| | 000 |
|------|------------|
| Form | 990 |

** PUBLIC DISCLOSURE COPY ** 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.



Department of the Treasury Internal Revenue Service

| AF | or th | e 2021 calendar year, or tax year beginning and | d ending | | |
|--------------|-------------------------|---|-------------|--|-----------------------------------|
| B c | Check if pplicab | e: C Name of organization | | D Employer identific | cation number |
| | Addre | Second Catholics for Choice | | | |
| | Name Chang | | | 52-115442 | 18 |
| | Initial | Number and street (or P.0. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| | Final return | 1436 U STREET, NW | 301 | 202-986-6 | |
| | termir ated | | | G Gross receipts \$ | 17,692,446. |
| | Amen | WASHINGTON, DC 20009 | | H(a) Is this a group re | |
| | Applic tion pendi | F Name and address of principal officer: O AMILE MANSON | | for subordinates | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| | | empt status: $X = 501(c)(3) = 501(c)(0) + (insert no.) = 4947(a)(1)$ |) or 52 | | list. See instructions |
| | | te: WWW.CATHOLICSFORCHOICE.ORG | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Yea | r of formation: 1974 N | State of legal domicile: DC |
| Pá | _ | Summary | | 1 | |
| ø | 1 | Briefly describe the organization's mission or most significant activities: SEE | PART . | LII, LINE I. | |
| Governance | | | | | |
| ern | 2 | Check this box | | | |
| Š | 3 | | | | 10 |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 10 |
| Activities & | | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 15 |
| ivit | | Total number of volunteers (estimate if necessary) | | | 10 |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | |
| | | | | Prior Year 301,324. | Current Year |
| ne | 8 | Contributions and grants (Part VIII, line 1h) | | 240. | <u>1,766,582.</u> 4,660. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 2,577,280. | - |
| Re | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 445. | <u>2,188,627.</u> 368. |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2,879,289. | 3,960,237. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 41,442. | 28,786. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 41,442. | 20,700. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 1,454,281. | 1,543,502. |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,454,201. | <u> </u> |
| ens | 16a | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) > 281, 8 | | 0. | 0. |
| Expenses | | | | 1,393,994. | 1,189,185. |
| | 1 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,889,717. | 2,761,473. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | -10,428. | 1,198,764. |
| <u> </u> | | Revenue less expenses. Subtract line 18 from line 12 | n | | |
| ts or | | Tatel assats (Davt V. line 16) | | eginning of Current Year 16 , 100 , 724 . | <u>End of Year</u> 16,637,766. |
| NSSe Rala | 20 | Total assets (Part X, line 16) | | 410,059. | 323,474. |
| Net Assets (| 21 | Total liabilities (Part X, line 26) | | 15,690,665. | 16,314,292. |
| | art II | Net assets or fund balances. Subtract line 21 from line 20 | | T, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, | 10,314,494. |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedule | and atota~ | ante and to the heat of my | knowledge and balief it is |
| | | ities of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than officer) is based on all information of w | | | knowledge and beller, it is |
| u ue, | , correc | a, and complete. Declaration of preparer (other than officer) is based on all information of w | men prepare | i nas any knowledge. | |

| Sign | Signature of officer | Date | | | | | |
|-------------|---|-----------------------------|--|--|--|--|--|
| Here | JAMIE MANSON, PRESIDENT | | | | | | |
| | Type or print name and title | | | | | | |
| | Print/Type preparer's name Preparer's signature Date | Check PTIN | | | | | |
| Paid | FREDERICK LONGWOOD traleral Verymond 11/15 | /22 self-employed P00439715 | | | | | |
| Preparer | | Firm's EIN 🕨 42-0714325 | | | | | |
| Use Only | Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400 | | | | | | |
| | MCLEAN, VA 22102 | Phone no. 703-336-6400 | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | |
| 132001 12-0 | 32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021) | | | | | | |

| Form | 990 (2021) CATHOLICS FOR CHOICE | 52-1154418 | Page 2 |
|------|---|----------------------|---------------|
| Par | rt III Statement of Program Service Accomplishments | | <u>u</u> |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | <u></u> | |
| • | UNDERSTANDING THAT REPRODUCTIVE FREEDOM IS CATHOLIC SOCIA | I. TUSTICE | |
| | VALUE, CATHOLICS FOR CHOICE WORKS TO DISMANTLE RELIGIOUSI | | |
| | | | |
| | OBSTRUCTIONS TO ABORTION CARE, CONTRACEPTIVE ACCESS, AND | | . V & |
| | HEALTH CARE, PARTICULARLY BECAUSE THESE BARRIERS DISPROPO | RTIONATELY | |
| 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 | s 🚺 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 | s 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 n | neasured by expenses | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others | | |
| | revenue, if any, for each program service reported. | , | |
| 4a | | <u>4</u> | 660.) |
| та | COMMUNICATIONS: PROMOTION OF THE ORGANIZATION'S MISSION T | |) |
| | DEVELOPMENT, EXECUTION AND DISSEMINATION OF RESEARCH, PUE | | |
| | | SUICATIONS, | AND |
| | OTHER EDUCATIONAL MATERIALS. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 46 | (Code:) (Expenses \$ 586,840. including grants of \$ 3,735.) (Revenue | | <u> </u> |
| 4b | (Code:) (Expenses \$586,840. including grants of \$3,735.) (Revenue DOMESTIC PROGRAMS: PROMOTION OF THE ORGANIZATION'S MISSIC | |) |
| | | | |
| | ACTIVITIES INCLUDING RESEARCH, POLICY ANALYSIS, EDUCATION | | |
| | COLLABORATIVE EFFORTS ON THE LOCAL, STATE AND FEDERAL LEV | ELS IN THE | |
| | UNITED STATES. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ 511,596. including grants of \$ 25,051.) (Revenue | |) |
| | INTERNATIONAL PROGRAMS: PROMOTION OF THE ORGANIZATION'S M | | DUGH |
| | A GLOBAL PROGRAM OF PUBLICATIONS, MEDIA, PUBLIC SPEAKING | AND OTHER | |
| | COMMUNICATIONS VEHICLES. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ► 2,035,894. | , | |
| | | | 990 (2021) |

| Form | 990 | (2021) |
|------|-----|--------|

Form 990 (2021) CATHOLICS FOR CHOICE
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|------------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | 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 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? 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? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 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 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | 37 |
| _ | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | v |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| _ | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 44. | х | |
| L | Part VI | <u>11a</u> | <u> </u> | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 116 | | x |
| ~ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| C | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11c | | x |
| Ь | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | - 23 |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| ۵ | 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 | 110 | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | х | |
| 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 | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | | | | |
| | 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 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? 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 |
| 20a | | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

| Form | 990 | (2021) |
|------|-----|--------|
| | 330 | |

 Form 990 (2021)
 CATHOLICS
 FOR
 CHOICE

 Part IV
 Checklist of Required Schedules
 (continued)

| 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 I, Wo," go to line 25a. 24a b Did the organization nivest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization nivest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25a Section S01(c)(3), and S01(c)(4), and S01(c)(20) organizations. Did the organization organge in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a 25a Section S01(c)(3), and S01(c)(4), and S01(c)(20) organizations. Did the organization spage in an excess benefit transaction in a prior year, and that the transaction name network lengage in an excess benefit transaction in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, directro, trustee, levy employee, creator or founder, substantial contributor, or 35% controlled entity or forming 100 the organization approxible and yof these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization approxible and combustor or employee thereol, a grant selection commitee member, or to a 35% controlled entity (including an employee thereol, a grant selection commitee member, or to a 35% controlled entity (including an employee thereol, a grant selection committee (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 27 | | | | Yes | No |
|--|-----|---|------------|-----|----|
| 23 Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5, about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 24 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as to the last day of the year, flat ways stoud after Docember 31, 2022? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a 25 Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds of tax-exempt bonds outstanding at any time during the year? 24d 26a Decitors 01(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 "kes," complete Schedule L, Part I 25a 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 in a priory year, and that the transaction hann to part of the organization spore officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled ettilly of main member of any of these persons? II "Yes," complete Schedule L, Part II 25a 27 Did the organization report any amount on Part X. Ine 5 or 22, for receivables torm or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or a 35% controlled ettty or famin' member of any of these persons? II "Yes, | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| and former officers, directors, trustes, key employees, and highest compensated employees? #*Yes, *complete 23 24a Dot 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, *complete Schedule 4. 24a 24a Dot the organization invest any proceeds of 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, *complete Schedule 4. 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25c Did the organization anion and an escrow account other than a refunding at any time during the year to defease any tax exempt bonds? 24d 25c 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? 24d 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations profor forms 990 or 990C12? If "Yes," complete Schedule 1, Part II 25a 25 Did the organization any the targaged in an excess benefit transaction with a disqualified person during the year? 24d 26 Did the organization any atom on Part y 1 these persons? If "Yes," complete Schedule 1, Part II 25a 27 Did the organization any threak, tengang than and schedul and yaru the targe schedule 1, Part II 25a 27 Did the organization pervise any o | | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| Schedule J 23 24 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 Docember 31, 2027; If "rise," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25e 24a 25a Did the organization meantain an escrow account other than a rehunding escrow at any time during the year to detease any tax-cenemb bonds? 24b 25a Section 50 t(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization mage in an excess benefit transaction with a disqualified person in a prory ser, and that the transaction with a disqualified person in a prory ser, and that the transaction with a disqualified person in a prory ser, and that the transaction man to be reported on any of the organization sign of 900 £27. If "Yes," complete Schedule L, Part I 25a 25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prory ser, and that the transaction with a disqualified person in a prory ser, and that the transaction with a disqualified person in a prory ser, and that the transaction mouth and particle in the provide schedule L, Part I 25a 250 Did the organization provide a grant or other assistance to any current or ormer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or founder, a party to a business transaction with one of these persons? If "Yes," complete Schedule L, Part IV. 25a 260 Did the organization provide a grant or other assistance to any current or ormore | 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| 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 I, Wo," go to line 25a. 24a b Did the organization nivest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization nivest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25a Section S01(c)(3), and S01(c)(4), and S01(c)(20) organizations. Did the organization organge in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a 25a Section S01(c)(3), and S01(c)(4), and S01(c)(20) organizations. Did the organization spage in an excess benefit transaction in a prior year, and that the transaction name network lengage in an excess benefit transaction in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, directro, trustee, levy employee, creator or founder, substantial contributor, or 35% controlled entity or forming 100 the organization approxible and yof these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization approxible and combustor or employee thereol, a grant selection commitee member, or to a 35% controlled entity (including an employee thereol, a grant selection commitee member, or to a 35% controlled entity (including an employee thereol, a grant selection committee (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 27 | | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| at day of the year, that was issued after December 31, 2002? # "Yes," answer lines 24b through 24d and complete 24a Schedule K, If 'No, 'go to line 25a 24a • Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a • Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a • Did the organization maintain an escore vaccount often than a refunding escrew at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization nagate 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 900 or 9022? If 'Yes,' complete Schedule L, Part I 25a 27 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 fractions, member of any of these persons? If 'Yes,' complete Schedule L, Part I 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions a party be thereo() rating these persons? If 'Yes,' complete Schedule L, Part IV, instructions or applicable thereof or family or these persons? 27 29 Was the organization cerve thereof the instruction with one of the following parties (see the Schedule L, Part IV, instructions and exceeptions): 27 29 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, P | | Schedule J | 23 | Х | |
| Schedule K. If 'No,' go to line 25a 24a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization anistain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24c 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 in a prior year, and that the transaction has not been reported on any of the organization or 109 0E2? (If 'Yes,'' complete Schedule L, Part I 25a 25 In the organization are port any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, truste, key employee, creator of founder, substantial contributor or 35% controlled entity or faunily member of any of these persons? If 'Yes,'' complete Schedule L, Part I 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, truste, key employee, creator of founder, substantial contributor or 35% controlled entity (including an employee thereo) or family member of any of these persons? If 'Yes,'' complete Schedule L, Part II 26 28 No the organization aptice thereody or family member of any of these persons? If 'Yes,'' complete Schedule L, Part IV 27 29 No the organization aptice thereody or family member of any of these persons? If 'Yes,'' complete Schedule L, Part IV 28 29 No the organization report any individual described in line 28a? If 'Yes,'' complete Schedule L, Part IV 28 29 No the organization reactor, trustes, key employse, creator of founder, or sub | 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| b Deft e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escow account other than a refunding escrow at any time during the year to defaase any tax-exempt bonds? 24c d Did the organization act as an 'on behalf off "issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Du the organization engage in an excess benefit transaction with a disputified person during the year? 24d b Is the organization aware that it engaged in an excess benefit transaction with a disputified person during the year? 25a DD tott eorganization export 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 of ranity member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Dd the organization approved a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ranity member of any of these persons? If "Yes," complete Schedule L, Part II 27 28 Was the organization receive more than 325, 0001 in non-cash contributors? If "Yes," complete Schedule L, Part II 28b 29 Did the organization receive ontributors of a schedule any trans, complete Schedule L, Part II 28c <td></td> <td>last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete</td> <td></td> <td></td> <td></td> | | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c d Did the organization acts 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? 24d b Is the organization aware that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, truste, key employee, creator or founder, substantial contribution or employee thereol, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization approvide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity to to a business transaction with no et the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 27 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 7 wise, "complete Schedule L, Part IV 28a A Start or former officer, director, trustee, key employee, creator or founder, or substantial contributor? | | Schedule K. If "No," go to line 25a | 24a | | X |
| 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)(a), 501(c)(a), and 501(c)(2b) organizations. Did the organization engage 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-E27 (# "Yes," complete Schedule L, Part I 25a D Did the organization apport and it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction thas not been reported on any of the organization's prior Forms 990 or 990-E27 (# "Yes," complete Schedule L, Part I 25b D 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 35% controlled entity (including an employee) thereoi of rain of these persons? (# "Yes," complete Schedule L, Part II 27 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? (# 'Yes," complete Schedule L, Part IIV. 27 28 A current or former officer, director, trustee, key employee, creator or substantial contributor? (# 'Yes," complete Schedule L, Part IV. 28a 29 Did the organization neceive contributions of art, historical treasures, or othe similar assets, or qualified conservation contributions? (# 'Yes," complete Schedule L, Part IV. 28a | b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the yea? 244 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 in a profere the organization waves that it engaged in an excess benefit transaction with a disqualified person in a prove year, and that the transaction near other neported on any of the organization sport Forms 990 or 990-E27 // Yes," complete Schedule L, Part I 25a 280 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? // Yes," complete Schedule L, Part II 26 270 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 thereol, a grant selection committee member, or to a 35% controlled entity (including an employee thereol) or family member of any of these persons? // Yes," complete Schedule L, Part IV 27 280 Was the organization appendix to a substance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 28 281 Was the organization receive any to a business transaction with one of the following parties (see the Schedule L, Part IV 28 282 Was the organization receive contributions of any individual sand/or organization celevely contributions? If 'Yes,' complete Schedule N 29 291 Did t | С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| 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 25b 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 980 or 990-E27. If "Yes," complete Schedule L, Part I 25b 25c 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 of minim member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II). 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV). 28 29 Was the organization receive controlled entiting thresholds, conditions, and exceptions? a current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV. 28a 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28a 29 Did the organization receive onro than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part I | | any tax-exempt bonds? | 24c | | |
| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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-E2? If "Yes," complete Schedule L, Part I 25b 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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 28 Was the organization provide a grant or other assistance to mit on or the following parties (see the Schedule L, Part III 28 29 Was the organization receive more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part II 28a 29 Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29a 29 Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part I 31 20 Did the organization receive m | d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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-E27 if "Yes," complete Schedule I, Part I 250 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 of family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28a 29 Did the organization receive contributions of any, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 20 30 Did the organization neglicita, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of | 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L, Part I 25b 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 (induding an employee thereof) or any of these persons? If 'Yes,' complete Schedule L, Part II 26 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 (induding an employee) thereof) or any of these persons? If 'Yes,' complete Schedule L, Part II 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV 28 29 Did the organization receive contributions of art, historical treasures, or other similar assets? or qualified conservation contributors? If 'Yes,' complete Schedule M 29 20 Did the organization receive contributions of art, historical treasures, or other similar assets? or qualified conservation contributions? If 'Yes,' complete Schedule M. 30 21 Did the organization mecei | | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III. 28 29 Did the organization receive more officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a 29 Did the organization receive more more individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization neceive contributions of art, historical trassures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 31 Did the organization ingulate, terminate, or discove and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, ex | b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| 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 of ramily member of any of these persons? If "Yes," complete Schedule L, Part II 28 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, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity of induvide the selection of any of these persons? If "Yes," complete Schedule L, Part II. 28 Was the organization contributions of any of these persons or if "Yes," complete Schedule L, Part IV. 28a 29 Did the organization receive more than 325,000 in non-cash contributions? If "Yes," complete Schedule M 29a 30 Did the organization receive more than 325,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 32 Did 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 33 <td< td=""><td></td><td>that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete</td><td></td><td></td><td></td></td<> | | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 28 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 28 Was the organization a powers transaction with one of the following parties (see the Schedule L, Part III. 28 29 A family member of any of these persons? If "Yes," complete Schedule L, Part IV. 28a 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a 29 Did the organization provide a grant or to more individuals and/or organizations described in line 28a or 28b? If 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization self, exchange, dispose of, or transfer more than 225% of its net assets? If "Yes," complete Schedule N, Part I 31 31 Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes," complete Schedule N, Part I 31 32 Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes," complete Schedule R, Part II, III, | | Schedule L, Part I | 25b | | X |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III) 28 28 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 28a 28 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 28a 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part IV 28a 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 31 31 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R | 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| 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 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III) 28 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 31 Did the organization ilguidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$01.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization nown 100% of an entity disregarded as separate from the organization under Regulations sections \$12(b)(13)? 35a 35a Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 512(b)(13)? 35 | | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| 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? /// 'Yes," complete Schedule L, Part II 27 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /// 28 29 b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV 28 c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? /// "Yes," complete Schedule L, Part IV 28 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // 'Yes," complete Schedule M 30 30 Did the organization includet, terminate, or dissolve and cease operations? /// "Yes," complete Schedule N, Part I 31 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I 33 33 Did the organization nelated to any tax-exempt or taxable entity? // I'Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 34 35a Did the organization cold antity disrega | | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 31 Did the organization inguidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 33 Did the organization releated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization con | | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 30 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 32 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 32 Did the organization receive any taxbe entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 33 But the organization neave a controlled entity within the meaning of section 512(b)(13)? 35a 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? <td></td> <td>entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III</td> <td>27</td> <td></td> <td>X</td> | | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /f 28a "yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? /f "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? /f "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? /f "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? /f "Yes," complete Schedule M 30 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes," complete Schedule N, Part I 31 32 Did the organization related to any tax-exempt or taxable entity? /f "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 34 Was the organization neare source any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a 35 Did the organization onduct more than 5% of its activities through an entity this not a related organization? 37 36 Types, " complete Schedule R, Part V, line 2 35a 36 Did the organization nelated to any tax-exempt or subget | 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 32 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 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b H "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 501(C)(3) organizations. Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 36 35b | | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 31 Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 33 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 34 Bid the organization. 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35a 35 Bid the organization coduct more than 5% of its activities through an entity that is not a related organization? 34 35a If "Yes," complete Schedule R, Part V, line 2 35a 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 | а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // ff 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? // fr Yes, " complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // fr Yes, " complete Schedule M 30 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // fr Yes, " complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // fr Yes, " complete Schedule N, Part I 31 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? // fr Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? // fr Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? fr "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 37 Did the organization complete Schedule 0 and provide explanations on Schedule 0 for Part VI, lines 11b and 19? 37 38 Did the organization complete Schedule 0 and provide explanations on Schedule 0 for Part VI, lines | | "Yes," complete Schedule L, Part IV | 28a | | X |
| "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-30 If "Yes," complete Schedule R, Part I 32 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 35a Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 37 Did the organization complete Schedule R, Part V, line 2 36 38 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt | b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization injuidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 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 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a 35a Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 37 Did the organization complete Schedule Q and provide explanations on Schedule O for Part V, line 1 37 36 Did the organization complete Schedule O and provide explanations on Schedule O for Part V, lines 11b and 19? 37 36 Part V Statements Regarding Other IRS Filings and Tax Compliance <td< td=""><td>с</td><td>A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If</td><td></td><td></td><td></td></td<> | с | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 33 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, l | | "Yes," complete Schedule L, Part IV | 28c | | X |
| contributions? // "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? // f"Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // f"Yes," complete 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? // f"Yes," complete Schedule R, Part I 32 34 Was the organization related to any tax-exempt or taxable entity? // f"Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b 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? 36 ff "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 39 Did the organization complete Schedule O comp | 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b 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? 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O 38 X | 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701.3? <i>If "Yes," complete Schedule R, Part I</i> 33 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part I</i> 34 35a Did the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and</i> 34 35a Did the organization neated to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and</i> 34 35a Did the organization neated to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and</i> 34 35a Did the organization neated to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and</i> 34 35a Did the organization neated to any tax-exempt or engage in any transaction with a controlled entity 35a b If "Yes," complete Schedule R, Part V, line 2 35b 37 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 if "Yes," complete Schedule R, Part V, line 2 36 37 38 Did the organizatio | | contributions? If "Yes," complete Schedule M | 30 | | X |
| Schedule N, Part II 32 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O Or Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O Or Part VI, lines 11b and 19? 38 X 18 Enter the number reported in box 3 of Form 1096. Enter -0· if not applicable 1a 14 14 14 | 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</i> b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></i> 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Did the organization complete Schedule O to represe the number reported in box 3 of Form 1096. Enter -0 if not applicable 1a Inter the number of Forms W-2G included on line 1a. Enter -0 if not applicable 1a Did to 0 | 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 38 Z 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 1a 14 14 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14 1b 0 | | Schedule N, Part II | 32 | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 14 1a 14 0 0 | 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 14 1a 14 0 0 | | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 38 Did the organization complete Schedule O contains a response or note to any line in this Part V 38 39 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14 4 1b 0 0 | 34 | | | | |
| 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 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 | | Part V, line 1 | 34 | | X |
| within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <u>35a</u> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Ye 1a 14 14 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14 1b 0 1b 0 | b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O 38 28 Part V Statements Regarding Other IRS Filings and Tax Compliance 38 Check if Schedule O contains a response or note to any line in this Part V Ye 1a 14 14 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 38 Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| Note: All Form 990 filers are required to complete Schedule O 38 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Ye Check if Schedule O contains a response or note to any line in this Part V Ye 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 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 Ye 1a Image: | 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 1 | | |
| Check if Schedule O contains a response or note to any line in this Part V Ye 1a 14 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | _ | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| 1a 14 14 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | Par | | | | |
| 1a 14 1a 14 1b 1b | | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | | Yes | No |
| | | | - | | |
| Did the consideration considered the baseline of the baselineo | b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | 4 | | |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

| Form | 990 (2021) CATHOLICS FOR CHOICE 52-11 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 54418 | Р | _{age} 5 |
|------|--|---------------|-----|------------------|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | | 15 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | . 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| 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 pay | or? 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C | ?? 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 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 13b | | | |
| С | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | 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. | | | |

| Form 990 (202 | 21) |
|---------------|-----|
|---------------|-----|

52-1154418 Page **6**

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

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|--------|---------|-----|
| Sec | tion 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 10 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| - | officer, director, trustee, or key employee? | 2 | | x |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| Ū | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| - | persons other than the governing body? | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | 8a | Х | |
| | Each committee with authority to act on behalf of the governing body? | 8b | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | x |
| 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? | 10a | | X |
| | 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? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | | 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? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, DC, FL, GA | ,HI, | ,IL, | ,KS |
| 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) | availal | ble |
| | 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 | financ | cial | |
| | 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 | | | |
| | JAMIE MANSON - 202-986-6093 | | | |
| | 1436 U STREET, NW, 301, WASHINGTON, DC 20009 | | | |

| Form 990 (2 | | 52-1154418 | Page 7 | | | | | | | |
|---|---|------------|--------|--|--|--|--|--|--|--|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest C | ompensated | | | | | | | | |
| | Employees, and Independent Contractors | | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | | | | | | | | |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | | |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | | | |

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

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

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

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

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

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

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

| (A) | (B) | | (C) | | (D) | (E) | (F) | | | |
|-----------------------------|----------------------|---------------------------------|---|-----------------------|--------------|---------------------------------|--------------|---------------------------------|-----------------|-----------------------------|
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box, unless p | | ess person is both an | | | n an | compensation | compensation | amount of |
| | week | officer and a director/trustee) | | | tee) | from | from related | other | | |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for related | e or di | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ | from the |
| | organizations | rustee | l trus | | ee | npen | | 1099-NEC) | 1099-NEC) | organization and related |
| | below | dual t | utiona | | nploy | st cor | 1 | 1000 (120) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JAMIE MANSON | 60.00 | | | | | | | | | |
| PRESIDENT | | 1 | | x | | | | 238,632. | 0. | 11,739. |
| (2) GLORIA ROMERO ROSES | 5.00 | | | | | | | | | |
| TREASURER | | X | | X | | | | 0. | 0. | Ο. |
| (3) SHEILA BRIGGS | 2.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (4) VICTOR REYES | 2.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (5) DAWNE DEPPE | 2.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) MEGHAN HOLDEN | 2.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) UTA LANDY | 2.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) LINDA PINTO | 5.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) KATHLEEN RYG | 2.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) JENNIFER VILLAVICENCIO | 2.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) ERIN MATSON | 2.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) KATE OTT | 2.00 | | | | | | | | | - |
| BOARD DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | | - | | | - | | | | |
| | | - | | | | | | | | |
| | | | - | | | - | | | | |
| | | 1 | | | | | | | | |
| | | 1 | | | | | | | | 000 |

52 - 1151118

| Form 990 (2021) CATHOLICS | 5 FOR CH | IOI | CE | 1 | | | | | 52-11 | L544 | 118 | P | age 8 |
|--|---|--------------------------------|-----------------------|---------|---------------|---------------------------------|--------------|--|---|--------|---------------------------------|---|------------------|
| Part VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | t C | ompensated Employee | s (continued) | | | | |
| (A) Name and title | Average Position Reportable | | | | | | compensation | (E) Reportable compensation from related | ion ar | | (F) timate iount other | | |
| | (list any hours for related organizations below | Individual trustee or director | Institutional trustee | er | key em ployee | Highest compensated employee | ler | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MIS 1099-NEC) | s | fro orga and | oensa om th anizat I relat nizati | e ion ed |
| | line) | Indiv | Insti | Officer | Key e | High emp | Former | | | | | | |
| | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 238,632. | | 0. | 1: | L,7 | 39. |
| c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) | | | | | | | | 0. | | 0. | 11 | L,7 | <u>0.</u> 39. |
| 2 Total number of individuals (including but n compensation from the organization ► | | | | | | | o re | | 000 of reportable | | | | 2 |
| | dine et en durret | I | | | | | la : a | | | ſ | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su | | | | • | • | | | • • • | | | 3 | | х |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | Х | |
| and related organizations greater than \$1505 Did any person listed on line 1a receive or a | , | | • | | | | | | | | 4 | <u> </u> | |
| rendered to the organization? /f "Yes," com | plete Schedule | e J fo | or sı | ich i | bers | on . | | - | | | 5 | | Х |
| Section B. Independent Contractors 1 Complete this table for your five highest contractors | npensated inc | lepe | nder | nt co | ontra | actor | s tł | nat received more than \$ | 100,000 of comp | ensati | ion fro | m | |
| the organization. Report compensation for t | - | | | | | | | the organization's tax y | | | | | |
| (A) Name and business | address | | | | | | | (B) Description of s | | Co | (C omper | | n |
| RSM US LLP PAYSPHERE CIRCLE , CHICAG | 0, IL 6 | 06 | 74 | | | | | ACCOUNTING AL | | | 161 | L,6 | 77. |
| DENISE SHANNON 5803 GLOUCESTER LN, AUSTI | <u>N, TX 7</u> | 87 | 23 | | | | | CONSULTING | | | 123 | L,8 | 07. |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (ir \$100.000 of compensation from the organiz | • | ot lin | nitec | d to | thos | | ed | above) who received mo | ore than | | | | |

| | | | | | | <u>OR</u> | CHOICE | | | 52-1154 | 418 Page 9 |
|---------------------------|----|--------|--|-------------|-----------------------|-----------|---------------------|-----------------------------|--|--------------------------------------|--|
| Par | | | Statement of Re | | | | | | | | |
| | | | Check if Schedule O | conta | ains a respo | onse | or note to any line | | | (0) | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| <u>s</u> 5 | 1 | а | Federated campaigns | | 1a | | | | | | |
| and Other Similar Amounts | | | Membership dues | | | | | | | | |
| ₽ | | с | Fundraising events | | 1c | | | | | | |
| ar / | | d | Related organizations _ | | 1d | | | | | | |
| I | | | Government grants (contr | | | | 477,524. | | | | |
| S | | f | All other contributions, gifts, | | | | | | | | |
| Ę | | | similar amounts not included | | | | 1,289,058. | | | | |
| pq | | - | Noncash contributions included in | | | | | 1 766 590 | | | |
| a | | h | Total. Add lines 1a-1f | <u></u> | <u></u> | | Business Code | 1,766,582. | | | |
| | ~ | _ | PUBS & SUBSCRIPTION | c | | | 900099 | 4,660. | 4,660. | | |
| Revenue | _ | a ⊾ | | | | | 300033 | 4,000. | 4,000. | | |
| an | | b | | | | | | | | | |
| ven | | c d | | | | | | | | | |
| Ве | | e | | | | | | | | | |
| | | | All other program service | reve | nue | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | 4,660. | | | |
| | 3 | | Investment income (inclue | | | | | | | | |
| | | | other similar amounts) | | | | ► | 291,679. | | | 291,679. |
| | 4 | | | | | | | | | | |
| | 5 | | Royalties | · · <u></u> | | | | 368. | | | 368. |
| | | | | | (i) Rea | | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) | 6c | | | | | | | |
| | _ | | Net rental income or (loss | ;) <u>.</u> | | | | | | | |
| | 7 | а | Gross amount from sales of | - | (i) Securi 15,629, | | (ii) Other | | | | |
| l | | h | assets other than inventory | <i>1</i> a | 15,025, | 1.57. | | | | | |
| | | D | Less: cost or other basis and sales expenses | 76 | 13,731, | 992 | 217. | | | | |
| | | c | Gain or (loss) | | 1,897, | | | | | | |
| | | | Net gain or (loss) | | | | | 1,896,948. | | | 1896948. |
| l | 8 | | Gross income from fundraisi | | | | | , , | | | |
| | - | | including \$ | | | | | | | | |
| l | | | contributions reported on | | | | | | | | |
| l | | | Part IV, line 18 | | - | 8a | | | | | |
| l | | b | Less: direct expenses | | | 8b | | | | | |
| | | с | Net income or (loss) from | fund | Iraising eve | nts | ► | | | | |
| | 9 | а | Gross income from gamin | | | | | | | | |
| | | | Part IV, line 19 | | | | | | | | |
| | | | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from | | | s | ····· ► | | | | |
| | 10 | а | Gross sales of inventory, | | | | | | | | |
| | | | and allowances | | | | | | | | |
| | | | Less: cost of goods sold | | | | | | | | |
| + | | C | Net income or (loss) from | sale | s or invento | ry | Business Code | | | | |
| | 11 | a | | | | | Dusiness Code | | | | |
| Jue | | a b | | | | | | | | | |
| Revenue | | c | | | | | | | | | |
| Я | | | All other revenue | | | | | | | | |
| Revenue | | | Total. Add lines 11a-11d | | | | | | | | |
| _ | 12 | | Total revenue. See instruction | | | | | 3,960,237. | 4,660. | 0. | 2188995. |

52-1154418

Page **9**

Form 990 (2021)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a response | se or note to any line in t | | | X |
|----------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 3,735. | 3,735. | | |
| 2 | Grants and other assistance to domestic | | | | |
| - | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 25,051. | 25,051. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 251,001. | 198,935. | 15,683. | 36,383. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 1 005 100 | 0.00.01.0 | <u> </u> | 1 |
| 7 | Other salaries and wages | 1,085,108. | 860,019. | 67,799. | 157,290. |
| 8 | Pension plan accruals and contributions (include | 21 057 | 25 220 | 1 007 | 1 620 |
| ~ | section 401(k) and 403(b) employer contributions) | 31,957. 88,439. | 25,328. 70,093. | 1,997. 5,526. | <u>4,632.</u> 12,820. |
| 9 10 | Other employee benefits | 88,439. | 68,951. | 5,436. | 12,820. |
| 10 11 | Payroll taxes | 00,337. | 00,901. | 5,430. | 12,010. |
| 11 | Fees for services (nonemployees): | | | | |
| a b | Management | 12,796. | 5,395. | 7,401. | |
| | Legal Accounting | 211,671. | 5,555. | 211,671. | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 80,277. | | 80,277. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | • | | | |
| • | column (A), amount, list line 11g expenses on Sch 0.) | 330,494. | 295,359. | 12,860. | 22,275. |
| 12 | Advertising and promotion | 1,561. | 1,010. | | <u>22,275.</u> 551. |
| 13 | Office expenses | 70,462. | 56,071. | 4,208. | 10,183. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 230,848. | 197,660. | 16,891. | 16,297. |
| 17 | Travel | 937. | 781. | 98. | 58. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 01 175 | 74 0 2 0 | C 0F1 | 204 |
| 19 | Conferences, conventions, and meetings | 81,175. | 74,020. | 6,951. | 204. |
| 20 | Interest | | | | |
| 21 22 | Payments to affiliates Depreciation, depletion, and amortization | 58,814. | 50,664. | 3,959. | 4,191. |
| 22 23 | Insurance | 15,255. | 13,057. | 1,118. | 1,080. |
| 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 0.) DUES & SUBSCRIPTIONS | 72,493. | 70,194. | 407. | 1,892. |
| a b | STAFF DEVELOPMENT | 12,942. | 11,393. | 787. | 762. |
| ы С | LICENSES, TAXES, & FEES | 9,460. | 8,178. | 652. | 630. |
| d | | 5,2000 | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,761,473. | 2,035,894. | 443,721. | 281,858. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| 132010 |) 12-09-21 | | | | Form 990 (2021) |

X

| ATHOLICS FOR CHOICE | |
|---------------------|--|
|---------------------|--|

52-1154418 Page 11

| ľ | | Check if Schedule O contains a response or no | te to an | v line in this Part X | | | |
|-----------------------------|-----|---|---------------------------------------|-----------------------|---------------------------------|----------|---------------------------|
| | | oncontri ochedale o contains a response or no | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 155,949. | 1 | 353,226. |
| | 2 | Savings and temporary cash investments | | | 984,715. | 2 | 1,242,509. |
| | 3 | Pledges and grants receivable, net | | | | 3 | 360,000. |
| | 4 | Accounts receivable, net | | | 15,829. | 4 | 266,216. |
| | 5 | Loans and other receivables from any current o | | | | | |
| | | trustee, key employee, creator or founder, subs | | | | | |
| | | controlled entity or family member of any of the | | | | 5 | |
| | 6 | Loans and other receivables from other disqual | | | | | |
| | | under section 4958(f)(1)), and persons describe | | | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | | | | 22,265. | 9 | 43,593. |
| | 10a | Land, buildings, and equipment: cost or other | | Γ | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 763,604. | | | |
| | b | Less: accumulated depreciation | 10b | 598,847. | 217,707. | 10c | 164,757. |
| | 11 | Investments - publicly traded securities | 14,573,376. | 11 | 14,084,002. | | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 130,883. | 15 | 123,463. | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 16,100,724. | 16 | 16,637,766. |
| | 17 | Accounts payable and accrued expenses | 169,600. | 17 | 105,576. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| (0 | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subs | | | | | |
| liq | | controlled entity or family member of any of the | | | | 22 | |
| Ľ | 23 | Secured mortgages and notes payable to unrel | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on line | • | | | | |
| | | of Schedule D | , | | 240,459. | 25 | 217,898. |
| | 26 | | | | 410,059. | 26 | 323,474. |
| | | Organizations that follow FASB ASC 958, che | | | | | |
| es | | and complete lines 27, 28, 32, and 33. | | · | | | |
| anc | 27 | | | | 15,252,387. | 27 | 15,555,005. |
| Bal | 28 | Net assets with donor restrictions | <u>15,252,387.</u> <u>438,278.</u> | 28 | 759,287. | | |
| При | | Organizations that do not follow FASB ASC 9 | | | | | |
| Ъ | | and complete lines 29 through 33. | , | | | | |
| ç | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| iets | 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | F | 15,690,665. | 32 | 16,314,292. |
| Z | 33 | Total liabilities and net assets/fund balances | | | 16,100,724. | 33 | 16,637,766. |
| | | | | | .,, | | |

Form **990** (2021)

Form 990 (2021) C. Part X Balance Sheet

| Form | 1990 (2021) CATHOLICS FOR CHOICE | 52- | 1154418 | Pa | _{ge} 12 |
|------|---|----------|---------|-----|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,96 | 0,2 | 37. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,76 | 1,4 | 73. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,19 | 8,7 | 64. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 15,69 | 0,6 | 65. |
| 5 | Net unrealized gains (losses) on investments | 5 | -57 | 5,1 | 37. |
| 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 | 16,31 | 4,2 | 92. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | 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 | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audi | t | | |
| | Act and OMB Circular A-133? | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | t | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | | 000 | |

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(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.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2021 |
| Open to Public Inspection |

ı.

Name of the organizatio

| Nam | lame of the organization Employer identification number | | | | | | | | | | | | |
|-------|---|--|--------------------------|--|-------------------------------------|----------------------------------|-----------------|---------------|----------------------------|--|--|--|--|
| | | CATH | OLICS FOR (| CHOICE | | | | 5 | 2-1154418 | | | | |
| Pa | τI | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | | | | | |
| The o | organ | ization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only o | one box.) | | | | | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | l in sectio | n 170(b)(1 | l)(A)(i). | | | | | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (/ | Attach Schedule E (Forn | า 990).) | | | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | | | | | | |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A) |)(iii). Enter | the hospital's name, | | | | |
| | | city, and state: | | | | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | l or operate | ed by a go | vernmental u | nit describe | ed 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 | Х | An organization that norma | lly receives a substar | ntial part of its support fi | rom a gove | ernmental | unit or from th | ne general p | public described in | | | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| (1)(A)(vi). (Complete Par | t II.) | | | | | | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college | | | | |
| | | or university or a non-land-g | grant college of agricu | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or | | | | |
| | | university: | | | | | | | | | | | |
| 10 | | An organization that norma | Ily receives (1) more t | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | ip fees, and | d gross receipts from | | | | |
| | | activities related to its exem | npt functions, subjec | t to certain exceptions; a | and (2) no i | more than | 33 1/3% of its | s support fi | rom gross investment | | | | |
| | | income and unrelated busir | ness taxable income | (less section 511 tax) fro | om busines | ses acqui | red by the org | anization a | fter June 30, 1975. | | | | |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | | | | | |
| 11 | | An organization organized a | and operated exclusi | vely to test for public sa | fety. See | section 50 |)9(a)(4). | | | | | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform t | ne functio | ns of, or to ca | rry out the | purposes of one or | | | | |
| | | more publicly supported or | - | | | | | | Check the box on | | | | |
| | _ | lines 12a through 12d that | | | | | | - | | | | | |
| а | | Type I. A supporting orga | - | - | • • • | - | | | | | | | |
| | | the supported organization | | | majority o | f the direc | tors or trustee | es of the su | ipporting | | | | |
| | | organization. You must o | - | | | | | | | | | | |
| b | | Type II. A supporting org | - | | | | • | | - | | | | |
| | | control or management o | | | ame perso | ns that co | ntrol or manaç | ge the supp | oorted | | | | |
| - | | organization(s). You mus | - | | | | | | al | | | | |
| С | | J Type III functionally inte | | | | | | ly integrate | a with, | | | | |
| d | | its supported organization Type III non-functionally | | - | | | | tod organiz | ration(c) | | | | |
| u | | that is not functionally int | | | | | | - | | | | | |
| | | requirement (see instructi | | | • | | - | anallenin | 61633 | | | | |
| е | | Check this box if the orga | | | | | | II. Type III | | | | | |
| • | L | functionally integrated, or | | | | | 1900, 1900 | n, 1990 m | | | | | |
| f | Ente | er the number of supported of | | | 0 0 | | | | | | | | |
| g | | vide the following informatior | • | | | | | | | | | | |
| | (| i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | inization listed ng document? | (v) Amount of | | (vi) Amount of other | | | | |
| | | organization | | above (see instructions)) | Yes | No | support (see ir | structions) | support (see instructions) | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Tota | | | | | | | | | | | | | |

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

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

| Sec | tion A. Public Support | | | | | | |
|------|--|-----------------------|-----------------------|----------------------------------|--------------------|--------------------|----------------|
| Cale | ndar 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.") | 1882447. | 5109852. | 981,787. | 301,324. | 1766582. | 10041992. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1882447. | 5109852. | 981,787. | 301,324. | 1766582. | 10041992. |
| | 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) | | | | | | 6349276. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 3692716. |
| | tion B. Total Support | | | | | | 50527200 |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 4 | 1882447. | 5109852. | 981,787. | 301,324. | 1766582. | 10041992. |
| | Gross income from interest, | 1002447. | 5105052. | 501,707. | 501,521. | 1700502. | 100419920 |
| 0 | | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 582,543. | 778,479. | 740,088. | 310,395. | 292,047. | 2703552. |
| - | and income from similar sources | 562,545. | //0,4/9. | 740,000. | 510,395. | 292,047. | 2703552. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | 664. | | | 664. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 12746208. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | 7,518. |
| 13 | First 5 years. If the Form 990 is for the | e organization's fir | rst, second, third, t | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| Sec | tion C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2021 (I | ine 6, column (f), d | ivided by line 11, c | olumn (f)) | | 14 | <u>28.97 %</u> |
| 15 | Public support percentage from 2020 | Schedule A, Part | II, line 14 | | | 15 | <u>18.75 %</u> |
| 16a | 33 1/3% support test - 2021. If the c | organization did no | t check the box or | n line 13, and line ⁻ | 14 is 33 1/3% or m | ore, check this bo | k and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | |
| b | 33 1/3% support test - 2020. If the c | organization did no | t check a box on l | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | is box |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2021. If the org | anization did not o | | | | |
| | and if the organization meets the fact | - | | | | | |
| | meets the facts-and-circumstances te | | | - | | | |
| h | 10% -facts-and-circumstances test | - | | | - | | |
| ~ | more, and if the organization meets the | - | | | | | , • •. |
| | organization meets the facts-and-circu | | | | | | |
| 18 | - | | | | • • | | |
| 10 | Private foundation. If the organizatio | n diu not check al | | a, 100, 17a, 01 170 | , ONCON THIS DOX A | | 5 |

Schedule A (Form 990) 2021

| | Schedule A | Form 990 |) 202 |
|--|------------|----------|-------|
|--|------------|----------|-------|

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.)

| Se | ction A. Public Support | | | | | | |
|------|--|----------------------------|-----------------------|----------------------|---------------------|---------------------------------------|--------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 ⁻ | 1 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- formed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | • | | 1 | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 ⁻ | 1 (f) Total |
| | Amounts from line 6 | 、 / | | | | | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | 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 | | | | | | |
| 13 | assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) | · | | | | | |
| | First 5 years. If the Form 990 is for th | e organization's fi | rst. second. third. | fourth, or fifth tax | vear as a section 5 | 501(c)(3) orga | nization. |
| | check this box and stop here | 0 | | | | | |
| See | ction C. Computation of Public | | | | | | |
| | Public support percentage for 2021 (li | | | column (f)) | | 15 | % |
| | Public support percentage from 2020 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | - |
| 17 | Investment income percentage for 20 | 21 (line 10c. colur | mn (f), divided by li | ne 13. column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2021. If the | | | | | · · · · · · · · · · · · · · · · · · · | |
| | more than 33 1/3%, check this box an | | | | | | |
| ŀ | 33 1/3% support tests - 2020. If the | | | | | | /3%. and |
| ~ | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organizatio | | | | | | |
| | | | | ., 51 102, 01100K ti | | | 🔽 🗖 |

1

2

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

| | (Form 990) 202 | | - | CHOICE |
|---------|----------------|-------------------------|----|--------|
| Part IV | Supporting | Organizations (continue | d) | |

1

2

Yes No

Yes No

| | | | Yes | No |
|-----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion 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. | |
| 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 have providing such basefit serving out the numbers of the supported experimetion(s) that experted | |

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

| Sup | erviseu | . 01 0011 | <i>li olieu li i</i> | e support | ing organiza | <i>uon.</i> |
|---------|---------|-----------|----------------------|-----------|--------------|-------------|
| Section | C. Ty | ype II 🛛 | Suppo | rting Or | ganizatio | ns |

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)

| Section D. All Type III Supporting Organizations | |
|--|--|
|--|--|

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

Section E. Type III Functionally Integrated Supporting Organizations

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

| с | | The organization supported a g | governmental entity. | Describe in Part VI how | vou supported a governmenta | l entitv (see instructions). |
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------|------------------------------|
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------|------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.*

2a

2b

3a

| Part V | Type III | Non-Functionally Inte | ÷Ĉ |
|--------|----------|-----------------------|----|

1

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

| 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 | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | lly integrated | t Type III supporting orga | nization (see |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

CATHOLICS FOR CHOICE Schedule A (Form 990) 2021 grated 509(a)(3) Supporting Organizations

| Sche | dule A (Form 990) 2021 CATHOLICS FOR | CHOICE | | 5 | 2-1154418 Pag |
|------|---|-----------------------------------|---------------------------------------|------|---|
| Par | | (a)(3) Supporting Orga | nizations (continu | ind) | |
| | on D - Distributions | (| | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | Current rou |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| - | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | - | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | 1 | | |
| - | (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 | |
| | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| с | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| | Applied to 2021 distributable amount | | | | |
| | 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 | Bemaining underdistributions for 2021, Subtract lines 3h | | | | |

ıg 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: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2019 AMOUNT: \$ 664.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

CATHOLICS FOR CHOICE QUALIFIES AS A PUBLIC CHARITY UNDER THE "FACTS AND

CIRCUMSTANCES" TEST OF 1.170A-9(F)(3) OF THE TREASURY REGULATIONS, BASED

UPON THE FOLLOWING:

ITS SUPPORT, AS REPORTED FOR 2021, IS 28.97%, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(I). CATHOLICS FOR CHOICE IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL FUNDING ON A CONTINUOUS BASIS, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(II). CATHOLICS FOR CHOICE HAS RECENTLY UNDERTAKEN SIGNIFICANT EFFORTS TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT.

CATHOLICS FOR CHOICE'S PUBLIC SUPPORT, AT 28.97%, IS WELL ABOVE THE 10% MINIMUM REQUIRED FOR THE "FACTS AND CIRCUMSTANCES" TEST, THEREBY MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(III).

IN MEETING THE REQUIREMENT OF 1.170A-9(F)(3)(I), CATHOLICS FOR CHOICE HAS RECEIVED SUPPORT FROM A REPRESENTATIVE NUMBER OF PERSONS, RATHER THAN RECEIVING ALL OR MOST OF ITS SUPPORT FROM THE MEMBERS OF A SINGLE FAMILY, OR FROM A SINGLE DONOR. CATHOLICS FOR CHOICE'S CURRENT FUNDRAISING PLANS ARE TARGETED AT A BROAD BASE OF DONORS. IN THIS RESPECT, CATHOLICS FOR

CHOICE MEETS THE REQUIREMENT OF 1.170A-9(F)(3)(III)(B).

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

CATHOLICS FOR CHOICE REMAINS AN ORGANIZATION COMMITTED TO SERVING THE PUBLIC THROUGH ITS WORK. CATHOLICS FOR CHOICE WORKS EXCLUSIVELY WITH INDIVIDUALS AND COMMUNITIES TO SHAPE AND ADVANCE SEXUAL AND REPRODUCTIVE ETHICS THAT ARE BASED ON JUSTICE, REFLECT A COMMITMENT TO WOMEN'S WELL-BEING, AND RESPECT AND AFFIRM THE CAPACITY OF MEN AND WOMEN TO MAKE MORAL DECISIONS ABOUT THEIR LIVES. IN 2021, CATHOLICS FOR CHOICE CONTINUED ITS INTERNATIONAL AND DOMESTIC PROGRAMS AND FURTHERED ITS COMMUNICATION EFFORTS TO PROMOTE THE ORGANIZATION'S REACH THROUGH DEVELOPMENT, EXECUTION AND DISSEMINATION OF RESEARCH, PUBLICATIONS AND OTHER EDUCATIONAL MATERIALS. IN THIS MANNER, CATHOLICS FOR CHOICE MEETS THE REQUIREMENT OF 1.170A-9(F)(3)(III)(D).

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Na

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

52-1154418

| me of the organization | | | | | | | |
|------------------------|-----------|-----|--------|--|--|--|--|
| | CATHOLICS | FOR | CHOICE | | | | |

| Organization type (check or | Organization type (check one): | | | | | |
|-----------------------------|--|--|--|--|--|--|
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | $\fbox{501(c)}(3)$ (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

| | \$ <u>20,000.</u> | Payroll Noncash (Complete Part II for noncash contributions.) |
|-----------------------------------|----------------------------|--|
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ <u>13,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ <u>25,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ <u>300,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |
| | | Schedule D (FOLIII 990) (2021) |

Schedule B (Form 990) (2021)

Name of organization

Part I

Employer identification number

52-1154418

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person Payroll 120,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 3 Person X art II for tributions.) (a) d) No. ontribution 4 X art II for tributions.) d) (a) No. ontribution 5 X art II for tributions.) d) (a) ontribution No. 6 X art II for ntributions.)

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

Page 2

CATHOLICS FOR CHOICE

11

(a) No.

12

| lame of or | ganization | | Em |
|------------|---|-----------------------|--------------------------|
| CATHOL | ICS FOR CHOICE | | |
| Part I | Contributors (see instructions). Use duplicate copies of Part I i | f additional space is | needed. |
| (a) No. | (b) Name, address, and ZIP + 4 | Το | (c) tal contributions |
| 7 | | | |
| | | \$ | 250,000. |
| (a) | (b) | | (c) |
| No. | Name, address, and ZIP + 4 | To | tal contributions |
| 8 | | \$ | 300,000. |
| | | Þ | |
| (a) No. | (b) Name, address, and ZIP + 4 | То | (c) tal contributions |
| 9 | | | |
| | | \$ | 20,000 |
| (a) | (b) | | (c) |
| No. | Name, address, and ZIP + 4 | То | tal contributions |
| 10 | | | |
| | | \$ | 10,000. |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) tal contributions |

(b)

Name, address, and ZIP + 4

oloyer identification number

(d) Type of contribution

(d) Type of contribution

(d) Type of contribution

(d) Type of contribution

X

X

X

X

52-1154418

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person

Payroll Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Page 2

| Schedule B (Form 990) (2021) |
|------------------------------|
|------------------------------|

Name of organization

Employer identification number

52-1154418

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 14 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 235,366. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Person X Payroll 242,158. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Name of organization

CATHOLICS FOR CHOICE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| Part II | Noncash Property (see instructions). Use duplicate copies of Part | Il if additional space is needed. | |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

52-1154418

Employer identification number

| Schedule I | B (Form 990) (2021) | | Page 4 |
|-----------------|--|---|---|
| Name of o | organization | | Employer identification number |
| CATHO | LICS FOR CHOICE | | 52-1154418 |
| Part III | | | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
| | completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or I | ess for the year. (Enter this info. once.) • \$ |
| (a) No. | Use duplicate copies of Part III if additional | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | | |
| (a) No. | | <u> </u> | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | | | |
| | | | |
| | | | |
| - | | (e) Transfer of gift | |
| | | | |
| - | Transferee's name, address, a | | Relationship of transferor to transferee |
| | | | |
| | | | |
| (a) No. from | | | |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

| SCHEDULE C | HEDULE C Political Campaign and Lobbying Activities | | | | OMB No. 1545-0047 | | | |
|--|--|--|-------------------------|--|-------------------|--|--|--|
| (Form 990) | | | | 2021 | | | | |
| | For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. | | | | | | | |
| Department of the Treasury Internal Revenue Service | J-LZ. | Open to Public Inspection | | | | | | |
| - | | Form 990, Part IV, line 3, or For | | e 46 (Political Campaig | gn Activi | ties), then | | |
| Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. | | | | | | | | |
| Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. | | | | | | | | |
| • | • | Form 990, Part IV, line 4, or For | m 990-F7 Part VI lir | ne 47 (Lobbying Activiti | ies) ther | n | | |
| - | | nave filed Form 5768 (election und | | | | | | |
| | | nave NOT filed Form 5768 (election | ()/ | • | • | | | |
| If the organization ans | , wered "Yes," on | Form 990, Part IV, line 5 (Proxy | Tax) (See separate ir | nstructions) or Form 99 | 90-EZ, P | art V, line 35c (Proxy | | |
| Tax) (See separate inst | ructions), then | | | | | | | |
| | , or (6) organizat | ions: Complete Part III. | | | | | | |
| Name of organization | <u> </u> | | | Er | | identification number | | |
| Part I-A Compl | | CS FOR CHOICE anization is exempt under | contion 501(a) a | r is a contion 527 | | 2-1154418 | | |
| | ete il the org | anization is exempt under | section 50 (c) 0 | | organi | | | |
| 1 Drovido o doporinti | on of the organiz | ation's direct and indirect political | compaign activition in | | | | | |
| 2 Political campaign | | | | | ▶\$ | | | |
| 3 Volunteer hours for | | | | • | ψ | | | |
| | politiour ourripui | | | | | | | |
| Part I-B Compl | ete if the org | anization is exempt under | section 501(c)(3 | 3). | | | | |
| 1 Enter the amount o | f any excise tax | incurred by the organization under | section 4955 | | ►\$ | | | |
| 2 Enter the amount o | f any excise tax | incurred by organization managers | under section 4955 | | ►\$ | | | |
| | | n 4955 tax, did it file Form 4720 fo | | | | Yes No | | |
| 4a Was a correction m | ade? | | | | | Yes No | | |
| b If "Yes," describe in | | anization in avanat under | contine E01(a) | avecant excition EQ | 1/2)/2) | | | |
| | | anization is exempt under | | - | | | | |
| | | by the filing organization for section | | | ►\$ | | | |
| | | ization's funds contributed to othe | - | | ▶\$ | | | |
| exempt function ac 3 Total exempt function | | . Add lines 1 and 2. Enter here and | | • | φ | | | |
| • | • | | | • | ►\$ | | | |
| | | | | | | Yes No | | |
| 5 Enter the names, a | ddresses and em | ployer identification number (EIN) | | | | filing organization | | |
| made payments. Fo | or each organizat | ion listed, enter the amount paid f | rom the filing organiza | ation's funds. Also enter | the amo | ount of political | | |
| | • | omptly and directly delivered to a s | | | arate segi | regated fund or a | | |
| political action com | imittee (PAC). If a | additional space is needed, provid | e information in Part I | V. | | | | |
| (a) Name | e | (b) Address | (c) EIN | (d) Amount paid from | | e) Amount of political | | |
| | | | | filing organization's funds. If none, enter - | | tributions received and promptly and directly | | |
| | | | | | de | elivered to a separate | | |
| | | | | | p p | oolitical organization. If none, enter -0 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | 1 | 1 | 1 | | | |

| Schedule C (Form 990) 2021 | CATHOLICS FO | OR CHOICE | | 52-1 | 154418 Page 2 | | |
|---|---|---------------------------------------|--|-----------------------|----------------------|--|--|
| Part II-A Complete if the orga section 501(h)). | anization is exem | pt under section | 501(c)(3) and file | d Form 5768 (ele | ction under | | |
| | ion belongs to an affili | ated group (and list in | Part IV each affiliated | group member's name | , address, EIN, | | |
| | e of excess lobbying e | * • • | | | , , , | | |
| B Check 🕨 📃 if the filing organizat | ion checked box A and | d "limited control" prov | visions apply. | | | | |
| Limit (The term "expend) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | |
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | 24,783. | | | |
| b Total lobbying expenditures to influ | 1 1 10 | , 6, | | 39,992. | | | |
| c Total lobbying expenditures (add lir | | | | 64,775. | | | |
| d Other exempt purpose expenditure | s | | | 3,210,399. | | | |
| e Total exempt purpose expenditures | add lines 1c and 1d) | | | 3,275,174. | | | |
| f Lobbying nontaxable amount. Ente | r the amount from the | following table in both | columns. | 313,759. | | | |
| If the amount on line 1e, column (a) or | (b) is: The lobb | ying nontaxable amo | ount is: | | | | |
| Not over \$500,000 | 20% of t | ne amount on line 1e. | | | | | |
| Over \$500,000 but not over \$1,000 | ,000 \$100,000 |) plus 15% of the exce | ess over \$500,000. | | | | |
| Over \$1,000,000 but not over \$1,50 | |) plus 10% of the exce | <i>, , , , , , , , , , , , , , , , , , ,</i> | | | | |
| Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | |
| Over \$17,000,000 | \$1,000,0 | 00. | | | | | |
| | | | | 70 440 | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | 78,440. | | | |
| h Subtract line 1g from line 1a. If zero | er less enter O | | | 0. | | | |
| i Subtract line 1f from line 1c. If zeroj If there is an amount other than zer | | no 1i, did the organiza | | | | | |
| reporting section 4911 tax for this | | - | | Г | Yes No | | |
| | | raging Period Under | | L | | | |
| (Some organizations th | at made a section 50 | | ave to complete all o | f the five columns be | low. | | |
| | Lobbying Expen | ditures During 4-Yea | r Averaging Period | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total | | |
| 2a Lobbying nontaxable amount | 316,909. | 314,110. | 294,486. | 313,759. | 1,239,264. | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,858,896. | | |
| c Total lobbying expenditures | 179,060. | 164,058. | 192,879. | 64,775. | 600,772. | | |
| d Grassroots nontaxable amount | 79,227. | 78,528. | 73,622. | 78,440. | 309,817. | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 464,726. | | |
| f Grassroots lobbying expenditures | 17,528. | 63,397. | 41,119. | 24,783. | 146,827. | | |
| | | | | Schedu | le C (Form 990) 2021 | | |

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 | | (a) | | (b) | |
|---|--|------------------|-----------|------------|-------|
| of the | lobbying activity. | Yes | No | Amo | ount |
| 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: Volunteers? | | | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| | Media advertisements? | | | | |
| | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| | Grants to other organizations for lobbying purposes? | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Other activities? | | | | |
| j | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(5 |), or sec | tion | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section | | | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' | 'No" OR (| b) Part I | II-A, line | 3, is |
| | answered "Yes." | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | al | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| | Current year | | | | |
| | Carryover from last year | | | | |
| | Total | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | | | | |
| | expenditure next year? | | | | |
| 5 Dar | Taxable amount of lobbying and political expenditures. See instructions | | 5 | | |
| | t IV Supplemental Information | | | | |
| Prov | de 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 | Ines 1 a | nd 2 (See | |

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

| ~~ | | Supplementa | al Financial | Statement | c | | OMB No. | 1545-0047 |
|--------|---|---|---|--------------------------|---|----------------|--------------------|--------------------|
| | HEDULE D n 990) | Complete if the org | | | | | 20 | 191 |
| (FOI) | 11 990) | Part IV, line 6, 7, 8, 9, 10 | , 11a, 11b, 11c, 11c | d, 11e, 11f, 12a, or 1 | , 2b. | | 20 | |
| | ment of the Treasury I Revenue Service | Go to www.irs.gov/Form9 | Attach to Form 990 90 for instructions | | nation. | | Inspe | to Public ction |
| - | e of the organizati | ion | | | | Emp | oloyer identificat | |
| De | | CATHOLICS FOR CHOI | | ar Cimilar Funda | | | 52-1154 | |
| Pa | | ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin | | er Similar Funds | s or Ac | coun | ITS. Complete if | fthe |
| | organizatio | iranswered fes offform 990, Partiv, in | | dvised funds | | | ds and other acc | ounte |
| | Tatalananahanata | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5) Full | us and other acc | ounts |
| 1 | | nd of year | | | | | | |
| 2 3 | | of contributions to (during year) | | | | | | |
| 3 4 | | f grants from (during year) t end of year | | | | | | |
| 5 | | on inform all donors and donor advisors in | | ts held in donor advis | l sed fund | <u> </u> | | |
| Ū | - | on's property, subject to the organization's | - | | | | Yes | No |
| 6 | | on inform all grantees, donors, and donor a | | | | | | |
| | 0 | poses and not for the benefit of the donor o | 0 | 0 | | | | |
| | impermissible priv | | | | | | Yes | No No |
| Pa | rt II Conserv | ation Easements. Complete if the or | ganization answered | I "Yes" on Form 990, | Part IV, | line 7. | | |
| 1 | Purpose(s) of con | servation easements held by the organizati | on (check all that ap | ply). | | | | |
| | Preservation | n of land for public use (for example, recrea | tion or education) | Preservation of | of a histo | rically | important land a | rea |
| | | of natural habitat | | Preservation of | of a certif | ied his | storic structure | |
| | | n of open space | | | | | | |
| 2 | | through 2d if the organization held a quali | fied conservation co | ntribution in the form | of a con | iservat | | |
| | day of the tax yea | | | | | - | Held at the End of | the lax year |
| a | | | | | ſ | 2a | | |
| b | • | - | | ······ | | 2b | | |
| C L | | vation easements on a certified historic str | | | | 2c | | |
| d | | vation easements included in (c) acquired a | | | | 2d | | |
| 3 | | nal Register vation easements modified, transferred, rel | | | | | during the tax | |
| • | year ► | | ouoou, oxunguloriou | , or commuted by the | onganiz | ation | | |
| 4 | Number of states | where property subject to conservation eas | sement is located | | | | | |
| 5 | Does the organiza | tion have a written policy regarding the per | riodic monitoring, ins | spection, handling of | | | | |
| | violations, and ent | forcement of the conservation easements it | holds? | | | | Yes | No No |
| 6 | Staff and voluntee | er hours devoted to monitoring, inspecting, | handling of violatior | ns, and enforcing con | servatior | n ease | ments during the | year |
| | ▶ | | | | | | | |
| 7 | | ses incurred in monitoring, inspecting, hand | lling of violations, ar | nd enforcing conserva | ation eas | ement | ts during the year | |
| _ | ►\$ | | | | | | | |
| 8 | | vation easement reported on line 2(d) abov | | | | | | |
| 0 | |)(4)(B)(ii)? | | | | | | └── No |
| 9 | | be how the organization reports conservati d include, if applicable, the text of the footr | | | | | | |
| | | counting for conservation easements. | iote to the organizat | ION S III ANCIAI SLALEIT | ients tha | i ueso | ndes the | |
| Pa | rt III Organiza | ations Maintaining Collections of | Art, Historical | Treasures, or O | ther Si | mila | r Assets. | |
| | Complete i | f the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | | |
| 1a | If the organization | elected, as permitted under FASB ASC 95 | 8, not to report in its | s revenue statement | and bala | nce sh | neet works | |
| | • | easures, or other similar assets held for put | · · | | | | | |
| | service, provide in | Part XIII the text of the footnote to its finar | ncial statements that | t describes these iter | ns. | | | |
| b | If the organization | elected, as permitted under FASB ASC 95 | 8, to report in its rev | venue statement and | balance | sheet | works of | |
| | art, historical treas | sures, or other similar assets held for public | exhibition, education | on, or research in furt | herance | of put | olic service, | |
| | • | ing amounts relating to these items: | | | | | | |
| | | ided on Form 990, Part VIII, line 1 | | | | | \$ | |
| _ | ., | | | | | | \$ | |
| 2 | - | received or held works of art, historical tre | | | al gain, p | rovide | 9 | |
| | the following amo | unts required to be reported under FASB A | SC 958 relating to t | nese items: | | | | |

▶ \$_

▶ \$

Schedule D (Form 990) 2021

| a Revenue included on Form 990, Part | VIII, line 1 |
|--|--------------|
| b Assets included in Form 990, Part X | |

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

132051 10-28-21

| Sche | | CS FOR CHO | | | | | | 54418 | |
|----------|--|------------------------------|------------------------------|------------------|--------------|------------------------------|---------------------|-------------------|--------------|
| Par | t III Organizations Maintaining Co | ollections of Ar | t, Historical T | reasures, or | Other S | Similar | ⁻ Assets | (continu | ed) |
| 3 | Using the organization's acquisition, accession | on, and other record | ls, check any of th | e following that | make sign | ificant u | ise of its | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | c | 🗴 📃 Loan or e | xchange progra | m | | | | |
| b | Scholarly research | e | e 🗌 Other | | | | | | |
| с | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explai | n how they further | the organizatio | n's exemp | t purpos | se in Part | XIII. | |
| 5 | During the year, did the organization solicit or | receive donations | of art, historical tre | easures, or othe | r similar as | sets | | _ | |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | No |
| Par | t IV Escrow and Custodial Arrang | | ete if the organiza | tion answered " | Yes" on Fo | orm 990 | , Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Par | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | liary for contribution | ons or other ass | ets not inc | luded | | _ | |
| | on Form 990, Part X? | | | | | | L | Yes | No No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fo | llowing table: | | | | | | |
| | | | | | | | | Amount | |
| С | Beginning balance | | | | | 1c | | | |
| | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | 7 | |
| | Did the organization include an amount on Fo | | • | | | ? | L | Yes | |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | |
| Par | t V Endowment Funds. Complete if | - | | | | | | () [| |
| | | (a) Current year | (b) Prior year | (c) Two year | s dack (d |) inree y | ears back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | | e (line 1g, column | (a)) held as: | | | | | |
| a | Board designated or quasi-endowment | | % | | | | | | |
| b | Permanent endowment | | | | | | | | |
| с | | % | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c should be the second seco | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation that are held | and administere | ed for the o | organiza | ation | | 'es No |
| | by: | | | | | | | | |
| | (i) Unrelated organizations | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | 3a(ii) | |
| | | | | | | | | 3b | |
| 4 Par | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme | | wment lunds. | | | | | | |
| | Complete if the organization answered | |) Part IV line 11a | See Form 990 | Part X lin | e 10 | | | |
| | Description of property | (a) Cost or c | | ost or other | (c) Acc | | d l | (d) Book | |
| | Description of property | basis (investr | · · · | is (other) | • • | eciation | u | (u) BOOK | value |
| 19 | Land | | , 546 | (| | | | | |
| | Land | | | | | | | | |
| | Buildings Leasehold improvements | | Δ | 05,760. | 37 | 78,40 | 13. | 27 | ,357. |
| | Equipment | | | 68,629. | | $\frac{1}{23}, \frac{1}{20}$ | | | <u>,423.</u> |
| | Other | | 2 | 89,215. | | 97,23 | | | <u>,977.</u> |
| | . Add lines 1a through 1e. (Column (d) must ed | | | , , | | | | | ,757. |
| 1010 | | <u>iuai Foitti 990, Part</u> | Λ , column (D), line | | <u></u> | | | | , |

Schedule D (Form 990) 2021

| | (Form 990) 2021 | CATHOLICS | FOR | CHOICE |
|----------|-----------------|---------------------|-----|--------|
| Part VII | Investments - | - Other Securities. | | |

52-1154418 Page 3

| | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
|--|----------------|---------------------------------------|---|
| 1) Financial derivatives | | | |
| 2) Closely held equity interests | | | |
| B) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| | | | |
| (8) | | | |
| | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. | | | |
| | | | |
| Complete if the organization answered "Yes" o | | 11d. See Form 990, Part X, line 15. | (1) 5 |
| (a) L | Description | | (b) Book value |
| (1) | | | |
| | | | |
| (2) | | | |
| | | | |
| (2) | | | |
| (2) (3) (4) | | | |
| (2) (3) (4) (5) | | | |
| (2) (3) (4) (5) (6) | | | |
| (2) (3) (4) (5) (6) (7) | | | |
| (2) (3) (4) (5) (6) (7) (8) | | | |
| (2) (3) (4) (5) (6) (7) (8) (9) | 15 \ | | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | | | |
| (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o | | | |
| (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability | | | (b) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes | | | |
| (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASES | | | 21,860 |
| (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASES (3) DEFERRED COMPENSATION | | | 21,860 118,192 |
| (2) (3) (4) (5) (6) (7) (8) (9) Yotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASES | | | 21,860 118,192 |
| (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASES (3) DEFERRED COMPENSATION | | | 21,860 118,192 |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASES (3) DEFERRED COMPENSATION (4) DEFERRED LEASE BENEFIT | | | 21,860 118,192 |
| (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASES (3) DEFERRED COMPENSATION (4) DEFERRED LEASE BENEFIT (5) (6) | | | 21,860 118,192 |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASES (3) DEFERRED COMPENSATION (4) DEFERRED LEASE BENEFIT (5) (6) (7) | | | (b) Book value 21,860 118,192 77,846 |
| (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASES (3) DEFERRED COMPENSATION (4) DEFERRED LEASE BENEFIT (5) (6) | | | 21,860 118,192 |

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 ... X

Schedule D (Form 990) 2021

| Sche | edule D (Form 990) 2021 CATHOLICS FOR CHOICE | | | 52- | 1154418 | Page 4 |
|----------------------------|---|--|--|--------------|--|----------------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Stater | nents With | Revenue per Re | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 2a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,355,4 | 451. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -575,137. | | | |
| b | Donated services and use of facilities | 2b | 50,411. | | | |
| с | Recoveries of prior year grants | | | | | |
| d | Other (Describe in Part XIII.) | | | | | |
| е | Add lines 2a through 2d | | | 2e | -524,' | |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,880,1 | 177. |
| 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 | 80,277. | | | |
| b | Other (Describe in Part XIII.) | 4b | -217. | | | |
| с | Add lines 4a and 4b | | | 4c | | 060. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 3,960,2 | 237. |
| | | | | - | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | ments With | Expenses per l | Retur | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | ments With | Expenses per I | Retur | n. | |
| Ра 1 | rt XII Reconciliation of Expenses per Audited Financial State | ments With 2a. | Expenses per I | Retur | | |
| | Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | ments With 2a. | Expenses per I | Retur | n. | |
| 1 | Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements | ments With | Expenses per I | Retur | n. | |
| 1 2 | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ments With 2a. | Expenses per I | Retur | n. | |
| 1 2 a | Image: Second state state Image: Second state Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a. 2a. 2a. 2a. 2a. 2b. | Expenses per I | | n. | |
| 1 2 a b | Image: State stat | 2a. 2a. 2a. 2a. 2b. 2c. | Expenses per I | | n. 2,731,8 | 824. |
| 1 2 a b | Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a. 2a. 2a. 2b. 2c. 2c. 2d. | 50,411. 217. | | n. 2,731,8 50,0 | 824. |
| 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a. 2a 2a 2b 2c 2d | 50,411. | Retur | n. 2,731,8 | 824. |
| 1 2 b c d e | Image: Second state in the constraint of the constrai | 2a. 2a 2a 2b 2c 2d | 50,411. | Retur | n. 2,731,8 50,0 | 824. |
| 1 2 b c d 3 | Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a. 2a 2b 2c 2d | 50,411. | Retur | n. 2,731,8 50,0 | 824. |
| 1 2 6 6 8 4 | Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a. 2a 2b 2c 2c 2d 2d 4a | 50,411. | Retur | n. 2,731,8 50,0 2,681,3 | 824. 628. 196. |
| 1 2 3 4 3 | T XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a. 2a 2b 2b 2c 2d 2d 2d | Expenses per I 50,411. 217. 80,277. | Retur | n. 2,731,8 50,0 2,681,3 80,3 | 824. 628. 196. |
| 1 2 a b c d e 3 4 a b c 5 | Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a. 2a 2b 2c 2c 2d 2d 4a 4b 4b | Expenses per I 50,411. 217. 80,277. | 1 2e 3 | n. 2,731,8 50,0 2,681,3 | 824. 628. 196. |

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

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2020, CFC HAS DOCUMENTED ITS CONSIDERATION

OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING

UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN

TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS RECLASSED FROM AUDIT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS RECLASSED FROM AUDIT

-217.

| Part XIII Supplemental Information (continued) |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| ር አባ | THOLICS FOR C | HOTOF | | | | 52-115441 | 8 |
|------|--|---|--------------------------------------|---|---------------------------------------|---|--|
| Pa | | | ctivities Out | side the United States. Comple | ete if the organ | | |
| | Form 990, Part IV | | | | ete il the organ | | |
| 1 | | | maintain record | ds to substantiate the amount of its gra | ints and other a | assistance, | |
| | | | | he selection criteria used to award the | | | Yes X No |
| 2 | For grantmakers. Desc United States. | ribe in Part V the | organization's p | procedures for monitoring the use of its | s grants and otl | ner assistance outsi | de the |
| 3 | | ne following Part | L line 3 table ca | n be duplicated if additional space is n | leeded) | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | (e) If activ is a prog describe | vity listed in (d) gram service, specific type (s) in the region | (f) Total expenditures for and investments in the region |
| SUB- | SAHARAN AFRICA | 0 | 0 | | EDUCATIONAL ADVOCACY PR | TRAINING AND OGRAM | 59,728. |
| SOUI | TH AMERICA | 0 | 0 | | EDUCATIONAL ADVOCACY PR | TRAINING AND OGRAM | 2,100. |
| SOUI | 'H AMERICA | 0 | 0 | | EDUCATIONAL ADVOCACY PR | TRAINING AND OGRAM | 14,000. |
| CIID | SAHARAN AFRICA | 0 | 0 | | EDUCATIONAL ADVOCACY PR | TRAINING AND | 6,000. |
| 508- | SANAKAN AFALCA | | | SKAN I MAK ING | ADVOCACT FR | OGRAFI | 0,000. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3 a | Subtotal | 0 | 0 | | | | 81,828. |
| b | Total from continuation sheets to Part I | 0 | 0 | | | | 0. |
| С | Totals (add lines 3a and 3b) | 0 | 0 | | | | 81,828. |

Statement of Activities Outside the United States
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ▶ Attach to Form 990.

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

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

| (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|--|---|--|---|--|--|---|---|
| i I | ARGENTINA, BOLIVIA, BRAZIL, | AND TEHNICAL | 14,000. | WIRE TRANSFER | 0. | | |
| | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, | EDUCATION, ADVOCACY AND TEHNICAL | | | 0. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | nd EIN (if applicable) | nd EIN (if applicable) SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, | nd EIN (if applicable) SOUTH AMERICA - ARGENTINA, EDUCATION, ADVOCACY BOLIVIA, BRAZIL, AND TEHNICAL CHILE, COLUMBIA, ASSISTANCE SUB-SAHARAN AFRICA - ANGOLA, EDUCATION, ADVOCACY BENIN, BOTSWANA, AND TEHNICAL | nd EIN (if applicable) SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ASSISTANCE SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, AND TEHNICAL CHILEAL C | nd EIN (if applicable) (C) Region grant of cash grant cash disbursement SOUTH AMERICA - ARGENTINA, EDUCATION, ADVOCACY BOLIVIA, BRAZIL, AND TEHNICAL CHILE, COLUMBIA, ASSISTANCE 14,000. WIRE TRANSFER SUB-SAHARAN AFRICA - ANGOLA, EDUCATION, ADVOCACY BENIN, BOTSWANA, AND TEHNICAL | (c) Region (d) Mappeo of a grant (c) Mather of assistance nd EIN (if applicable) south AMERICA - ARGENTINA, EDUCATION, ADVOCACY BOLIVIA, BRAZIL, AND TEHNICAL CHILE, COLUMBIA, ASSISTANCE SUB-SAHARAN AFRICA - ANGOLA, EDUCATION, ADVOCACY 14,000. WIRE TRANSFER ARGENTIN, BOTSWANA, AND TEHNICAL | Ind EIN (if applicable) (c) Region (c) rapped of a pose of a grant (c) rapped of a cash grant (c) rapped of a cash disbursement noncash assistance of noncash assistance Md EIN (if applicable) SOUTH AMERICA - ARGENTINA, EDUCATION, ADVOCACY AND TEHNICAL AND TEHNICAL If a pose of a grant If a pose of a grant |

Schedule F (Form 990) 2021

Page 2

Schedule F (Form 990) 2021

CATHOLICS FOR CHOICE

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.

| Part III can be duplicated if ac | politional space is needed | | - | - | - | | |
|----------------------------------|----------------------------|--------------------------|--------------------------|--|---|---------------------------------------|---|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 1 | | | 1 | | |

Schedule F (Form 990) 2021

52-1154418

Page 3

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i> | Yes | X 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 | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i> | Yes | X 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? <i>If</i> "Yes," <i>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)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i> | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

Schedule F (Form 990) 2021

| Schedule F (Form 990) 2021 | CATHOLICS | FOR | CHOICE |
|----------------------------|-----------|-----|--------|
|----------------------------|-----------|-----|--------|

Part V | Supplemental Information

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

| | | |
|------|--|--|
| | | |
| | | |

| CHEDULE J | Compensation Information | OMB No. 1545-0047 | | | | |
|---|--|-------------------|-------------------------------|--------------|--|--|
| Form 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 2021 | | | |
| | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | 2021 Open to Public | | | |
| epartment of the Treasury | Attach to Form 990. | | | | | |
| ernal Revenue Service | ► Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspect | | | |
| ame of the organizati | | Employer ide | | number | | |
| | CATHOLICS FOR CHOICE | 52-11 | 54418 | | | |
| Part I Question | | | | | | |
| | | | Y | <u>es No</u> | | |
| | riate box(es) if the organization provided any of the following to or for a person listed on Form the organization provided any of the following to or for a person listed on Form the second sec | 990, | | | | |
| | A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | charter travel Housing allowance or residence for person | | | | | |
| Travel for co | | | | | | |
| | ication and gross-up payments Health or social club dues or initiation fees | | | | | |
| Discretionary | r spending account Personal services (such as maid, chauffeu | r, chef) | | | | |
| | | | | | | |
| • | s on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | |
| | provision of all of the expenses described above? If "No," complete Part III to explain | | . 1 b | _ | | |
| | on require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | |
| trustees, and offic | ers, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | _ | | |
| | | | | | | |
| | any, of the following the organization used to establish the compensation of the organization's | | | | | |
| | rector. Check all that apply. Do not check any boxes for methods used by a related organization | on to | | | | |
| | sation of the CEO/Executive Director, but explain in Part III. | | | | | |
| X Compensatio | | | | | | |
| | compensation consultant | | | | | |
| X Form 990 of | other organizations | ommittee | | | | |
| | | | | | | |
| | id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| • | elated organization: | | | x | | |
| a Receive a severance payment or change-of-control payment? | | | | | | |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | | | | | | |
| | eceive payment from an equity-based compensation arrangement? | | 4c | X | | |
| If "Yes" to any of | ines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | |
| | | | | | | |
| - | (c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| For persons listed | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | | |
| contingent on the | | | | | | |
| a The organization? | | | 5a | <u> </u> | | |
| | ization? | | 5b | X | | |
| | or 5b, describe in Part III. | | | | | |
| | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | | |
| contingent on the | | | | | | |
| | | | 6a | <u> </u> | | |
| | ization? | | 6b | X | | |
| | or 6b, describe in Part III. | | | | | |
| | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | x | | |
| not described on lines 5 and 6? If "Yes," describe in Part III | | | | | | |
| Were any amount | s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th | е | | x | | |
| initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | | | | | |
| If "Yes" on line 8, | did the organization also follow the rebuttable presumption procedure described in | | | | | |
| | | | | 1 | | |

Schedule J (Form 990) 2021

52-1154418

Page **2**

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|--------------------|-------------|--|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) JAMIE MANSON | (i) | 218,632. | 20,000. | 0. | 2,567. | 9,802. | 251,001. | 0. |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (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

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



52-1154418

CATHOLICS FOR CHOICE

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

AFFECT PEOPLE OF COLOR, THE POOR, AND THE VULNERABLE.

FORM 990, PART VI:

THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. IT WAS REVIEWED BY

MANAGEMENT AND THE BOARD BEFORE IT WAS FILED.

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

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

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

THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. IT WAS REVIEWED BY

MANAGEMENT AND THE BOARD BEFORE IT WAS FILED.

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

CONFLICT OF INTEREST POLICIES ARE PROVIDED TO NEW STAFF AND BOARD MEMBERS

WHEN THEY JOIN THE ORGANIZATION AND ARE REDISTRIBUTED TO ALL STAFF AND

BOARD MEMBERS ANNUALLY. POTENTIAL OR ACTUAL CONFLICTS ARE REFERRED TO A

DIRECTOR, WHO IN CONSULTATION WITH THE PRESIDENT, DETERMINES WHETHER AN

ACTUAL CONFLICT EXISTS AND RECOMMENDS ACTION WHICH SAFEGUARDS THE INTEGRITY

OF THE ORGANIZATION AND OF THE INVOLVED PARTIES.

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

THE BOARD OF DIRECTORS FORMED A COMMITTEE COMPRISING THE EXECUTIVE

COMMITTEE AND ONE ADDITIONAL BOARD MEMBER TO EVALUATE THE CEO'S PERFORMANCE

AND RECOMMEND COMPENSATION. THE COMMITTEE SUBMITTED ITS RECOMMENDATION TO

| Schedule O (Form 990) 2021 | Page 2 |
|---|---|
| Name of the organization CATHOLICS FOR CHOICE | Employer identification number 52-1154418 |
| THE FULL BOARD, WHICH SETS THE CEO'S COMPENSATION. THE DEL | IBERATION TOOK |
| PLACE DURING EXECUTIVE SESSION OF A REGULAR BOARD OF DIREC | TORS MEETING AND |
| IT WAS CONTEMPORANEOUSLY DOCUMENTED. THIS PROCESS WAS LAST | COMPLETED IN |
| OCTOBER 2020. | |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY | OF FORM 990: |
| AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, ME, MI, MN, MS, NC, N | D, NH, NJ, NM, NV, NY |
| OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| REQUESTS FOR COPIES OF THE ORGANIZATION'S GOVERNING DOCUME | NTS, CONFLICT OF |
| INTEREST POLICY AND FINANCIAL STATEMENTS ARE REVIEWED BY M | ANAGEMENT. |
| FINANCIAL STATEMENTS ARE REGULARLY MADE AVAILABLE TO CURRE | NT AND |
| PROSPECTIVE DONORS. | |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| OTHER PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 295,359. |
| MANAGEMENT AND GENERAL EXPENSES | 12,860. |
| FUNDRAISING EXPENSES | 22,275. |
| TOTAL EXPENSES | 330,494. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 330,494. |