - BURLINGTON, VT 05402	35-2173482	501C3	30,000.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
WEST FUND PO BOX 920088 EL PASO, TX 79902	46-4153283	501C3	71,844.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
WESTERN PA FUND FOR CHOICE 5910 KIRKWOOD STREET PITTSBURGH, PA 15206	20-1377942	501C3	71,080.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
WILD WEST ACCESS FUND OF NEVADA 561 KEYSTONE AVE RENO, NV 89503	87-2812330	501C3	196,767.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
WOMEN HELP WOMEN POSTBUS 15798 AMSTERDAM, N. HOLLAND, NETHERLANDS 1001NG	99-0205452	501C3	10,750.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
WOMEN'S EMERGENCY NETWORK (FL) PO BOX 566392 MIAMI, FL 33256	59-2985791	501C3	123,703.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
WOMEN'S HEALTH AND EDUCATION FUND PO BOX 5863 PROVIDENCE, RI 02903	05-0463800	501C3	75,148.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
WOMEN'S HEALTH CENTER OF WEST VIRGINIA - PO BOX 20580 - CHARLESTON, WV 25362	55-0559874	501C3	44,814.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
WOMEN'S HEALTH PROJECT DBA EMMA GOLDMAN CLINIC - 227 N. DUBUQUE STREET - IOWA CITY, IA 52245	42-1009939	501C3	59,776.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS

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WOMEN'S MEDICAL FUND •WI— PO BOX 248 MADISON, WI 53701	51-0189614	501C3	143,534.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
WOMEN'S REPRODUCTIVE RIGHTS ASSISTANCE PROJECT - 1902A LINCOLN BLVD # 1338 - SANTA MONICA, CA 90405	95-4522977	501C3	62,750.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
YELLOWHAMMER FUND 2223 8TH AVE TUSCALOOSA, AL 35401	82-1822204	501C3	179,897.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF KALAMAZOO - 353 E MICHIGAN AVE - KALAMAZOO, MI 49007	38-1360598	501C3	30,750.	0.			TO SUPPORT REPRODUCTIVE HEALTH ACCESS

Schedule I (Form 990)

Part III

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

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

Part IV

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

PART I, LINE 2:

MONITORING FOR GRANT FUNDS WITHIN THE UNITED STATES DEPENDS ON THE TERMS OF

EACH CONTRACT. MOST CONTRACTS HAVE TERMS LISTED IN THE GRANT AGREEMENT

THERE IS PROGRESS REPORTING DONE FOR THAT SPECIFIC MEMBER FUND.

SCHEDULE J

(Form 990)

Department of the Treasury

Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization

NATIONAL NETWORK OF ABORTION FUNDS, INC.

Employer identification number

04-3236982

Part 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. <div> <div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Tax indemnification and gross-up payments</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div> </div>		
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. <div> <div><input checked="" type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Written employment contract</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Compensation survey or study</div> <div><input type="checkbox"/> Form 990 of other organizations</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div> </div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
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	

Schedule J (Form 990) 2023

NATIONAL NETWORK OF ABORTION FUNDS, INC. 04-3236982Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ORIAKU NJOKU	(i)	278,804.	0.	0.	0.	14,480.	293,284.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMIE CERRETTI	(i)	190,396.	0.	0.	29,216.	18,368.	237,980.	0.
DEPUTY DIRECTOR OF STRATEG	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIELLE TILLMAN	(i)	180,773.	0.	0.	25,818.	11,646.	218,237.	0.
DEPUTY DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBASRI GHOSH	(i)	185,869.	0.	0.	0.	8,981.	194,850.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL STAPLES	(i)	140,998.	0.	0.	22,741.	21,630.	185,369.	0.
DIRECTOR OF IT AND CYBERSECURITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CYNTHIA LIN	(i)	141,602.	0.	0.	33,750.	9,205.	184,557.	0.
DEPUTY DIRECTOR OF MOVEMEN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) YAS JIBRIL	(i)	169,665.	0.	0.	1,950.	11,575.	183,190.	0.
ASSOCIATE DIRECTOR OF DEVE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TIFFANY TAI	(i)	134,331.	0.	0.	29,250.	18,196.	181,777.	0.
MEMBERSHIP DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANTOINETTE MIMS	(i)	154,390.	0.	0.	7,458.	10,395.	172,243.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ETHEL SIMON	(i)	135,416.	0.	0.	24,628.	7,753.	167,797.	0.
TECHNICAL ASSISTAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ALICIA WALTON	(i)	153,380.	0.	0.	452.	9,325.	163,157.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ALANNA PETERSON	(i)	154,836.	0.	0.	0.	5,652.	160,488.	0.
CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) AZIZA JONES	(i)	123,617.	0.	0.	18,527.	11,495.	153,639.	0.
DONOR ENGAGEMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization NATIONAL NETWORK OF ABORTION FUNDS, INC.	Employer identification number 04-3236982
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ABORTION FUNDS (NNAF) IS DETERMINED TO BUILD" A WORLD WHERE ALL
REPRODUCTIVE OPTIONS ARE VALUED, ACCESSIBLE, AND STIGMA-FREE.

WE BELIEVE ALL PEOPLE KNOW HOW TO BEST CARE FOR THEIR OWN BODIES AND
BUILD THEIR OWN FAMILIES. AND WE'RE COMMITTED TO ENSURING THE
CONVERSATION ABOUT RACIAL, ECONOMIC, AND REPRODUCTIVE JUSTICE INCLUDES
THE PEOPLE MOST AFFECTED BY THE BARRIERS TO ABORTION ACCESS.

WE WORK WITH OUR MEMBER ABORTION FUNDS TO BUILD A BASE OF COLLECTIVE
POWER. TOGETHER WITH THESE FUNDS, WE ORGANIZE AND ADD STRENGTH."

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

WE BELIEVE ALL PEOPLE KNOW HOW TO BEST CARE FOR THEIR OWN BODIES AND
BUILD THEIR OWN FAMILIES. AND WE'RE COMMITTED TO ENSURING THE
CONVERSATION ABOUT RACIAL, ECONOMIC, AND REPRODUCTIVE JUSTICE INCLUDES
THE PEOPLE MOST AFFECTED BY THE BARRIERS TO ABORTION ACCESS.

WE WORK WITH OUR MEMBER ABORTION FUNDS TO BUILD A BASE OF COLLECTIVE
POWER. TOGETHER WITH THESE FUNDS, WE ORGANIZE AND ADD STRENGTH.

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.

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

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 FILING OF THE RETURN

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

EACH DIRECTOR SHALL FULLY DISCLOSE ANY AND ALL ACTUAL AND APPARENT CONFLICTS OF INTEREST. THIS IS ASSESSED ANNUALLY AND IS MONITORED BY THE BOARD PRESIDENT. IF A CONFLICT OF INTEREST EXISTS, THAT DIRECTOR WILL BE DISQUALIFIED FROM VOTING ON ANY PROPOSED ACTION OF REMEDY FOR THE DIRECTOR'S CONFLICT(S) OF INTEREST.

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 PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	518,660.
MANAGEMENT AND GENERAL EXPENSES	1,644,336.
FUNDRAISING EXPENSES	793,676.
TOTAL EXPENSES	2,956,672.

ALL OTHER FEES:

PROGRAM SERVICE EXPENSES	158,503.
MANAGEMENT AND GENERAL EXPENSES	312,828.
FUNDRAISING EXPENSES	242,548.
TOTAL EXPENSES	713,879.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,670,551.