Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u>	Fo	r the	2021 calendar y	year, or tax year begir	nning		, 2021, a	and endi	ing		, 20		
В	Che	ck if ap	oplicable:	C Name of organizationNa	tional Counci	l of Catholic	Women			D Emplo	oyer identification number		
X	Add	ress ch	nange	Doing business as							52-1738369		
	Nan	ne cha	nge	Number and street (or P.	O. box if mail is not deliver	ed to street address)		Room/sui	ite	E Teleph	none number		
	Initia	al retur	n	10335-A Democr	acy Lane				201		(703) 224-0990		
	Fina	al return	n/terminated	City or town, state or pro	vince, country, and ZIP or f	oreign postal code			G Gross receipts				
	Ame	ended i	return	Fairfax, VA 22	2030					\$ 896,673			
	App	lication	pending	F Name and address of pr	incipal officer: Marla	Johnston			H(a) Is this a group return for subordinates? Yes X No				
				Same as C above	<i>7</i> e				H(b) Are all s	ubordinate	es included? Yes No		
ī	Tax-	-exemp	ot status: X 501	(c)(3) 501(c) () 4 (insert no.)	4947(a)(1) or 5	27		If "No," a	attach a lis	t. See instructions		
J	Wel	osite:	-	ccw.org					H(c) Group e	exemption	number		
ĸ	Fori	m of or	ganization: X Cor	poration Trust Ass	ociation Other	L	. Year of formati	on: 192	20 M S	State of leg	al domicile: DC		
Pa	art	I	Summary			•							
		1	Briefly describe t	the organization's miss	ion or most significar	nt activities: NCCW	represe	nts a	nd serve	es al	l Catholic women.		
4			•	through its mem	-	-	-						
Governance											es to the needs		
rna				rch and society			- -						
) ve				if the organization			of more than	25% of i	ts net asset	ts.			
		3	Number of voting	g members of the gove	rning body (Part VI, I	line 1a)				3	31		
ø5 ν				pendent voting member		,				-	31		
itie				individuals employed ir	-						4		
Activities &				volunteers (estimate if							40		
ĕ				ousiness revenue from	• ,	, line 12				7a	0		
				usiness taxable income	. ,						0		
					Current Year								
		8	Contributions an	nd grants (Part VIII, line	1h)				Prior Year 492	,492	472,434		
ne				revenue (Part VIII, line						,	361,917		
ēn			J	me (Part VIII, column (/	0,					114	151		
Revenue				Part VIII, column (A), lir					18	,396	42,087		
_				add lines 8 through 11 (,002	876,589		
	\rightarrow			lar amounts paid (Part		` , , ,				,228	7,775		
				or for members (Part I)						,	0		
				compensation, employe					241	,764	219,515		
Expenses				draising fees (Part IX,						, , , , ,	0		
ens				expenses (Part IX, co									
X	-		_	(Part IX, column (A), li					236	,162	420,629		
_				Add lines 13-17 (must						,154	647,919		
			•	xpenses. Subtract line	•	. ,				,848	228,670		
	S			.pomooo. oublidot iiilo					nning of Curre		End of Year		
ts o	anc	20	Total assets (Par	rt X, line 16)						,475	604,720		
Asse	Bal		Total liabilities (F	,				. —		,015	47,590		
Net	ובו		`	nd balances. Subtract	line 21 from line 20			. —		,460	557,130		
	art		Signature					1		,	33: 7230		
Un	der p	enaltie	s of perjury, I declare	that I have examined this retu					wledge and be	elief, it is			
true	e, co	rrect, a	nd complete. Declara	ation of preparer (other than of	ficer) is based on all inform	ation of which preparer has	any knowledge.	•					
			Marla d	Johnston									
Sig	gn		Signature of o							Dat	re		
He	re		Marla 3	Johnston, Treas	urer								
				name and title									
			Print/Type prepare	r's name	Preparer's signature		Date		Check	☐ if	PTIN		
Pa	id		John Mull	ins	John Mullins		 10-05-20	22	self-emp	ш "	P01429307		
		arer	Firm's name	Mullins,	•				irm's EIN	,			
	-	Only			consin Avenue	1			hone no.				
		• •	5 addices		MD 20814	•				202-	770-6371		
Ma	v the	e IRS	discuss this retu	urn with the preparer sh		structions					X Yes No		

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

4e Total program service expenses \$ 482,203

1) National Council of Catholic Women Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	•		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			l
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		X
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44.0		l
ч	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
Δ.	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		_ A	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		Х
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2021)

National Council of Catholic Women

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dan	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of flote to any line in this Part V	· · ·	T I	NI -
4 -	Enterthe number consisted in Day 2 of Form 4000 Finter 0 if not continued in		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	.,	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	١.		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7.		
L		7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	70		.,
٨	If "Yes," indicate the number of Forms 8282 filed during the year	7c		Х
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"	•	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		_
	Check if Schedule O contains a response or note to any line in this Part VI		X
Se	ction A. Governing Body and Management		
	, ,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or		
	if the governing body delegated broad authority to an executive committee or similar		
	committee, explain on Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		
	any other officer, director, trustee, or key employee?		х
3	Did the organization delegate control over management duties customarily performed by or under the direct		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		х
6	Did the organization have members or stockholders?	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1	
	one or more members of the governing body?	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1	\top
	stockholders, or persons other than the governing body?		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		
	the year by the following:		
а	The governing body?	x	
b	Each committee with authority to act on behalf of the governing body?	+	$\overline{}$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	+	$\overline{}$
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
	(Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	_	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	†	\vdash
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	,	x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12k		\vdash
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	\^	\vdash
·	describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		\vdash
14	Did the organization have a written document retention and destruction policy?	+	\vdash
15	Did the process for determining compensation of the following persons include a review and approval by	X	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
_			1,,
a			<u> </u>
b	Other officers or key employees of the organization	<u>' </u>	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
	with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		
<u></u>	organization's exempt status with respect to such arrangements?	<u>, </u>	Х
<u>5ec</u>	tion 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.		
	X Own website 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		

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

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

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

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

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

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

Officer this box in ficitaler the organization flor any fela	1					,				
					(C)					
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and title	Average	box, unless person is both an				Reportable	Reportable	Estimated amount		
	hours	offic	er and	d a dir	rector	/trustee)	compensation from the	compensation from related	of other compensation
	per week (list any							organization (W-2/	organizations W-2/	from the
	hours for	Indi or c	Inst	Officer	Ke)	Hig em	Former	1099-MISC/	1099-MISC/	organization and
	related	vidu	itutio	cer	em /	hest ploy	mer	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	con				
	below	ıste	trust		ее	ıpen				
	dotted line)		ee			Highest compensated employee				
						Δ.				
(1) Andrea Cecilli	10.00									
Executive Director Ex Officio				х				86,052	0	0
(2) Melissa Young-Spillers	10.00									
Director		х						0	0	0
(3) Diane Deutsch	10.00									
Director		х						0	0	0
(4) Theola Copeland	10.00									
Director		х						0	0	0
(5) Ann Minniscus	10.00									
Director		х						0	0	0
(6) Heather Johnson	10.00									
Director		х						0	0	0
(7) Alycia Laureti	10.00									
Director		х						0	0	0
(8) Florine Swanson	10.00									
Director		х						0	0	0
(9) Carolyn Morrison	10.00									
Director		х						0	0	0
(10)Chris Heiderscheidt	10.00									
Director		х						0	0	0
(11)Rita Lueckenotte	10.00									
Director		х						0	0	0
(12)Shelia Parker	10.00									
Director		х						0	0	0
(13)Stacy_Cuzik	10.00									
Director		х						0	0	0
(14)Kim Miller	10.00									
Director		х						0	0	0

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

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

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

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

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

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

Check this box in fictine, the organization for any fela	T significan					,				
					(C)					
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and title	Average	box, unless person is both an				Reportable	Reportable	Estimated amount		
	hours	offic	officer and a director/trustee))	compensation from the	compensation from related	of other compensation	
	per week (list any							organization (W-2/	organizations W-2/	from the
	hours for	Indi or d	Inst	Officer	Key	Hig! emp	Former	1099-MISC/	1099-MISC/	organization and
	related	vidu: irect	itutic	cer	em	hest oloye	mer	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	com				
	below	stee	rust		ď	pen				
	dotted line)		eе			Highest compensated employee				
						<u> </u>				
(1) Myrna L. Wong	10.00									
Director		х						0	0	0
(2) Becky Van Pool	10.00									
Director		х						0	0	0
(3) LuAnn I. Miller	10.00									
Director		х						0	0	0
(4) Gloria Krzyzanowski	10.00									
Director		х						0	0	0
(5) Deanna Holmer	10.00									
Director		х						0	0	0
(6) Mary Elizabeth Stewart Blogoslawsk	<u>i _ 10.00</u>									
Director		х						0	0	0
(7) Nympha M. White	10.00									
Director		х						0	0	0
(8) Sheila Hopkins	10.00									
Director		х						0	0	0
(9) Coreen Glen	10.00									
Director		х						0	0	0
(10)Connie Andrews	10.00									
Director		х						0	0	0
(11)Theresa Pavlik	10.00									
Director		х						0	0	0
(12)Kathleen_Boesch	10.00									
Director		х						0	0	0
(13)Mary Ann Brenner	10.00									
Director		х						0	0	0
(14)Celestine Person-Green	10.00									
Director		Х						0	0	0

Section A. Officers, Directors, Trustees	s, Key Empi	oyees	, and) HIĆ	gnes	st Con	nper	nsated Employees	(continuea)				
(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (\)		con	(F) ated amo of other appensatio	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	,	-	nization a organiza	
(15)Nancy Bachicha Director	10.00	x						0		0			0
(16)Jackie Brandon	10.00												
Director (17)Beth Mahoney	10.00	х						0		0			0
President Elect	10.00	х		х				0		0			0
(18)Jean Kelly Immed. Past President	10.00	х		х				0		0			0
(19)Marla Johnston	10.00	x		x				0		0			0
(20)Patricia Voorhes	10.00			Λ									
President (21)Amy Kennedy	10.00	х		Х				0		0			0
Secretary		х		х				0		0			0
(22)													
(23)													
(24)													
(25)													
1b Subtotal							, ,						
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)					· ·			86,052		0			0
2 Total number of individuals (including but not limit		sted a	bove	e) wh	no re	eceive	d mo	ore than \$100,000	of				•
reportable compensation from the organization												Yes	0 No
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule			-		_			oensated			3		x
4 For any individual listed on line 1a, is the sum of r													<u> </u>
organization and related organizations greater tha											4		x
5 Did any person listed on line 1a receive or accrue													Α
for services rendered to the organization? If "Yes, Section B. Independent Contractors	" complete S	Schedu	ile J i	for s	uch	perso	n			• •	5		x
1 Complete this table for your five highest compens	ated indeper	ndent o	contr	acto	rs th	nat rec	eive	ed more than \$100,	000 of				
compensation from the organization. Report comp	pensation for	the ca	alend	lar y	ear	ending I	y wit	_	nization's tax	year.	(0)		
(A) Name and business addres	ss							(B) Description of service	es		(C) Compens	ation	
2 Total number of independent contractors (includin received more than \$100,000 of compensation from	-			e lis	ted	above) wh	10					
10001704 more than \$100,000 or compensation in	ziii ale organ	احمداحا											

52-1738369

Form 990 (2021)
Part VIII

		Check if Schedule O contains a response or i	note to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f g h	Federated campaigns	239,787 42,985 189,662 \$ 12,040	472,434 361,917	361,917		
Program Service Revenue	b c d e f g	All other program service revenue		361,917			
	4 5 6a b	Investment income (including dividends, interest other similar amounts)	ceeds b	151			151
evenue	7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
Other Rev	8a b c 9a	Net gain or (loss)	a D				
	c 10a b		b 20,084	22,824	22,824		
Miscellanous Revenue	b c d	All other revenue		19,263	19,263		
		Total. Add lines 11a-11d		19,263 876,589	404,004	0	151

52-1738369

21) National Council of Catholic Women Statement of Functional Expenses Part IX

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

	Check if Schedule O contains a response or note to	<u> </u>			
Do n	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,775	7,775		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	86,052	52,139	29,844	4,069
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	88,898	53,864	30,830	4,204
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,934	7,231	4,139	564
9	Other employee benefits	18,760	11,367	6,506	887
10	Payroll taxes	13,871	8,404	4,811	656
11	Fees for services (nonemployees):	·	·	,	
а	Management				
b	Legal				
С	Accounting	24,188	1,316	22,810	62
d	Lobbying	·	·	, i	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.)	1,663	90	1,568	5
12	Advertising and promotion	,		,	
13	Office expenses	86,605	66,916	18,706	983
14	Information technology	1,704	93	1,607	4
15	Royalties	,		, , , ,	
16	Occupancy	41,317	24,505	14,761	2,051
17	Travel	3,825	,	3,825	,
18	Payments of travel or entertainment expenses	-,		-,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	241,042	240,124	918	
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,786	3,711	1,787	288
23	Insurance	6,688	4,593	1,773	322
24	Other expenses. Itemize expenses not covered	,	,		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Other	7,811	75	7,736	
b		,			
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	647,919	482,203	151,621	14,095
26	Joint costs. Complete this line only if the	, -	,	- ,	,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	159,522	1	183,711
	2	Savings and temporary cash investments	75,898	2	250,746
	3	Pledges and grants receivable, net	40,812	3	75,537
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	87,167	8	79,650
As	9	Prepaid expenses and deferred charges	13,419	9	3,202
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 50,237			
	b	Less: accumulated depreciation	15,784	10c	9,999
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,873	15	1,875
	16	Total assets. Add lines 1 through 15 (must equal line 33)	401,475	16	604,720
	17	Accounts payable and accrued expenses	29,809	17	29,362
	18	Grants payable		18	
	19	Deferred revenue	27,000	19	9,441
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-ja		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	16,206		8,787
	26	Total liabilities. Add lines 17 through 25	73,015	26	47,590
,		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	276,566		473,843
B	28	Net assets with donor restrictions	51,894	28	83,287
Pun		Organizations that do not follow FASB ASC 958, check here			
Ē	00	and complete lines 29 through 33.			
is o	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	200 422	31	
Ne	32	Total net assets or fund balances	328,460	32	557,130
	33	Total liabilities and net assets/fund balances	401,475	33	604,720

Form	1990 (2021) National Council of Catholic Women	52-173	38369)	Pa	age 1
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1			876,	589
2	Total expenses (must equal Part IX, column (A), line 25)	2			647,	919
3	Revenue less expenses. Subtract line 2 from line 1	3			228,	670
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			328,	460
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			557,	130
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					- 🗌
					Yes	No
1	Accounting method used to prepare the Form 990: Cash					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					l
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С						

3a

Х

the audit, review, or compilation of its financial statements and selection of an independent accountant? • • If the organization changed either its oversight process or selection process during the tax year, explain on

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

National Council of Catholic Women 52-1738369 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. 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.) 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 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	Secti	on A. Public Support						
1 Giffs, grants, contributions, and membership feas received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its behalf or expended on its behalf or the organization without charge. 4 Total. Add lines 1 through 3	Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any "unusual grants.")	1	Gifts, grants, contributions, and						
include any "unusual grants.")								
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract lites 5 from line 4 8 Certion B. Total Support Callendar year (or fiscal year beginning in) > (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Supported on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether on to the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 22 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 5 Public support percentage from 2020 Schedule A, Part II, line 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 16 Public support percentage from 2020 Schedule A, Part II, line 14 16 Public support percentage from 2020 Schedule A, Part II, line 14 16 Support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		•						
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 8 from line 4 Section B. Total Support Amounts from line 4 Than a governmental value of the amount shown on line 11, column (f) Amounts from line 4 Recalendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Than a governmental value of the securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) Total support experies from related activities, etc. (see instructions) Total support deviation of Public Support Percentage Section C. Computation of Public Support Percentage Public support percentage from 2020 Schedule A, Part II, line 14 Public support percentage from 2020 Schedule A, Part II, line 14 Public support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. Loan and the proper supported percentage from 2020 Schedule A, Part II, line 14 Total support test - 2021. If the organization did not check a box on line 13, 16a, or 15b, and line 14 is 10% facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 15b, and line 14 is 10% facts-and-circumstances test. The organization qualifies as a publicly supported organization Total support do from the progenization meets the facts-and-circumstances test. The organization qualif	2	· · · · · · · · · · · · · · · · · · ·						
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b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
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instructions	18	•						_
	. •	•						_
	EEA							

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

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

Secti	on A. Public Support			•	•	,	
Calen	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	, ,	, ,		, ,		, ,
	received. (Do not include any "unusual grants.")	362,739	337,897	346,224	492,492	472,434	2,011,786
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	310,808	340,090	361,759	24,028	424,088	1,460,773
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	673,547	677,987	707,983	516,520	896,522	3,472,559
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	27,794	8,995				36,789
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						
С	Add lines 7a and 7b	27,794	8,995				36,789
8	Public support. (Subtract line 7c from						
	line 6.)						3,435,770
	on B. Total Support						
	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	673,547	677,987	707,983	516,520	896,522	3,472,559
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	277	47	97	114	151	686
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	277	47	97	114	151	686
11	Net income from unrelated business activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	673,824	678,034	708,080	516,634	896,673	3,473,245
14	First 5 years. If the Form 990 is for the or	· ·			•		` ^` ′
	organization, check this box and stop her						<u></u>
	on C. Computation of Public Suppo			10 1 (0)		1 4-1	
15	Public support percentage for 2021 (line 8		•			15	98.92 %
16	Public support percentage from 2020 Sch					16	97.90 %
	on D. Computation of Investment In			li 10 l	(5)	1 4=1	
17	Investment income percentage for 2021 (17	0.00 %
18	Investment income percentage from 2020					18	0.00 %
19a	33 1/3% support tests - 2021. If the orga						
L	17 is not more than 33 1/3%, check this b	-					_
b	33 1/3% support tests - 2020. If the organization						. \Box
20	line 18 is not more than 33 1/3%, check this box Private foundation . If the organization di	-	•			-	····▶ ∐
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Part IV Supporting Organizations

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

04:		A 11	O	Organizations
SACTION	Δ	$\Delta \Pi$	Sunnartina	Urnanizatione
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			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			110
-	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	-		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If</i> "Yes," answer	_		
-	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0.0		
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	- 10		
_	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

	and the second s		Vaa	Na
44	Here the communication accounted a mift on countribution from any of the fallowing manages?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			ı
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	_		
·	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	o inc	tructi	one)
a	The organization satisfied the Activities Test. Complete line 2 below.	<i>-</i> 11130	ucu	onsj.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	, no)		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	113).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
a	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	_a		
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i>			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
		2b		
2	have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 23 and 2h holow.	20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	30		
h	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		
	OF ItS SUDDOLLED OLD ATTECHED SET IT 165. DESCRIPE IN FALL VI THE TOIR DIAVED BY THE OLD ATTECHED IN THIS TROAT	JU '		i

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	nizations	5369 Tage (
1	Check here if the organization satisfied the Integral Part Test as a qualifying			lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	•		•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		, , ,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			, , , ,
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III suppor	ting organization

EEA Schedule A (Form 990) 2021

Part	v Type III Non-Functionally integrated 509(a)(a)	3) Supporting Organ	izations (continue	:a)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)		t VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	ո the organization is resր	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	.		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
<u> </u>	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>!</u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021 EEA

Schedule A (Form 990) 2021 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

National Council of Catholic Women 52-1738369 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 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? 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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) Yes 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. 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. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 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:

Par	t III	Organizations Maintaining	Collections o	f Art, His	torical	Treasures	, or O	ther Similar <i>F</i>	ussets (d	<u>contil</u>	nued)
3	Using t	he organization's acquisition, access	sion, and other reco	rds, check a	any of the f	following that	make si	gnificant use of its	;		
	collection	on items (check all that apply):									
а	Pub	lic exhibition		d	Loan o	r exchange p	rograms	;			
b	Sch	olarly research		е	Other						
С	Pres	servation for future generations			_						_
4		e a description of the organization's o	collections and expl	ain how the	y further th	e organizatio	n's exen	npt purpose in Pa	rt		
	XIII.	1 3	· ·	,	,	3					
5		the year, did the organization solicit	or receive donation	s of art. hist	orical treas	sures, or othe	er similar				
	_	to be sold to raise funds rather than							. Ye	s F	No
Par		Escrow and Custodial Arra		- -	9					<u>- </u>	
		Complete if the organization		s" on Fori	n 990. F	Part IV. line	9. or i	reported an ai	nount or	า For	m
		990, Part X, line 21.			,	,	-,	•			
1a		rganization an agent, trustee, custoo	dian or other interm	ediary for co	ontributions	s or other ass	ets not				
		d on Form 990, Part X?							. ∏ Ye	s F	No
b		explain the arrangement in Part XII								_	
	11 100,	explain the dirangement in Fart XII	rana complete the	ionowing ta	010.			Δr	nount		
С	Reginn	ing balance					. 10		nount		
d		ns during the year						<u> </u>			
e		itions during the year						<u> </u>			
f		balance									
2a	-	organization include an amount on I							. D Ve	<u> </u>	No
b		explain the arrangement in Part XII						•		=	j
Par		Endowment Funds.	1. Official field if the	Схріанацої	THUS DECIT	provided on	I alt XIII			<u>- </u>	
		Complete if the organization	answered "Yes	s" on Fori	n 990 F	Part IV line	10				
		esinpiete ii tiie ergamzatien	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Fou	ır vooro	book
1a	Reginn	ing of year balance	(a) Current year	(D) FII	oi yeai	(C) Two years	DACK	(u) Tillee years back	. (e) Foo	i years	Dack
b	-	utions							_		
		estment earnings, gains, and							_		
С											
٨		or scholarships									
d		· ·									
е		expenditures for facilities and									
				+							
f		strative expenses		+					+-		
g		year balance		/!: 4 -:		\\ - -					
2		the estimated percentage of the cur designated or quasi-endowment	rrent year end balai	-	, column (a	a)) neid as:					
a		•		%							
D		nent endowment ndowment %	%								
С											
2-	•	rcentages on lines 2a, 2b, and 2c sh	•	ization that	ara bald ara	ad administan	ad far th				
3a		re endowment funds not in the posse	ession of the organ	ization that	are neid ar	ia administer	ea for th	е		Vaa	Na
	-	ation by: related organizations							20(1)	Yes	No
		lated organizations							. 3a(i)	1	
		_							. 3a(ii)	+	
b		on line 3a(ii), are the related organiz		•					. 3b		
4 Par		be in Part XIII the intended uses of the		idowment tu	nas.						
Fai		Land, Buildings, and Equip Complete if the organization		s" on For	m 000 E	Part IV/ line	112	See Form 000	Dart Y	lina	10
		Description of property	(a) Cost or o		1 ' '	r other basis		Accumulated	(d) Boo	ok value	;
			(investr	ment)	"	other)	Q(epreciation			
1a	Land		• •								
b	•	gs	• •								
C		old improvements	• •								
d	Equipm		• •			50,237		40,238		9,	999
<u>e</u>			<u> </u>		(5) "						
rotal.	Add line	s 1a through 1e. <i>(Column (d) must e</i>	qual ⊢orm 990, Par	τ X, column	(B), line 10	JC.)		🕨 📙		9,	999

Part VII	Investments - Other Securities.
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Part VII	Investments - Other Securities.				
	Complete if the organization answered	"Yes" on For	m 990, Part IV,	line 11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		c) Method of valuation: r end-of-year market value
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶			
Part VIII	Investments - Program Related.				
	Complete if the organization answered	"Yes" on For	m 990, Part IV,	line 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		c) Method of valuation: r end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.				
	Complete if the organization answered	"Yes" on For	m 990, Part IV,	line 11d. See Forn	n 990, Part X, line 15.
	(a) Desc	cription			(b) Book value
(1)Securi	ty Deposits				1,875
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)			>	1,875
Part X	Other Liabilities.				
	Complete if the organization answered line 25.	"Yes" on For	m 990, Part IV,	line 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book v	alue		
-	income taxes	(2) 222			
(2)Capita			8,787		
(3)			3,		
(4)					
(5)					
(6)					

(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶ 8,787

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

52-1738369

Part XI	Rec	onciliation	of Revenue per	Audited Financial	Statements With	Revenue per Return.
	_				000 5 (1) (1)	4.0

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	876,589		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	2e			
3	Subtract line 2e from line 1	3	876,589		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	876,589		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					

1	Total expenses and losses per audited financial statements	. 1	647,919
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	647,919
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	647,919
Dart	YIII Supplemental Information	-	· · · · · · · · · · · · · · · · · · ·

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.

01. Footnote for uncertain tax position under FIN 48 (Part X)

National Council of Catholic Women is organized as a nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Section 501(a) of the Internal Revenue Code as organizations described in Section 501(c)(3), qualify for the charitable contribution deduction under Sections 170(b)(1)(A)(vi) and has been determined not to be private foundations under Sections 509(a)(1) and (3), repectively. The Council is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, The Council is subject to income tax on net income that is derived from business activities that are unrelated to their exempt purposes.

The Council has determined that each entity is not subject to unrelated business income tax and

EEA Schedule D (Form 990) 2021

EEA Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization 52-1738369 National Council of Catholic Women 01. Members or stockholder classes and rights (Part VI, line 6) The Council shall have the following categories of membership- individual members. Individual membership is open to individual women of the catholic faith who subscribe to the purposes of NCCW and who are domiciled within the united states, military personnel stationed abroad, or US citizens living outside the united states. Affiliate organizations all catholic women's organizations may apply to become affiliated with NCCW. 02. Member election for additional members (Part VI, line 7a) Individual members and affiliated organizations must be current in their payment of dues to NCCW in order to exercise their right to vote or for individual members to serve as an officer or director of NCCW. Individual members shall each have one vote. Affiliate organizations shall each have two votes. 03. Local chapters, branches, affiliates (Part VI, line 10a) The affiliates are not governed by NCCW. 04. Form 990 governing body review (Part VI, line 11) Once the form 990 is prepared, it is reviewed by the NCCW executive committee. The board of directors reviews the form 990 at its January meeting. 05. Conflict of interest policy compliance (Part VI, line 12c) Board members are required to answer an annual conflict of interest questionnaire and to report any potential conflicts of interest involving NCCW as they arise. Staff employees sign a conflict of interest agreement upon hire and are required to report potential

conflicts of interest involving NCCW as they arise.

Name of the organization	Employer identification number
National Council of Catholic Women	52-1738369
06. Governing documents, etc, available to public (Part VI, line 19)	
NCCW posts its bylaws on its website (www.nccw.org). NCCW makes its other	governing
documents, conflict of interest policy, and audited financial statements a	vailable to the
public upon request.	