Return of Organization Exempt From Income Tax

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

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

<table>
<thead>
<tr>
<th>A</th>
<th>For the 2019 calendar year, or tax year beginning 7/1/2019 and ending 6/30/2020</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>C</th>
<th>Name of organization</th>
<th>NATIONAL NETWORK OF ABORTION FUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Address change</td>
<td>Doing business as</td>
<td>National Network of Abortion Funds</td>
</tr>
<tr>
<td></td>
<td>Number and street (or P.O. box if mail is not delivered to street address)</td>
<td>Room/suite</td>
<td>9450 SW GEMINI DR, PMB 16009</td>
</tr>
<tr>
<td></td>
<td>City or town</td>
<td>State</td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>ZIP code</td>
<td></td>
<td>97008-7105</td>
</tr>
<tr>
<td></td>
<td>Foreign country name</td>
<td>Foreign province/state/county</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foreign postal code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Employer identification number</th>
<th>04-3236982</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Telephone number</td>
<td>(617) 267-7161</td>
</tr>
<tr>
<td>G</td>
<td>Gross receipts $</td>
<td>13,685,712</td>
</tr>
</tbody>
</table>

| F | Name and address of principal officer: | Yamin Hernandez |
|---|---|---|---|
| | | P.O. Box 170280, BOSTON, MA 02117 |

<table>
<thead>
<tr>
<th>I</th>
<th>Tax-exempt status:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>501(c)(3)</td>
<td>501(c) ( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J</th>
<th>Website:</th>
<th><a href="http://WWW.ABORTIONFUNDS.ORG">WWW.ABORTIONFUNDS.ORG</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>K</th>
<th>Form of organization:</th>
<th>X Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>Year of formation:</td>
<td>1994</td>
</tr>
<tr>
<td>M</td>
<td>State of legal domicile:</td>
<td>DC</td>
</tr>
</tbody>
</table>

### Part I: Summary

1. Briefly describe the organization's mission or most significant activities:
   - NNAF builds power with members to remove financial and logistical barriers to abortion access by centering people who have abortions and organizing at the intersections of racial, economic, and reproductive justice.

2. Check this box [ ] 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

4. Number of independent voting members of the governing body (Part VI, line 1b):
   - 13

5. Total number of individuals employed in calendar year 2019 (Part VI, line 2a):
   - 5

6. Total number of volunteers (estimate if necessary)
   - 13

7a. Total unrelated business revenue from Part VIII, column (C), line 12:
   - 0

7b. Net unrelated business taxable income from Form 990-T, line 39:
   - 0

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>10,802,446</td>
<td>13,017,132</td>
</tr>
<tr>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>158,070</td>
<td>105,879</td>
</tr>
<tr>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>32,875</td>
<td>24,269</td>
</tr>
<tr>
<td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>10,993,391</td>
<td>13,147,280</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td>
<td>0</td>
<td>1,771,743</td>
</tr>
<tr>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td>
<td>3,184,899</td>
<td>5,125,298</td>
</tr>
<tr>
<td>Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total fundraising expenses (Part IX, column (D), line 25)</td>
<td>2,304,245</td>
<td>2,528,183</td>
</tr>
<tr>
<td>Other expenses (Part IX, column (C), lines 11a–11d, 11f–24e)</td>
<td>6,688,803</td>
<td>9,425,224</td>
</tr>
<tr>
<td>Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td>
<td>4,124,588</td>
<td>3,722,056</td>
</tr>
</tbody>
</table>

### 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

Yamin Hernandez

Type or print name and title

Nicholas LaPier

Preparer's signature

Nicholas LaPier

Date

4/13/2021

Check [ ] self-employed

PTIN P01227383

Paid Preparer Use Only

Print/Type preparer's name

Nicholas LaPier

Preparer's signature

Nicholas LaPier

Date

4/13/2021

Check [ ] self-employed

PTIN P01227383

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes [ ] No [x]

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)
Part III

Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
   National Network of Abortion Funds builds power with members to remove financial and
   logistical barriers to abortion access by centering people who have abortions and
   organizing at the intersections of racial, economic, and reproductive justice.

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

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

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

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

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

4a (Code: ) (Expenses $ 5,426,945, including grants of $ ) (Revenue $ )
   NNNAF collaborates with 80+ member funds on program design, policy strategy development and
   movement, driven by our core values of compassion, autonomy, intersectionality, and collective
   power. NNNAF's 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 $ 0 including grants of $ 0 ) (Revenue $ 0 )

4e Total program service expenses  » 5,426,945
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>X</td>
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<td>5</td>
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<td>9</td>
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<tr>
<td>11</td>
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<tr>
<td>11a</td>
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<td>11b</td>
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<td>11c</td>
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<td>X</td>
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<td>11d</td>
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<td>X</td>
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<td>11e</td>
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<td>X</td>
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<tr>
<td>11f</td>
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<td>X</td>
</tr>
<tr>
<td>12a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td></td>
<td>X</td>
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<tr>
<td>13</td>
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<td>14a</td>
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<td>14b</td>
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<td>X</td>
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<td>15</td>
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<tr>
<td>19</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>20b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
## Part IV

**Checklist of Required Schedules (continued)**

### 22. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 23. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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? If "Yes," complete Schedule L, Part I.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 26. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 27. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):

#### a. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### b. A family member of any individual described in line 28a?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### c. A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 29. Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 31. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 34. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, IV, and Part V, line 1.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 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)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### 38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V
**Statements Regarding Other IRS Filings and Tax Compliance (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td>53</td>
</tr>
<tr>
<td>2b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Note:</strong> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (See instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3b. If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation on Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. At any time during the calendar year, did the organization have an interest in, or a signature or authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4b. If &quot;Yes,&quot; enter the name of the foreign country</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5c. If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6b. If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Section 501(c)(7) organizations. Enter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Initiation fees and capital contributions included on Part VIII, line 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Section 501(c)(12) organizations. Enter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Gross income from members or shareholders.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Enter the amount of reserves on hand.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a. Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; see instructions and file Form 4720, Schedule N.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; complete Form 4720, Schedule O.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part VI

### Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year.

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

<table>
<thead>
<tr>
<th>1a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th>2</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th>3</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

<table>
<thead>
<tr>
<th>4</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

5. Did the organization become aware during the year of a significant diversion of the organization's assets?

<table>
<thead>
<tr>
<th>5</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

6. Did the organization have members or stockholders?

<table>
<thead>
<tr>
<th>6</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>7a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

<table>
<thead>
<tr>
<th>7b</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

<table>
<thead>
<tr>
<th>8a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8b</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>9</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### Section B. Policies

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

10a. Did the organization have local chapters, branches, or affiliates?

<table>
<thead>
<tr>
<th>10a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>10b</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

<table>
<thead>
<tr>
<th>11a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.

<table>
<thead>
<tr>
<th>11b</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

12a. Did the organization have a written conflict of interest policy? If "No," go to line 13.

<table>
<thead>
<tr>
<th>12a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

<table>
<thead>
<tr>
<th>12b</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.

<table>
<thead>
<tr>
<th>12c</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

13. Did the organization have a written whistleblower policy?

<table>
<thead>
<tr>
<th>13</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

14. Did the organization have a written document retention and destruction policy?

<table>
<thead>
<tr>
<th>14</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>15a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b. The organization's CEO, Executive Director, or top management official.

<table>
<thead>
<tr>
<th>15b</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Other officers or key employees of the organization

<table>
<thead>
<tr>
<th>15c</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>16a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>16b</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Disclosure

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

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
- [X] Another's website
- [X] Upon request
- [ ] Other (explain on Schedule O)

19. Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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.

YAMANI HERNANDEZ  
(617) 267-7161  
9450 SW GEMINI DR. PMB 16009, Beaverton, OR 97008-7105
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) YAMANI HERNANDEZ EXECUTIVE DIRECTOR</td>
<td>40.00</td>
<td>X</td>
<td>X</td>
<td>147,741</td>
<td>27,382</td>
</tr>
<tr>
<td>(2) TANYA LADHA DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>X</td>
<td>11,500</td>
</tr>
<tr>
<td>(3) KAMYON CONNER VICE CHAIR</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>(4) MAUREEN STUTZMAN SECRETARY</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>(5) KATHERINE MCGUINESS DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>(6) DAPHNE MAZUZ TREASURER</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>(7) ASHA DANE'EL DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>(8) MARLO BARRERA DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>(9) ROSA YADIRA ORTIZ DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>(10) VALERIE PETERSON DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>(11) POONAM DREYFUS-PAI CHAIR</td>
<td>1.00</td>
<td>0.00</td>
<td>X</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>(12)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td>(13)</td>
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<tr>
<td>(14)</td>
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</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15)</td>
<td></td>
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<tr>
<td>(16)</td>
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<td>(17)</td>
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<td>(24)</td>
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<tr>
<td>(25)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1b Subtotal: 147,741  0  38,882  
1c Total from continuation sheets to Part VII, Section A: 0  0  0  
1d Total (add lines 1b and 1c): 147,741  0  38,882  

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: 1

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

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? If "Yes," complete Schedule J for such individual.  

4  

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? If "Yes," complete Schedule J for such person.  

5  

X

#### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENT ISLAND ECONOMIE</td>
<td>PROJECT MANAGEMENT</td>
<td>161,350</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
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<tr>
<td></td>
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<td>0</td>
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<td></td>
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<td>0</td>
</tr>
</tbody>
</table>

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: 1
### Part VIII

**Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
<table>
<thead>
<tr>
<th>Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check if Schedule O contains a response or note to any line in this Part IX.</td>
</tr>
<tr>
<td><strong>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</strong></td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>a</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>d</td>
</tr>
<tr>
<td>e</td>
</tr>
<tr>
<td>f</td>
</tr>
<tr>
<td>g</td>
</tr>
<tr>
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<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>d</td>
</tr>
<tr>
<td>e</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>26</td>
</tr>
</tbody>
</table>
# Balance Sheet

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash—non-interest-bearing</td>
<td>1,734,718</td>
<td>2,337,763</td>
</tr>
<tr>
<td>2. Savings and temporary cash investments</td>
<td>216,366</td>
<td>62</td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Accounts receivable, net</td>
<td>559,470</td>
<td>2,700,000</td>
</tr>
<tr>
<td>5. Loans and other receivables from any current or former officer,</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>director, trustee, key employee, creator or founder, substantial</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>contributor, or 35% controlled entity or family member of any of these</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>persons</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>6. Loans and other receivables from other disqualified persons (as</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>defined under section 4958(f)(1), and persons described in section</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>4958(c)(3)(B)</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>9. Prepaid expenses and deferred charges</td>
<td>71,117</td>
<td>99,633</td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment: cost or other basis. Complete</td>
<td>239,017</td>
<td>111,296</td>
</tr>
<tr>
<td>Part V of Schedule D</td>
<td>127,721</td>
<td>111,296</td>
</tr>
<tr>
<td>10b. Less: accumulated depreciation</td>
<td>135,901</td>
<td>111,296</td>
</tr>
<tr>
<td>11. Investments—publicly traded securities</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>12. Investments—other securities. See Part IV, line 11</td>
<td>7,223,133</td>
<td>8,379,462</td>
</tr>
<tr>
<td>13. Investments—program-related. See Part IV, line 11</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>14. Intangible assets</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>16. Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>9,940,705</td>
<td>13,628,216</td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>1,622,078</td>
<td>1,504,267</td>
</tr>
<tr>
<td>18. Grants payable</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Loans and other payables to any current or former officer,</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>director, trustee, key employee, creator or founder, substantial</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>contributor, or 35% controlled entity or family member of any of these</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>persons</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>25. Other liabilities (including federal income tax, payables to</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>related third parties, and other liabilities not included on lines</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>17–24). Complete Part X of Schedule D</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>26. Total liabilities. Add lines 17 through 25</td>
<td>1,622,078</td>
<td>1,504,267</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Net assets without donor restrictions</td>
<td>4,058,540</td>
<td>5,503,048</td>
</tr>
<tr>
<td>28. Net assets with donor restrictions</td>
<td>4,260,087</td>
<td>6,620,901</td>
</tr>
<tr>
<td>29. Capital stock or trust principal, or current funds</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>30. Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>31. Retained earnings, endowment, accumulated income, or other funds</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>32. Total net assets or fund balances</td>
<td>8,316,627</td>
<td>12,123,949</td>
</tr>
<tr>
<td>33. Total liabilities and net assets/fund balances</td>
<td>9,940,705</td>
<td>13,628,216</td>
</tr>
</tbody>
</table>
### 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).
   - 13,147,280
2. Total expenses (must equal Part IX, column (A), line 25).
   - 9,425,224
3. Revenue less expenses. Subtract line 2 from line 1.
   - 3,722,056
4. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).
   - 8,318,627
5. Net unrealized gains (losses) on investments.
   - 83,296
6. Donated services and use of facilities.
7. Investment expenses.
8. Prior period adjustments.
9. Other changes in net assets or fund balances (explain on Schedule O).
10. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).
    - 12,123,949

### Part XII: Financial Statements and Reporting

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

1. Accounting method used to prepare the Form 990:  
   - Cash  
   - Accrual  
   - Other

2a. Were the organization's financial statements compiled or reviewed by an independent accountant?
   - Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
     - Separate basis
     - Consolidated basis
     - Both consolidated and separate basis
   - No

2b. Were the organization's financial statements audited by an independent accountant?
   - Yes

2c. 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?
   - Yes

3a. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
   - Yes

3b. 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.
<table>
<thead>
<tr>
<th></th>
<th>(a) Description of property</th>
<th>(b) Date acquired (mo., day, yr.)</th>
<th>(c) Date sold (mo., day, yr.)</th>
<th>(d) Gross sales price</th>
<th>(e) Depreciation allowed or allowable since acquisition</th>
<th>(f) Cost or other basis, plus improvements and expense of sale</th>
<th>(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Lenovo M83 SFF</td>
<td>9/23/2014</td>
<td>6/30/2020</td>
<td>0</td>
<td>1,374</td>
<td>1,542</td>
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<td></td>
<td>Computer</td>
<td>3/21/2014</td>
<td>6/30/2020</td>
<td>0</td>
<td>544</td>
<td>544</td>
<td>0</td>
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<tr>
<td></td>
<td>Laptop</td>
<td>2/14/2014</td>
<td>6/30/2020</td>
<td>0</td>
<td>857</td>
<td>857</td>
<td>0</td>
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<tr>
<td></td>
<td>Polcom Soundstation IP 600</td>
<td>10/23/2014</td>
<td>6/30/2020</td>
<td>0</td>
<td>461</td>
<td>532</td>
<td>-71</td>
</tr>
<tr>
<td></td>
<td>Printer</td>
<td>3/7/2014</td>
<td>6/30/2020</td>
<td>0</td>
<td>109</td>
<td>120</td>
<td>-11</td>
</tr>
<tr>
<td></td>
<td>Asus</td>
<td>9/28/2015</td>
<td>6/30/2020</td>
<td>0</td>
<td>456</td>
<td>568</td>
<td>-112</td>
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<tr>
<td></td>
<td>H30-50</td>
<td>11/20/2015</td>
<td>6/30/2020</td>
<td>0</td>
<td>720</td>
<td>899</td>
<td>-179</td>
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<tr>
<td></td>
<td>HP Spectre x360</td>
<td>4/9/2015</td>
<td>6/30/2020</td>
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<td>1,963</td>
<td>1,963</td>
<td>0</td>
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<tr>
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<td>HP Spectre X360</td>
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<td>6/30/2020</td>
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<td>1,472</td>
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<td></td>
<td>Imac</td>
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<td>6/30/2020</td>
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<td>2,032</td>
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<td>MacBook Air</td>
<td>9/28/2015</td>
<td>6/30/2020</td>
<td>0</td>
<td>733</td>
<td>917</td>
<td>-184</td>
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<td>Macbook Air</td>
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<td>0</td>
<td>789</td>
<td>987</td>
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<td>Toshiba</td>
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<td>6/30/2020</td>
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<td></td>
<td>Macbook Air</td>
<td>1/24/2016</td>
<td>6/30/2020</td>
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<td>1,224</td>
<td>1,531</td>
<td>-307</td>
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<tr>
<td></td>
<td>DIANA MACBOOK</td>
<td>3/17/2017</td>
<td>6/30/2020</td>
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<td>1,106</td>
<td>1,348</td>
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<td>DAN MACBOOK</td>
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<td>2,437</td>
<td>-439</td>
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<td>IDORA LENOVO</td>
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<td>1,304</td>
<td>1,590</td>
<td>-286</td>
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<tr>
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<td>JEN LENOVO</td>
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<td>6/30/2020</td>
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<td>1,104</td>
<td>1,346</td>
<td>-242</td>
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<td>SALLY LENOVO LAPTOP</td>
<td>3/1/2017</td>
<td>6/30/2020</td>
<td>0</td>
<td>1,104</td>
<td>1,346</td>
<td>-242</td>
</tr>
</tbody>
</table>
Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

NATIONAL NETWORK OF ABORTION FUNDS

Employer Identification number
04-3236982

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

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

1  □ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2  □ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
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 for the benefit of 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).

  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):

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total 0 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts</td>
<td>3,018,224</td>
<td>4,259,494</td>
<td>5,074,100</td>
<td>11,197,738</td>
<td>13,017,132</td>
</tr>
<tr>
<td></td>
<td>grants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>membership fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td>3,018,224</td>
<td>4,259,494</td>
<td>5,074,100</td>
<td>11,197,738</td>
<td>13,017,132</td>
</tr>
<tr>
<td>5</td>
<td>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).</td>
<td>13,006,466</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Public support. Subtract line 5 from line 4</td>
<td>23,560,222</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td>3,018,224</td>
<td>4,259,494</td>
<td>5,074,100</td>
<td>11,197,738</td>
<td>13,017,132</td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>20,134</td>
<td>44,399</td>
<td>99,148</td>
<td>160,218</td>
<td>105,879</td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support. Add lines 7 through 10.</strong></td>
<td>36,996,466</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions).</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>First five 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.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))</th>
<th>14</th>
<th>63.68%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage from 2018 Schedule A, Part II, line 14</td>
<td>15</td>
<td>61.47%</td>
</tr>
<tr>
<td>16a</td>
<td><strong>33 1/3% support test—2019. 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.</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16b</td>
<td><strong>33 1/3% support test—2018. 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.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td><strong>10% facts-and-circumstances test—2019. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b</td>
<td><strong>10% facts-and-circumstances test—2018. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td><strong>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Note: The image contains a table with specific financial information that needs to be calculated and analyzed according to the instructions provided in the document.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>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</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total, Add lines 1 through 5</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>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</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>8 Public support (Subtract line 7c from line 6)</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>13 Total support. (Add lines 9, 10c, 11, and 12)</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>14 First five 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</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | 0.00% |
16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | 0.00% |

### Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | 0.00% |
18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | 0.00% |

19a 33 1/3% support tests—2019. 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 | 19a | 0.00% |

19b 33 1/3% support tests—2018. 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 | 19b | 0.00% |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | 20 | 0.00% |
### Supporting Organizations

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

#### Section A. All Supporting Organizations

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Type I Supporting Organizations**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Type II Supporting Organizations**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section E. Type III Functionally Integrated Supporting Organizations**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

## Instructions

1. **Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).**

   - a The organization satisfied the Activities Test. Complete line 2 below.
   - b The organization is the parent of each of its supported organizations. Complete line 3 below.
   - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2. **Activities Test. Answer (a) and (b) 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.
   - b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3. **Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.
   - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.
Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).</td>
<td>8</td>
</tr>
</tbody>
</table>

Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td>1a</td>
</tr>
<tr>
<td>2</td>
<td>Average monthly value of securities</td>
<td>1b</td>
</tr>
<tr>
<td>3</td>
<td>Average monthly cash balances</td>
<td>1c</td>
</tr>
<tr>
<td>4</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1d</td>
</tr>
<tr>
<td>5</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>Subtract line 2 from line 1d.</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3).</td>
<td>6</td>
</tr>
<tr>
<td>11</td>
<td>Multiply line 5 by .035.</td>
<td>7</td>
</tr>
<tr>
<td>12</td>
<td>Recoveries of prior-year distributions</td>
<td>8</td>
</tr>
<tr>
<td>13</td>
<td>Minimum Asset Amount (add line 7 to line 6).</td>
<td>8</td>
</tr>
</tbody>
</table>

Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).
### Section D - Distributions

1. Amounts paid to supported organizations to accomplish exempt purposes
2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
3. Administrative expenses paid to accomplish exempt purposes of supported organizations
4. Amounts paid to acquire exempt-use assets
5. Qualified set-aside amounts (prior IRS approval required)
6. Other distributions (describe in Part VI). See instructions.
7. **Total annual distributions. Add lines 1 through 6.** $0
8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.
9. **Distributable amount for 2019 from Section C, line 6** $0
10. Line 8 amount divided by line 9 amount $0.000

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2019</th>
<th>(iii) Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>a From 2014</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>b From 2015</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>c From 2016</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>d From 2017</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>e From 2018</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>f Total of lines 3a through e</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>4</td>
<td>Applied to underdistributions of prior years</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5</td>
<td>Applied to 2019 distributable amount</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td>Carryover from 2014 not applied (see instructions)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>7</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8</td>
<td>Distributions for 2019 from Section D, line 7:</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>a Applied to underdistributions of prior years</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>b Applied to 2019 distributable amount</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>9</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10</td>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>11</td>
<td>Excess distributions carryover to 2020. Add lines 3j and 4c.</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>12</td>
<td>Breakdown of line 7:</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>a Excess from 2015</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>b Excess from 2016</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>c Excess from 2017</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>d Excess from 2018</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>e Excess from 2019</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV. Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V. Section B, line 1e; Part V. Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
### SCHEDULE C
(Form 990 or 990-EZ)

- **Political Campaign and Lobbying Activities**
  - For Organizations Exempt From Income Tax Under section 501(c) and section 527

#### 2019

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

**OMB No. 1545-0047**

**Open to Public Inspection**

---

#### Part IA: 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 (see instructions for definition of "political campaign activities")
2. Political campaign activity expenditures (see instructions) $0
3. Volunteer hours for political campaign activities (see instructions) 36

---

#### Part IB: Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955 $0
2. Enter the amount of any excise tax incurred by organization managers under section 4955 $0
3. Did the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

---

#### Part IC: Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities $0
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities $0
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b $0
- Did the filing organization file Form 1120-POL for this year? Yes No

---

#### Schedule C (Form 990 or 990-EZ) 2019

- **Name of organization**: [Redacted]
- **Employer identification number**: 04-3236982

---

#### National Network of Abortion Funds

- **EIN**: 04-3236982

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#### Other Information

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

---

**HTA**
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.)

<table>
<thead>
<tr>
<th>Column (a)</th>
<th>(b) Filing organization’s totals</th>
<th>(c) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>5,997</td>
<td>0</td>
</tr>
<tr>
<td>1b Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1c Total lobbying expenditures (add lines 1a and 1b)</td>
<td>5,997</td>
<td>0</td>
</tr>
<tr>
<td>1d Other exempt purpose expenditures</td>
<td>9,425,224</td>
<td>0</td>
</tr>
<tr>
<td>1e Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>9,431,221</td>
<td>0</td>
</tr>
<tr>
<td>1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td>621,561</td>
<td>0</td>
</tr>
</tbody>
</table>

If the amount on line 1e, column (a) or (b) is:

<table>
<thead>
<tr>
<th>Description</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The lobbying nontaxable amount is:
- 20% of the amount on line 1e.
- $100,000 plus 15% of the excess over $500,000.
- $175,000 plus 10% of the excess over $1,000,000.
- $225,000 plus 5% of the excess over $1,500,000.
- $1,000,000.

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

<table>
<thead>
<tr>
<th>Column (a)</th>
<th>(b) 2016</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td>306,916</td>
<td>354,070</td>
<td>493,440</td>
<td>621,261</td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td>6,004</td>
<td>7,360</td>
<td>92</td>
<td>4,200</td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td>6,004</td>
<td>7,360</td>
<td>92</td>
<td>4,200</td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part II-B
Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:
   a. Volunteers?
   b. Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
   c. Media advertisements?
   d. Mailings to members, legislators, or the public?
   e. Publications, or published or broadcast statements?
   f. Grants to other organizations for lobbying purposes?
   g. Direct contact with legislators, their staffs, government officials, or a legislative body?
   h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
   i. Other activities?
   j. Total. Add lines 1c through 1i.  
   0

2a. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
2b. If "Yes," enter the amount of any tax incurred under section 4912.
2c. If "Yes," enter the amount of any tax incurred by organization managers under section 4912.
2d. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Were substantially all (90% or more) dues received nondeductible by members?
2. Did the organization make only in-house lobbying expenditures of $2,000 or less?
3. Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

### Part IV Supplemental Information
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.
SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

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

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

<table>
<thead>
<tr>
<th>1</th>
<th>Total number at end of year</th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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? | Yes | 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? | Yes | No |

Part II. Conservation Easements.

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (for example, recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of 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.
   - Total number of conservation easements: 2a
   - Total acreage restricted by conservation easements: 2b
   - Number of conservation easements on a certified historic structure included in (a): 2c
   - Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register: 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? | Yes | 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | Yes | No |

9. In Part XIII, describe how the organization reports conservation 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.

1b. 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:

   - Revenue included on Form 990, Part VIII, line 1: $1
   - Assets included in Form 990, Part X: $2

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:

   - Revenue included on Form 990, Part VIII, line 1: $3
   - Assets included in Form 990, Part X: $4
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   a  [ ] Public exhibition
   b  [ ] Scholarly research
   c  [ ] Preservation for future generations
   d  [ ] Loan or exchange program
   e  [ ] Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  
   [ ] Yes  [ ] No

Part IV  Escrow and Custodial Arrangements.

Complete if the organization answered “Yes” on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td>0</td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>0</td>
</tr>
</tbody>
</table>

d Beginning balance

e Additions during the year
f Distributions during the year
f Ending balance

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

b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V  Endowment Funds.

Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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
   (ii) Related organizations

3b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b Buildings</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>d Equipment</td>
<td>0</td>
<td>104,032</td>
<td>44,632</td>
<td>59,400</td>
</tr>
<tr>
<td>e Other</td>
<td>0</td>
<td>134,985</td>
<td>83,089</td>
<td>51,896</td>
</tr>
</tbody>
</table>

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c).  
   ▶ 111,296
### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(3) Other Investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Investments</td>
<td>1,523,283</td>
<td>F</td>
</tr>
<tr>
<td>(B) Investments</td>
<td>1,565,901</td>
<td>F</td>
</tr>
<tr>
<td>(C) Investments</td>
<td>3,783,970</td>
<td>F</td>
</tr>
<tr>
<td>(D) Investments</td>
<td>6,182</td>
<td>F</td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
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<td>(G)</td>
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<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 12).</strong></td>
<td>8,379,462</td>
<td></td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>13,768,978</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>83,266</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>538,432</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>621,698</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>13,147,280</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>13,147,280</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>9,963,656</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>538,432</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>538,432</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>9,425,224</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>9,425,224</td>
</tr>
</tbody>
</table>

### 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 I: General Information on Activities Outside the United States

#### 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 [X]
- 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.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program-service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>3a Subtotal</td>
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<td>0</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>(f) Total expenditures for and investments in the region</td>
</tr>
<tr>
<td>b Total from continuation sheets to Part I</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>c Totals (add lines 3a and 3b)</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Europe (Including Iceland and Central America and the Caribbean)</td>
<td>PROGRAM SERVICES</td>
<td>10,000</td>
<td>DEPOSIT</td>
<td></td>
<td></td>
<td>FMV</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>PROGRAM SERVICES</td>
<td>25,000</td>
<td>DEPOSIT</td>
<td></td>
<td></td>
<td>FMV</td>
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<tr>
<td>3</td>
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</tr>
</tbody>
</table>

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

3 Enter total number of other organizations or entities.
### Part III
Grants and Other Assistance to Individuals Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tr>
</tbody>
</table>
Part IV  Foreign Forms

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

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

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

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

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

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

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

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

Attach to Form 990 or Form 990-EZ.

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

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [X] Special fundraising events

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

2b. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>[ ] Yes [X] No</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

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

[State information]

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

HTA
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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>562,701</td>
<td>0</td>
<td>562,701</td>
<td></td>
</tr>
<tr>
<td>Less: Contributions</td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>562,701</td>
<td>0</td>
<td>562,701</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>(event type)</th>
<th>(total number)</th>
<th>(add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash prizes</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td>0</td>
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<tr>
<td>Other direct expenses</td>
<td>538,432</td>
<td>0</td>
<td>538,432</td>
</tr>
</tbody>
</table>

10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ (538,432)
11 Net income summary. Subtract line 10 from line 3, column (d) ▶ (24,269)

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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Cash prizes</td>
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<tr>
<td>Noncash prizes</td>
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<td>0</td>
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<tr>
<td>Rent/facility costs</td>
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<td>0</td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

6 Volunteer labor □ Yes □ No □ Yes □ No □ Yes □ No

7 Direct expense summary. Add lines 3 through 5 in column (d) ▶ (0)
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ (0)

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 ► $ 0 and the amount of gaming revenue retained by the third party ► $ 0

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

Name ►
Address ►

16 Gaming manager information:

Name ►
Gaming manager compensation ► $ 0
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 ► $ 0

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.
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Amount of water, land, (book, FMV, appraisal, value)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ABORTION FUND OF ARIZONA</td>
<td></td>
<td></td>
<td>29,836</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
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<tr>
<td>(2) ACCESS REPRODUCTIVE CARE</td>
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<td>123,964</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
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<tr>
<td>(3) ACCESS REPRODUCTIVE JUSTICE</td>
<td></td>
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<td>20,599</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
<td></td>
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<tr>
<td>(4) AFRA CENTER</td>
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<td>8,709</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
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<tr>
<td>(5) ALL OPTIONS</td>
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<td>(6) BALTIMORE ABORTION FUND</td>
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<tr>
<td>(7) BLUE RIDGE ABORTION FUND</td>
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<td>(8) BROWARD WOMEN'S EMERGENC</td>
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<td>20,166</td>
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<tr>
<td>(9) CAROLINA ABORTION FUND</td>
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<td>FMV</td>
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<tr>
<td>(10) CHICAGO ABORTION FUND</td>
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<tr>
<td>(11) CLINIC ACCESS SUPPORT NET</td>
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<tr>
<td>(12) COBALT ABORTION FUND</td>
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<td>87,401</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
<td></td>
<td></td>
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</tbody>
</table>

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: .................................................. 41
3 Enter total number of other organizations listed in the line 1 table: .................................................. 0
### 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.

<table>
<thead>
<tr>
<th></th>
<th>Type of grant or assistance</th>
<th>Number of recipients</th>
<th>Amount of cash grant</th>
<th>Amount of noncash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of noncash assistance</th>
</tr>
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<td>Supplemental Information</td>
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</tbody>
</table>

### Supplemental Information
Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
**Continuation Sheet for Schedule I (Form 990)**

**Name of the organization**

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tbody>
<tr>
<td>(13) OCAF</td>
<td></td>
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<td>87,044</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
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<tr>
<td>(14) EASTERN MASS ABBORTION FUND</td>
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<td>30,881</td>
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<tr>
<td>(15) EMERGENCY MEDICAL ASSISTANCE</td>
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<td>15,835</td>
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<td>(16) FLORIDA ACCESS NETWORK</td>
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<td>19,835</td>
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<td>(17) FRONTIER FUND</td>
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<td>25,835</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
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<td>(18) FUND TEXAS CHOICE</td>
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<td>78,444</td>
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<tr>
<td>(19) HOLLER HEALTH JUSTICE</td>
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<td>11,000</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
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<tr>
<td>(20) HOTDIH MILITIA</td>
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<td>6,412</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
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<td>(21) JANE'S DUE PROCESS</td>
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<td>(22) KANSAS ABBORTION FUND</td>
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<td>(23) KENTUCKY HEALTH JUSTICE NETWORK</td>
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<td>(24) LILITH FUND</td>
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<td>(25) MISSISSIPPI REPRO FREEDOM FUND</td>
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<td>68,267</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
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<tr>
<td>(26) MISSOURI ABBORTION FUND</td>
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<td>33,205</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
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<tr>
<td>(27) NEW MEXICO RELIGIOUS COALITION</td>
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<td>79,687</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
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<td>(28) NEW ORLEANS ABBORTION FUND</td>
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<td>(29) NEW YORK ABBORTION FUND</td>
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<td>43,966</td>
<td>FMV</td>
<td>PROGRAM EXPENSES</td>
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Continuation Sheet for Schedule I (Form 990)

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

Part II  Continuation of Grants and Other Assistance to Governments and Organizations in the United States

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tbody>
<tr>
<td>(30) NORTH DAKOTA WOMEN IN NEED FUND</td>
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<td>7,114</td>
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<td>PROGRAM EXPENSES</td>
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<td>(31) NORTHWEST ABORTION ACCESS FUND</td>
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<td>(32) PRETERM ACCESS FUND</td>
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<td>(33) RICHMOND REPRODUCTIVE FREEDOM</td>
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<td>PROGRAM EXPENSES</td>
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<td>(34) TEXAS EQUAL ACCESS FUND</td>
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<td>(36) WEST FUND</td>
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<td>(37) WOMEN HAVE OPTIONS OHIO</td>
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<td>(38) WOMEN'S HEALTH AND EDUCATION</td>
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<td>(39) WOMEN'S MEDICAL FUND PA</td>
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<td>(41) YELLOWHAMMER FUND</td>
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</table>
Continuation Sheet for Schedule I (Form 990)

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

### Part III: Continuation of Grants and Other Assistance to Individuals in the United States

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>25</td>
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</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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.

### Part I Questions Regarding Compensation

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ First-class or charter travel</td>
<td>☐ Housing allowance or residence for personal use</td>
</tr>
<tr>
<td>☐ Travel for companions</td>
<td>☐ Payments for business use of personal residence</td>
</tr>
<tr>
<td>☐ Tax indemnification and gross-up payments</td>
<td>☐ Health or social club dues or initiation fees</td>
</tr>
<tr>
<td>☐ Discretionary spending account</td>
<td>☐ Personal services (such as maid, chauffeur, chef)</td>
</tr>
</tbody>
</table>

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Compensation committee</td>
<td>☐ Written employment contract</td>
</tr>
<tr>
<td>☐ Independent compensation consultant</td>
<td>☐ Compensation survey or study</td>
</tr>
<tr>
<td>☐ Form 990 of other organizations</td>
<td>☐ Approval by the board or compensation committee</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ a Receive a severance payment or change-of-control payment?</td>
<td>☐</td>
</tr>
<tr>
<td>☐ b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>☐</td>
</tr>
<tr>
<td>☐ c Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td>☐</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ a The organization?</td>
<td>☐</td>
</tr>
<tr>
<td>☐ b Any related organization?</td>
<td>☐</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ a The organization?</td>
<td>☐</td>
</tr>
<tr>
<td>☐ b Any related organization?</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
## 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)–(ii) for each listed individual must equal the total amount of Form 990, Part V, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)–(C)</th>
<th>(F) Compensation in column (F) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>YAMANI HERNANDEZ 1 EXECUTIVE DIRECTOR</td>
<td>(i) 147,741</td>
<td>(ii) 27,382</td>
<td>175,123</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>(i)</td>
<td>(ii)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>(i)</td>
<td>(ii)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>(i)</td>
<td>(ii)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>(i)</td>
<td>(ii)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>(i)</td>
<td>(ii)</td>
<td></td>
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<tr>
<td>7</td>
<td>(i)</td>
<td>(ii)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>(i)</td>
<td>(ii)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>(i)</td>
<td>(ii)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>(i)</td>
<td>(ii)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11</td>
<td>(i)</td>
<td>(ii)</td>
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<tr>
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<td>(i)</td>
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<td>(ii)</td>
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<td>(i)</td>
<td>(ii)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>(i)</td>
<td>(ii)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part III  Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Supplemental Information to Form 990 or 990-EZ

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Name of the organization:
NATIONAL NETWORK OF ABORTION FUNDS

Employer identification number:
04-3236982

Form 990, Part VI, Section B, Line 11A: Copies of form 990 are provided to the Board of Directors before the filing of the return.

Form 990, Part VI, Section C, Line 19: Copies of the documents are available upon request.

Form 990, Part VI, Section B, Line 12C: Organization consistently reviews written conflict policy.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
NATIONAL NETWORK OF ABORTION FUNDS

04-3236962
# Summary of Unadjusted Basis of Qualified Property (4562)

## Summary of Qualified Property by Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Unadjusted Cost or Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 990</td>
<td>235,949</td>
</tr>
</tbody>
</table>

## Detail of Qualified Property

<table>
<thead>
<tr>
<th>Activity</th>
<th>Asset Description</th>
<th>Date In Service</th>
<th>Recovery Period</th>
<th>Years in Service</th>
<th>Total Cost or Basis</th>
<th>Business/Time Use Percent</th>
<th>Unadjusted Cost or Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 990</td>
<td>Website</td>
<td>2/1/2016</td>
<td>5</td>
<td>5</td>
<td>23,250</td>
<td>100.00%</td>
<td>23,250</td>
</tr>
<tr>
<td>3 990</td>
<td>WEBSITE DEVELOPMENT</td>
<td>3/3/2017</td>
<td>5</td>
<td>4</td>
<td>33,723</td>
<td>100.00%</td>
<td>33,723</td>
</tr>
<tr>
<td>4 990</td>
<td>Computers</td>
<td>12/31/2017</td>
<td>5</td>
<td>3</td>
<td>41,105</td>
<td>100.00%</td>
<td>41,105</td>
</tr>
<tr>
<td>5 990</td>
<td>website</td>
<td>12/31/2017</td>
<td>5</td>
<td>3</td>
<td>25,787</td>
<td>100.00%</td>
<td>25,787</td>
</tr>
<tr>
<td>6 990</td>
<td>Computers</td>
<td>12/31/2018</td>
<td>5</td>
<td>2</td>
<td>30,095</td>
<td>100.00%</td>
<td>30,095</td>
</tr>
<tr>
<td>7 990</td>
<td>Website</td>
<td>12/31/2018</td>
<td>5</td>
<td>2</td>
<td>52,225</td>
<td>100.00%</td>
<td>52,225</td>
</tr>
<tr>
<td>8 990</td>
<td>5 Computers</td>
<td>7/16/2019</td>
<td>3</td>
<td>1</td>
<td>7,876</td>
<td>100.00%</td>
<td>7,876</td>
</tr>
<tr>
<td>9 990</td>
<td>Computer</td>
<td>9/26/2019</td>
<td>3</td>
<td>1</td>
<td>1,494</td>
<td>100.00%</td>
<td>1,494</td>
</tr>
<tr>
<td>10 990</td>
<td>3 Computers</td>
<td>10/23/2019</td>
<td>3</td>
<td>1</td>
<td>4,732</td>
<td>100.00%</td>
<td>4,732</td>
</tr>
<tr>
<td>11 990</td>
<td>4 Computers</td>
<td>11/2/2019</td>
<td>3</td>
<td>1</td>
<td>5,988</td>
<td>100.00%</td>
<td>5,988</td>
</tr>
<tr>
<td>12 990</td>
<td>5 Computers</td>
<td>12/23/2019</td>
<td>3</td>
<td>1</td>
<td>9,674</td>
<td>100.00%</td>
<td>9,674</td>
</tr>
</tbody>
</table>
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or fiscal year beginning 7/1/2019 and ending 6/30/20
Go to www.irs.gov/Form8879EO for the latest information.

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

Name of exempt organization
NATIONAL NETWORK OF ABORTION FUNDS

Employer identification number
04-3236982

Name and title of officer
Yamani Hernandez
CEO

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

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

1a Form 990 check here □ b Total revenue, if any (Form 990, Part VIII, column A, line 12) 1b
2a Form 990-EZ check here □ b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here □ b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8888 check here □ x Balance Due (Form 8888, line 3c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Nicholas Lapier CPA PC to enter my PIN Enter five numbers, but do not enter all zeros as my signature
on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date
Nicholas Lapier 4/13/2021

Part III Certification and Authentication

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

044972 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date
Nicholas Lapier 4/13/2021

EROSMust Retain This Form—See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

HTA

Form 8879-EO (2019)
Application for Automatic Extension of Time To File an Exempt Organization Return

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

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

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

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Taxpayer identification number (TIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONAL NETWORK OF ABORTION FUNDS</td>
<td>04-32939982</td>
</tr>
<tr>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
<td></td>
</tr>
<tr>
<td>9450 SW GEMINI DR, PMB 16009</td>
<td></td>
</tr>
<tr>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td></td>
</tr>
<tr>
<td>Beaverton, OR 97008-7105</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
</tr>
</tbody>
</table>

- The books are in the care of YAMANI HERNANDEZ

Telephone No. (617) 267-7161
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)...

1 I request an automatic 6-month extension of time until 5/17/20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- [ ] calendar year 20
- [x] tax year beginning 7/1/20, and ending 6/30/20...

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
3b 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.
3c 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.

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

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