Department of the Treasury

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.

OMB No. 1545-0047

2023 A For the 2022 calendar year, or tax year beginning SEP 2022 and ending AUG Check if applicable: C Name of organization D Employer identification number THE NATIONAL SOCIETY OF THE COLONIAL Address change DAMES OF AMERICA Name change 53-0224364 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2715 Q STREET, NW 202-337-2288 7,540,323. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 20007 WASHINGTON, DC H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELIZABETH HAGOPIAN Yes X No for subordinates? 158 LEWIS ROAD, BELMONT, MA 02478 **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.NSCDA.ORG J Website: H(c) Group exemption number Trust X Association Other L Year of formation: 1891 M State of legal domicile: DC K Form of organization: Corporation [ Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTION OF OUR HERITAGE Activities & Governance THROUGH PRESERVATION, PATRIOTIC SERVICE, AND EDUCATIONAL PROJECTS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 79 3 Number of voting members of the governing body (Part VI, line 1a) 3 79 Number of independent voting members of the governing body (Part VI, line 1b) 4 48 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 1,434,505. 1,407,238. Contributions and grants (Part VIII, line 1h) 8 750,753. 872,785. Program service revenue (Part VIII, line 2g) 776,160. 1,369,146. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 340,595. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 118,681. 11  $\overline{3,302,013}$ 3,767,850. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 412,602. 308,041. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,070,003. 1,003,756. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,340,708. 1,432,348. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,823,313. 2,744,145. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 478,700. 1,023,705. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 15,915,610. 16,061,950. Total assets (Part X, line 16) 1,050,435. 779,236. 21 Total liabilities (Part X, line 26) 三年 14,865,175. 282,714 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ELIZABETH HAGOPIAN, TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 05/04/24 P01249346 DANIEL L. WEAVER Paid DANIEL L. WEAVER self-employed COUNCILOR, BUCHANAN & MITCHELL, P.C. Firm's EIN 52-1711839 Preparer Firm's name Firm's address 7910 WOODMONT AVE. STE. Use Only Phone no. (301) 986-0600BETHESDA, MD 20814 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA ACTIVELY
	PROMOTES OUR NATIONAL HERITAGE THROUGH HISTORIC PRESERVATION,
	PATRIOTIC SERVICE, AND EDUCATIONAL PROJECTS.
2	Did the experiention undertake any significant average continued during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	MUSEUM PROPERTIES PRESERVATION, RESTORATION, AND INTERPRETATION OF
	HISTORIC SITES THAT OFFER INVALUABLE OPPORTUNITIES TO EXPERIENCE THE
	RICH VARIETY OF AMERICA'S HERITAGE.
4b	(Code:) (Expenses \$ 167,333. including grants of \$ 162,560. ) (Revenue \$)
	PATRIOTIC SERVICE PROGRAMS ARE DESIGNED TO PROMOTE RESPONSIBLE
	CITIZENSHIP AND THE STUDY OF AMERICAN HISTORY WITH PARTICULAR EMPHASIS
	ON THE FUNDAMENTAL DOCUMENTS, TRADITIONS AND WORKINGS OF OUR COUNTRY
	AND ITS GOVERNMENT.
4c	(Code:) (Expenses \$ 85,191. including grants of \$0.) (Revenue \$)
	HISTORICAL ACTIVITIES PROJECTS INCLUDE RESEARCH, PRESERVATION, AND
	EDUCATIONAL PUBLICATIONS.
4d	Other program services (Describe on Schedule O.)
TU	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,397,049.
	Form <b>990</b> (2022)

# Form 990 (2022) DAMES OF AMERICA 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		<del></del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,		Х	
•	Schedule D, Part III	8	Λ	-
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	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	
h	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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		1
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		<sub>v</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا		
	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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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	

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Form **990** (2022)

Part IV Checklist of Required Schedules (continued)

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

28 Enter the number of entoloyees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendary spare anding with or within the year covered by this return.  48 If the agricultation have unrelated business gross income of \$1,000 more during the year?  48 Just the organization have unrelated business gross income of \$1,000 more during the year?  48 Just the organization have unrelated business gross income of \$1,000 more during the year?  48 Just Yes, "has it filled a Form 900 T for this year? If Yes' to line & populate in expension on Schedule O.  49 Just Yes, "enter the name of the foreign country.  50 Just Yes, enter the name of the foreign country.  51 Just Yes, "enter the name of the foreign country.  52 Sea instructions of fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  53 Was the organization and party to a prohibited tax shelter transaction at any time during the tax year?  54 Did any taxable party norify the organization have an internal reprohibited tax shelter transaction?  55 Did any taxable party norify the organization have an internal and prohibited tax shelter transaction at any time during the tax year?  55 Uses the organization in expension the Form 888617 or 10 Did any taxable party norify the organization have an internal gross receipts that are normally greater than \$100,000, and did the organization selled as charitable contributions or prohibited tax shelter transaction as a probable tax shelter transaction and				Yes	No
b If all least one is reported on line 2s, did the organization file all required federal employment tax returns?  28	<b>2</b> a				
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes, "has if Ited a Form 9901" for this year? If Yes' to fine 3b, provide an explanation or Schedule 0  4c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country laudo, as a bank account, securities account, or other financial account (PAP).  5c Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization that we not explained in the tax year or the account in a foreign country with the organization that it was or is a party to a prohibited tax shelter transaction?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charaltate contributions?  6c Was the organization that we deductible a charaltate contributions?  6c Was the organization that we are tax deductibles a charaltate contributions?  6c Was the organization state and the organization in Early and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7c Organization that may receive deductible contributions under section 170(c).  8c Was the organization state organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and the organization state		filed for the calendar year ending with or within the year covered by this return 2a 48			
b If Vess. *Inst filled a Form 590.7 for this year? y 'No' to line 3b, provide an explanation on Schedule O a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  4a X  If Vess, *Inst the name of the foreign country See instructions for filling requirements for FICEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shetler transaction at any time during the tax year?  5b If Vess, *Institutions that reginal accounts of the fire organization file Form 8886.7?  6c If Yes to line Sair of Si, did the organization file Form 8886.7?  6d 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?  6d If Yes, *Institution that were not tax deductible as charitable contributions?  6d If Yes, *Institution that were not tax deductible as charitable contributions or provided to the payor?  6d If Yes, *Institution that were not tax deductible or contributions under section 170(c).  8d If Yes, *Institution that the organization intellegate that are normally greater than \$100,000, and did the organization solicit any contribution under section 170(c).  8d If Yes, *Institution that were not tax deductible or contribution under section 170(c).  8d If Yes, *Institution that the organization intellegate that are normally greater than \$100,000, and did the organization tellegate to the organization that the payor section of the organization that the payor section of the payor section that the number of Forms 8882.7 and the payor section 170(c).  8d If Yes, *Institution section 40 contribution of the payor section 170(c).  9d If the organization device and contribution of the payor section appears the payor section 170(c).  9d If the organization device and contribution of a qualified intellectual property, did the organization line form 170(s).  9d Sponsoring organizat	b			_X_	
4a A army time during the calendary 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 accounts?  b if "ves," enter the name of the foreign country  See instructions for fling 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?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "ves to fine be a rot b, did the organization the Fore B880 TS.  6c If "ves to fine be a rot b, did the organization in the organization than the organization shelt any contributions that were not tax deductibles a charitable contributions?  6c If "ves," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductibles a charitable contributions and express statement that such contributions or girts were not tax deductibles a charitable contributions under section 170c).  6c If the "ves," did the organization reliable with every solicitation an express statement that such contributions or girts were not tax deductibles as charitable contribution and express the statement that such contributions or girts were not tax deductibles as charitable contribution or girts were not tax deductibles as charitable contribution or girts, and the organization reliable and party in express girts and party to group state that any received a contribution or girts fine degration and party for pools and services provided to the payor?  7c If If the organization received a contribution or indirectly, to pay premiums on a personal benefit contract?  7e If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Senonsoring organization have excess business holdings at any					<u> X</u>
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  So Did any texteb party notify the organization file Form 8880.7?  6a Does the organization party to a prohibited tax shelter transaction at any time during the tax year?  So Does the organization anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twee not tax deductible as charitable contributions?  1b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  1c Organization solice apprend in excess of \$75 made pathy as a contribution and partly for goods and services provided?  1c Did the organization solice apprend in excess of \$57 made pathy as a contribution and partly for goods and services provided to the payor?  2a Did the organization solice apprend in excess of \$57 made pathy as a contribution and partly for goods and services provided for Did the organization solicity and provide and the foreign solicity of the organization solicity and provide and to the good of services provided?  2a Did the organization solicity and provide growing provided for the which it was required to file Form 8282? Filed during the year  2b Did the conganization conceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  2b Did the organization received a contribution of qualified intellectual property, dof the organization file Form 8890 as required?  3c Did the organization received a contribution of qualified intellectual property, dof the organization file Form 8890 as required?  3c Did the sponsoring organizations make a distribution of cars, boats, airplanes, or other vehicles, did the organization file Fo			3b		
b   "Yes," other the name of the foreign country See instructions for firing requirements for FriCEN 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?  5b   C   "Yes to line face for 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c   X    6d   Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt or tax deductibles a charlable contributions?  6a   X    5c   "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlable contributions?  7b   "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlable contributions were not tax deductibles were not tax deductibles as charlable contributions under section 170(c).  8b   "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charlable contributions under section 170(c).  8b   "Yes," did the organization include with every solicitation and party for goods and services provided to the payor?  7c   X    8c   "Yes," indicate the number of Forms 2822 filed during the year  10   Did the organization received a contribution of qualified intellectual property, did the organization flee Form 1889 as required?  11   The organization received a contribution of qualified intellectual property, did the organization flee Form 1098-C?  12   Did the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49889 as required?  13   The organization received a contribution of orac, on other sou	4a		4 -		v
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),  5 a Was the organization or aparty to a prohibited tax whether transaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5 c I "Yes" to line Su or Su, did the organization file Form 888617?  6 b Obes the organization and provide that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 b I "Yes" (did the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible?  7 b If "Yes," did the organization rotely the donor of the value of the goods or services provided?  8 b If "Yes," did the organization rotely the donor of the value of the goods or services provided?  9 b If "Yes," indicate the number of Forms 8282 filed during the year  9 b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 b If the organization rotelve any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  9 b If the organization forceive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  9 b If the organization roteive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  9 b If the organization roteive and contribution of qualified intellectual property, did the organization file Form 1986?  1 b If the organization roteive and contribution of qualified intellectual property, did the organization file Form 1986?  1 b If the organization roteived a contribution of qualified intellectual property, did the organization file Form 1986?  1 b If the organization roteived a contribution of any organization selection file Form 1989 as required?  1 b If the organization roteive and contribution of any organiz	<b>L</b>		4a		
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g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  S Sponsoring organization maintaining donor advised funds.  S ponsoring organization have excess business holdings at any time during the year?  S Sponsoring organization maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  15 If "Yes," inet the amount of tax-exempt interest received or accrued during the year  15 If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Enter the amount of reserves on hand  13a  Did the organization receive any payments for indoor tanning services during the tax year?  15 If the amount of reserves on hand  16 If Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 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?  17 If "Yes," see t	_				
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If "Yes," complete Form 6069.	17				
			17		
	22200		Form	990	(2022)

DAMES OF AMERICA 53-0224364 Page 6 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 79 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 79 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2022)

20007

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

statements available to the public during the tax year.

ELIZABETH HAGOPIAN - 202-337-2288 2715 O STREET, NW, WASHINGTON, DC

# DAMES OF AMERICA

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<u> Page</u> **7** 

### Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former 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.

(A)	(B)	J	iiiZu		C)	ірсі	iout	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	<u> </u>	Cei ai	lu a u	liecto	l / li us	(66)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	im per		1099-NEC)		and related
	below	/idual	Institutional trustee	Je.	Key employee	Highest compensated employee	Jer			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) CAROL CADOU	40.00									
EXEC DIR DUMBARTON HOUSE				Х				160,000.	0.	0.
(2) MRS. KATHERINE TAYLOR CAMMACK	5.00									
PRESIDENT - NSCDA		Х		Х				0.	0.	0.
(3) MRS. KEMP STICKNEY	5.00									
VICE-PRESIDENT, NHQ-DUMBAR		Х		Х				0.	0.	0.
(4) MRS. CARO WILLIAMS	5.00									
VP OF REGION I		Х		Х				0.	0.	0.
(5) MRS. STEVEN E. KELLER	5.00									
VP OF REGION II		Х		X				0.	0.	0.
(6) LISA WHITE	5.00									
VP OF REGION III		Х		X				0.	0.	0.
(7) ELLEN MACBETH BOOMER	5.00									
VP OF REGION IV		Х		X				0.	0.	0.
(8) MRS. MARY H. MUNDY	5.00									
RECORDING SECRETARY		Х		X				0.	0.	0.
(9) MRS. MOLLY CAREY	5.00									
CORRESPONDING SECRETARY		Х		X				0.	0.	0.
(10) MRS. ROBERT W. HAGOPIAN	5.00									
TREASURER		Х		X				0.	0.	0.
(11) FRANCES ANNE ROOT	5.00									
ASSISTANT TREASURER		Х		X				0.	0.	0.
(12) MRS. ROBERT GOLDSMITH	5.00									
REGISTRAR		Х		X				0.	0.	0.
(13) MRS. SALLY CONNELLY	5.00									
HISTORIAN		Х		Х				0.	0.	0.
(14) MRS. WILLIAM AYERS ROBERTS	5.00									
CHAIR, CODIFICATION COMMITTEE		Х						0.	0.	0.
(15) SONYA WOSLEY-PAIGE	5.00									
CHAIR, COMMUNICATIONS-MARKETING		Х						0.	0.	0.
(16) MRS. GENEVIEVE BROWN	5.00									
CHAIR, DEVELOPMENT COMMITTEE		Х						0.	0.	0.
(17) MS. JAYNE MIDDLETON	5.00									
CHAIR, GOVERNANCE COMMITTEE		Х						0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

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Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hig	ghes	t Co	mpensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box,	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week (list any	_	Jei aii		Tecto	i/ii us	(66)	from	from related	other
	hours for	director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	idual	tution	le e	Key employee	est co loyee	ıer	•		organizations
	line)	Indiv	Instii	Officer	Key 6	High emp	Former			
(18) MRS. JONATHAN TRACE	5.00									
CHAIR, GH REGENTS NOMINATING COMMITT		Х						0.	0.	0.
(19) MRS. HOLLY HUNT	5.00									
CHAIR, MEMBERSHIP COMMITTEE		Х						0.	0.	0.
(20) MRS. ELSIE SMITH	5.00									
CHAIR, HISTORICAL ACTIVITIES COMMITT		Х						0.	0.	0.
(21) MRS. CATHERINE L. COOPER	5.00									
CHAIR, MUSEUM ALLIANCE COMMITTEE		Х						0.	0.	0.
(22) MRS. MARGARET FREEMAN	5.00									
CHAIR, PATRIOTIC SERVICES COMMITTEE		Х						0.	0.	0.
(23) MRS. STEVEN B. WIRTS	5.00									
CHAIR, NOMINATING COMMITTEE		X						0.	0.	0.
(24) MS. ELIZABETH BREWSTER ROBINSON	5.00									
CHAIR, STRATEGIC PLANNING COMMITTEE		Х						0.	0.	0.
(25) MRS. JUSTIN MARSHALL NICOLSON	1.00									
FIRST REGENT - GUNSTON HALL		Х						0.	0.	0.
(26) MRS. JAMES GOEDHART	1.00									
SENIOR REPRESENTATIVE - SULGRAVE MAN		Х						0.	0.	0.
1b Subtotal								160,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								160,000.	0.	0.

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

Yes No

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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

### Section B. Independent Contractors

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

the organization. Report compensation for the calcular year chaing with or with	in the organization 3 tax year.	
(A) Name and business address	(B)  Description of services	<b>(C)</b> Compensation
CORBETT CONSTRUCTION	CONSTRUCTION	2 200 (200 200 200 200 200 200 200 200 2
2810 DORR AVE, FAIRFAX, VA 22031	SERVICES	845,833.
BAILEY SYSTEMS		
8300 BOONE BLVD, STE 500, VIENNA, VA 22182	IT SERVICES	315,881.
HARTMAN-COX ARCHITECTS, 1074 THOMAS	CONSTRUCTION PROJECT	
JEFFERSON ST NW, WASHINGTON, DC 20007	SERVICES	243,601.
FIREFLI		
109 NORFOLK AVE SW, ROANOKE, VA 24011	WEBSITE SERVICES	121,784.

\$100,000 of compensation from the organization 4
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2022)

Form 990

Form 990 DAMES OF										
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)			((				(D)	(E)	(F)	
Name and title	(B) Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for	or directo	9.6			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		e e	suedi				and related
	organizations below	Individual trustee	Institutional trustee		Key employee	Highest compensated employee				organizations
	line)	divid	stitut	Officer	ey em	ighes	Former			
(27) MRS. CHABRA JESTIN	1.00	=	=	0	~	エ	Œ			
	1.00	х						0.	0.	^
JUNIOR REPRESENTATIVE - SULGRAVE MAN	1 00	Λ						0.	0.	0.
(28) MRS. PETER RAYMOND BEASLEY II	1.00	37						_	0	0
ARCHIVIST	1 00	Х						0.	0.	0.
(29) MRS. CHARLES ANDREW LILES SR.	1.00	,,						_	0	0
NATIONAL BOARD MEMBER	1 00	Х						0.	0.	0.
(30) MRS. JAMES OTEY WALKER III	1.00	l								
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(31) MRS. ELIZABETH LEE SCOTT	1.00	l							•	•
NATIONAL BOARD MEMBER	1 00	Х						0.	0.	0.
(32) MRS. MARY FIELDS	1.00	l								•
NATIONAL BOARD MEMBER	1 00	Х						0.	0.	0.
(33) MRS. JEFFREY STEWART AMLING	1.00	l								
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(34) MRS. STEVEN MICHAEL LOGAN	1.00							_	_	_
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(35) MRS. A. CORKRAN NIMICK	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(36) MRS. JOAN WICKERSHAM	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(37) VIRGINIA STUART COBB	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(38) MRS. HILARY GRIPEKOVEN	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(39) MRS. MARCY MOODY	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(40) MRS. STEVEN WAYNE DUFF	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(41) MRS. LAURA CLARK	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(42) MRS. RUEDIGER SCHULTZ	1.00							-	-	
NATIONAL BOARD MEMBER		х						0.	0.	0.
(43) MRS. SUSAN BETTS	1.00								•	
NATIONAL BOARD MEMBER		х						0.	0.	0.
(44) MRS. MARIAN J. BLISS	1.00								0.1	
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(45) MRS. JANE COLONNO	1.00								J.	•
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(46) ALICE HYLAND	1.00	-23						"	0.	
	· · · ·	l	ı		ı	ı		1		
NATIONAL BOARD MEMBER		Х						0.	0.	0.

Form 990

Form 990 DAMES OF	AMERICA	1							53-022	4364
Part VII   Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)		(D)	(E)	(F)					
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				emp		organization	(W-2/1099-MISC)	from the
	hours for related		tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ndividual trustee	Institutional trustee		/ee	Highest compensated employee				organizations
	below	dualt	utiona	_	Key employee	stco	JE.			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(47) MRS. MARY LAWSHE HENDERER	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(48) ELEANOR KUHN BOYSE	1.00							-	-	-
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(49) MRS. HAROLD EDWARD GIPPE	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(50) MRS. LYN HUNT	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(51) MRS. MARK RICHARD ALLEN	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(52) MRS. WINIFRED HAYES	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(53) MRS. DAVID LEWIS CAIN	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(54) MRS. LEE DOUGHERTY STAAK	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(55) MRS. JEFFREY A ARTZ	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(56) MRS. KENNETH C. FLEMING	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(57) MRS. HUNTER NUMA CHARBONNET	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(58) MRS. MARGARET BOYD SCHUTRUMPF	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(59) MRS. MARK DAVID GOULD	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(60) MRS. DANIEL MARTIN KIMBALL	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(61) MRS. ROBERT WHITTEMORE BOOMER	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(62) LOIS MACKIN	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(63) MRS. WILLIAM SENTON GRANBERRY J	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(64) MRS. RICHARD THOMAS CRAWFORD	1.00							_	_	_
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(65) MRS. DANIEL PRADO	1.00									_
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(66) MARGERITE E. H. MORRISON	1.00							_	_	_
NATIONAL BOARD MEMBER		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

rustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	ees (continued)		
(A) (B) (C)										
Average							Reportable	Reportable	<b>(F)</b> Estimated	
hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of	
per							from	from related	other	
	-				loyee				compensation	
1 '	lirecto				emp		_	(W-2/1099-MISC)	from the organization	
	3e or 0	stee			satec		(***2/1099-10130)		and related	
	truste	al trus		yee	m per				organizations	
below	idual	tution	ъ	old me	estoc	er				
line)	Indiv	Insti	Offic	Key	High	Form				
1.00										
	Х						0.	0.	0.	
1.00										
	Х						0.	0.	0.	
1.00										
	Х						0.	0.	0.	
1.00										
	Х						0.	0.	0.	
1.00										
	Х						0.	0.	0.	
1.00										
	Х						0.	0.	0.	
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	Х						0.	0.	0.	
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	Х						0.	0.	0.	
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<del>                                     </del>	Х						0.	0.	0.	
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+	Х						0.	0.	0.	
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1 00	Х				_		0.	0.	0.	
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+	X						0.	0.	0.	
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	1									
+										
	1									
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+										
	1									
	<u> </u>					Ц	-			
	(B) Average hours per week (list any hours for related organizations below line)  1.00  1.00  1.00  1.00	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  X  X  X  X  X  X  X  X  X  X  X	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  1.00	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  1.00	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  1.000  X  1.000	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  1.000  X  1.000	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  1.00	C	Average hours per week (list any hours for related organizations)   Below line	

Form 990 (2022) DAMES O
Part VIII Statement of Revenue

		Check if Schedule	O contair	ns a resnonse (	or note to any lin	e in this Part VIII			
		CHOOK II COIICUAIC	O COMMUNICATION	по и георопое ч	or riote to driy iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
49.40	_								300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	1			4.1					
S S									
ts, An		<b>c</b> Fundraising events		1					
ig ig					20.000				
ns, Sim		e Government grants (co		20,000.					
e ë		f All other contributions, gif			1 205 020				
현된		similar amounts not includ			1,387,238.				
ont od (		<b>g</b> Noncash contributions included	l in lines 1a-	-1f <b>1g </b> \$		1 400 000			
<u>0</u> <u>e</u>		h Total. Add lines 1a-1f				1,407,238.			
					Business Code		500.055		
Se	2				900099	598,867.	598,867.		
ervi Ie		b SPECIAL PROJECT IN			900099	246,606.	246,606.		
S		c PROCEEDS FROM DEAC	CESSIO	N SALES	900099	27,312.	27,312.		
ran Sev		d							
Program Service Revenue		e							
Ē		f All other program service							
		g Total. Add lines 2a-2f .				872,785.			
	3	Investment income (inc							
		other similar amounts)				270,447.			270,447.
	4	Income from investmen	t of tax-e	exempt bond p	roceeds				
	5	Royalties	<u></u> .						
				(i) Real	(ii) Personal				
	6	a Gross rents	6a	185,465.					
		<b>b</b> Less: rental expenses .	6b	66,213.					
		c Rental income or (loss)	6с	119,252.					
		d Net rental income or (lo	ss)			119,252.	119,252.		
	7	a Gross amount from sales	of L	(i) Securities	(ii) Other				
		assets other than inventor	y <b>7a</b>	4,787,628.					
		<b>b</b> Less: cost or other basis							
ne		and sales expenses		3,688,929.					
her Revenue		c Gain or (loss)	. 7с	1,098,699.					
Be		d Net gain or (loss)		<u></u>		1,098,699.			1098699.
Je	8	a Gross income from fundra	ising ever	nts (not					
₹		including \$		of					
		contributions reported	on line 1	c). See					
		Part IV, line 18		8a					
		<b>b</b> Less: direct expenses							
		c Net income or (loss) fro	m fundra	aising events					
	9	a Gross income from gan	ning activ	vities. See					
		Part IV, line 19		9a					
		<b>b</b> Less: direct expenses		9b					
		c Net income or (loss) fro	m gamin	g activities					
	10	a Gross sales of inventor	y, less re	turns					
		and allowances 10a			12,082.				
		<b>b</b> Less: cost of goods sol	d	10b	17,331.				
		c Net income or (loss) fro	m sales o	of inventory		-5,249.	-5,249.		
				_	Business Code				
Miscellaneous Revenue	11	a MISCELLANEOUS			900099	4,678.	4,678.		
ane Duc		b							
e e e		с							
Alsc B		d All other revenue		<del></del>					
_		e Total. Add lines 11a-11				4,678.			
	12	Total revenue. See instru				3,767,850.	991,466.	0.	1369146.

# Part IX | Statement of Functional Expenses

D-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b, 8	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	114 201	114 201		
	and domestic governments. See Part IV, line 21	114,381.	114,381.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	193,660.	193,660.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	160,000.	80,000.	40,000.	40,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	728,523.	322,830.	387,787.	17,906
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4.4.51.5	22.22	21 /=2	
9	Other employee benefits	44,610.	20,225.	21,478.	2,907 4,603
10	Payroll taxes	70,623.	32,018.	34,002.	4,603
11	Fees for services (nonemployees):				
а	Management	E 504	2 506	2 504	504
	Legal	7,734.	3,506.	3,724.	504
С	Accounting	93,565.	42,419.	45,048.	6,098
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	46 227		46 227	
f	Investment management fees	46,327.		46,327.	
g	Other. (If line 11g amount exceeds 10% of line 25,	170 004	01 110	06 124	11 660
	column (A), amount, list line 11g expenses on Sch O.)	178,904. 11,193.	81,110. 5,075.	86,134. 5,389.	11,660 729
12	Advertising and promotion	142,135.	64,437.	68,433.	9,265
13	Office expenses	127,040.	56,173.	62,418.	8,449
14	Information technology	127,040.	30,173.	02,410.	0,443
15 16	Royalties	54,370.	24,650.	26,177.	3,543
16 17	Occupancy	315,995.	143,263.	152,138.	20,594
17 18	Payments of travel or entertainment expenses	313,333.	143,203.	132,130.	20,331
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	136,953.	62,091.	65,937.	8,925
20	Interest		0=,00=0	33,23.1	0,7220
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	267,854.	128,416.	122,814.	16,624
23	Insurance	24,506.	11,110.	11,799.	1,597
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 AND SUBSCRIPTIONS	21,046.	9,542.	10,133.	1 271
	TAXES AND LICENSES	4,726.	2,143.	2,275.	1,371 308
b	TAVED WIND DICEMBED	4,140.	2,143.	4,413.	300
q					
d	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,744,145.	1,397,049.	1,192,013.	155,083
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	<u>u,, </u>	±,301,0±0•	1,170,010•	100,000
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oudoutional campaign and fundralonly Sundialion.				

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

ar	t X	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,668,647.	1	523,494
	2	Savings and temporary cash investments	890,228.	2	167,924		
	3	Pledges and grants receivable, net			887,722.	3	769,190
	4	Accounts receivable, net			2,555.	4	0
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described i	in sect	ion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			30,660.	8	17,874
₹	9	Prepaid expenses and deferred charges	109,059.	9	67,855		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,460,971.			
	b	Less: accumulated depreciation	10b	4,524,266.	3,350,604.	10c	4,936,705 9,564,943
	11	Investments - publicly traded securities			8,976,135.	11	9,564,943
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	13,965
_	16	Total assets. Add lines 1 through 15 (must equal		15,915,610.	16	16,061,950	
	17	Accounts payable and accrued expenses		276,097.	17	360,818	
	18	Grants payable		18	404 45		
	19	Deferred revenue		774,338.	19	404,453	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
3	22	Loans and other payables to any current or forme					
		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrelate		• • • • • • • • • • • • • • • • • • • •		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	0.		12 06
					* -	25	13,965
+	26	Total liabilities. Add lines 17 through 25			1,050,435.	26	779,236
ر ا		Organizations that follow FASB ASC 958, chec	K nere				
4	07	and complete lines 27, 28, 32, and 33.	10,683,515.	27	10,052,766		
2	27	Net assets with dance restrictions	4,181,660.	28	5,229,948		
ן ב	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 95	±,101,000.		3,223,340		
§		and complete lines 29 through 33.	o, crie	CK fiere			
5	29					29	
3	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ				30	
Net Assets of Fully balances	31	Retained earnings, endowment, accumulated inco				31	
ا ئ	31	Total net assets or fund balances			14,865,175.	32	15,282,714
י עם					T T ' C C C T T T T D 0	.7/	10,404,114

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,7	767	, 85	<u>50.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,7			
3	Revenue less expenses. Subtract line 2 from line 1	3				05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,8	<u> 865</u>	<u>,1'</u>	<u>75.</u>
5	Net unrealized gains (losses) on investments	5	- 6	05	<u>,1'</u>	<u>76.</u>
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			-99	90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	15,2	282	,73	14.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
				•	es/	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		:	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		;	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		;	Ba	_	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		I .	2h		I

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

THE NATIONAL SOCIETY OF THE COLONIAL

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

DAMES OF AMERICA 53-0224364 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

53-0224364 Page 2

Part II	Suppor	t Schedule for	Organizations	Described in S	ections 17	70(b)(1)(A)(iv) a	nd 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	•				i01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- <b>2022.</b> If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	ıblicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	3
						Cohodulo A	(Form 990) 2022

Schedule A (Form 990) 2022

# 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	1788853.	1987831.	1497905.	1184522.	1407238.	7866349.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	940,814.	743,031.	688,671.	774,261.	884,867.	4031644.
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	2729667.	2730862.	2186576.	1958783.	2292105.	11897993.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	346,400.	171,000.	298,788.	594,565.	409,952.	1820705.
t	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						0.
	Add lines 7a and 7b	346,400.	171,000.	298,788.	594,565.	409,952.	1820705.
	Public support. (Subtract line 7c from line 6.)	0 10 / 100 0			0,000		10077288.
	etion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	2729667.	2730862.	2186576.	1958783.		11897993.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	373,150.	229,762.	252 099	546,054.	455 912	1856977.
L	and income from similar sources Unrelated business taxable income	3/3,130.	229,102.	232,099.	340,034.	400,912.	1030911.
ı.	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	373,150.	229,762.	252,099.	546,054.	455,912.	1856977.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	373,130.	225,702.	232,033.	340,034.	433,312.	1030377.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,220.	714.	28.	6,206.	4,678.	14,846.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3106037.	2961338.	2438703.	2511043.	2752695.	13769816.
14	First 5 years. If the Form 990 is for the check this box and stop here	· ·		•		. , . , .	on,
Sec	ction C. Computation of Publi						
				actions (f))		15	73.18 %
	Public support percentage for 2022 (li Public support percentage from 2021			.,,		16	
	ction D. Computation of Inves					10	75.01 %
	Investment income percentage for 20			ne 13 column (f)		17	13.49 %
18	Investment income percentage from 2					18	12.55 %
	33 1/3% support tests - 2022. If the			on line 14 and line			
150	more than 33 1/3%, check this box ar						X
t	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a l	<u>box on line 14, 19a</u>	a, or 19b, check th	is box and see inst	ructions	

# Part IV | Supporting Organizations

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

# Section A. All Supporting Organizations

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

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

	Yes	No
1		
•		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
40-		
10a		
10b		
ule A (Forn	n 990)	2022

Pa	rt IV Supporting Organizations (continued)			<u> </u>
	tri   capporting organizations (continued)		Yes	No
44	Healtha arganization accounted a gift or contribution from any of the following persons?		162	NO
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	110		
L		11a		
	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	44.		
<u>Sac</u>	detail in Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type i Supporting Organizations		1	
			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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3				
	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	_		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
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 governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	′	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in <b>Part VI</b> the role played by the organization in this regard	3b		

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Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations				
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions			
	ll other Type III non-functionally integrated supporting organizations mu		·				
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net sho	rt-term capital gain	1					
2 Recover	ries of prior-year distributions	2					
3 Other gr	ross income (see instructions)	3					
4 Add line	es 1 through 3.	4					
<b>5</b> Depreci	ation and depletion	5					
6 Portion	of operating expenses paid or incurred for production or						
collection	on of gross income or for management, conservation, or						
mainten	nance of property held for production of income (see instructions)	6					
7 Other ex	xpenses (see instructions)	7					
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggrega	ate fair market value of all non-exempt-use assets (see						
instructi	ions for short tax year or assets held for part of year):						
a Average	e monthly value of securities	1a					
<b>b</b> Average	e monthly cash balances	1b					
<b>c</b> Fair mar	rket value of other non-exempt-use assets	1c					
d Total (a	dd lines 1a, 1b, and 1c)	1d					
e Discou	nt claimed for blockage or other factors						
(explain	in detail in Part VI):						
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2					
3 Subtrac	t line 2 from line 1d.	3					
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
see inst	ructions).	4					
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply	line 5 by 0.035.	6					
<b>7</b> Recover	ries of prior-year distributions	7					
8 Minimu	m Asset Amount (add line 7 to line 6)	8					
Section C - D	Distributable Amount			Current Year			
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1					
2 Enter 0.	85 of line 1.	2					
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3					
4 Enter gr							
5 Income	tax imposed in prior year	5					
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to						
	ncy temporary reduction (see instructions).	6					
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see			

Schedule A (Form 990) 2022

instructions).

Par	rt V Type III Non-Functionally Integrated 50	09(a)(3) Supporting Organ	izations (continued)	
<u>Secti</u>	ion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity		2	
_3_	Administrative expenses paid to accomplish exempt purport	3		
_4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
_6_	Other distributions (describe in Part VI). See instructions.		6	
_7_	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	n the organization is responsive		
	(provide details in Part VI). See instructions.		8	
_9_	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2022			
a	From 2017			
<u>b</u>	From 2018			
c	From 2019			
<u>d</u>	From 2020			
<u>e</u>	From 2021			
f_	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
<u>i_</u>	Carryover from 2017 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions.  Excess distributions carryover to 2023. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (Form 990) 2022

53-0224364 Page 8

Part V	/ Supple		Informa	tion Dro	vido the	ovolonot	ione requ	irod by	Dort II	line 10; Pa	rt II lino 1	70 or 17h	Dort III lin	
	Part IV, Seline 1; Par	ection A, l rt IV, Sect ), lines 5, 6	lines 1, 2, a ion D, lines	3b, 3c, 4b, s 2 and 3;	, 4c, 5a, Part IV,	6, 9a, 9b, Section E	, 9c, 11a, , lines 1c,	11b, ar , 2a, 2b	nd 11c; , 3a, ar	; Part IV, Se	ction B, li V, line 1;	nes 1 and Part V, Se	2; Part IV, S ction B, line	e 12, Section C, e 1e; Part V,
SCHE	DULE A,	PART	III,	LINE	12,	EXPL	ANATI	ON E	OR	OTHER	INCO	ME:		
MISC	ELLANEOU	JS												
	AMOUNT:		3,220	0.										
	AMOUNT	-	714.											
	AMOUNT	-	28.											
	AMOUNT	-												
	AMOUNT	-	4,678	_										
2022	THIOUNT	• Ұ	±,07	<u>.                                    </u>										
-														
-														

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **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

2022

Name of the organization
THE NATIONAL SOCIETY OF THE COLONIAL
DAMES OF AMERICA

Employer identification number
53-0224364

Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  ), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under a 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one he year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; ine 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.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$					
answer "	No" on Part IV, line 2	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990)					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2** 

Name of organization
THE NATIONAL SOCIETY OF THE COLONIAL
DAMES OF AMERICA

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No1	Name, address, and ZIP + 4	\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	\$ 78,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$50,636.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$ 26,299.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	Name, audiess, and Zif + 4	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	Nume, audi 655, and Zir T T	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$ 20,100.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8_		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$13,625.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No10	Name, address, and ZIP + 4	\$ 12,723.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$11,741.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2022)

Name of organization
THE NATIONAL SOCIETY OF THE COLONIAL
DAMES OF AMERICA

Employer identification number

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	* 11,237.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14		\$10,157.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
19		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21		\$10,000.	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 22	Name, address, and ZIP + 4	\$ 9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
23		\$9,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
24	Name, audiess, and ZIF + 4	\$ 9,078.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No. 25	Name, address, and ZIP + 4	* 8,633.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
26		\$8,600.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
27		\$8,185.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
28_		\$7,600.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
29		\$7,100.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
30		\$6,950.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
31		\$6,850.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
32		\$6,800.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
33		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
34	Name, address, and ZIP + 4	* 5,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
35		\$5,624.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
36		\$5,303.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
37		\$5,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
38_		\$5,000	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
39		\$5,000.	Person X Payroll			
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
No.	Name, address, and ZIP + 4	- \$	Person Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)			

Part II	Noncash Property (see instructions). Use duplicate copies of Part II 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	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received		
Part I		(See instructions.)	Date received		
(a)					
(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		
		_			
	_	<del>-</del>   <sub>\$</sub>			

Name of organization **Employer identification number** THE NATIONAL SOCIETY OF THE COLONIAL 53-0224364 DAMES OF AMERICA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (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, and ZIP + 4 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, and ZIP + 4 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, and ZIP + 4 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, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

THE NATIONAL SOCIETY OF THE COLONIAL Name of the organization DAMES OF AMERICA

**Employer identification number** 53-0224364

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	<ul> <li>Complete if th</li> </ul>	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply	).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b				_		
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	/ / //		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historiaal To		h a Oi-sail a A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			· ·	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

232051 09-01-22

	t III Organizations Maintaining Co		, Historical Tre	asures, or Ot	her Si	milar A		(contin		²age <b>∠</b>
3	Using the organization's acquisition, accessio							(COITER	<u>raca,</u>	
_	collection items (check all that apply):	.,	.,	onoming marma	.e e.g					
а	X Public exhibition	d	Loan or exc	hange program						
b	X Scholarly research	e		nange program						
c	X Preservation for future generations	C								
4										
5										
3	to be sold to raise funds rather than to be mai							Yes	X	No
Pai	t IV Escrow and Custodial Arrang									<u>-                                    </u>
	reported an amount on Form 990, Part		ite ii tile organizatio	Transwered res	0111 011	111 000, 1	art iv, i	1110 0, 01		
1a	Is the organization an agent, trustee, custodia	ın or other intermedi	ary for contributions	s or other assets i	not inclu	ıded				
	on Form 990, Part X?						$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII a				_					
								Amoun	t	
С	Beginning balance				[	1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or cu	ıstodial account li	ability?	•		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided on Part	XIII					
Pai										
		(a) Current year	(b) Prior year	(c) Two years bad		Three year	rs back	(e) Four	years	back
1a	Beginning of year balance	1,688,707.	1,851,259.	1,441,48	4.	636	,845.		631	,928.
	Contributions	50,549.	137,357.	16,89	5.	677	,201.			
	Net investment earnings, gains, and losses	187,180.	-290,972.	400,62	2.	. 132,430			5	,250.
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	5,882.	8,937.	7,74	2.	4	,992.			333.
f	Administrative expenses	·	•	,			•			
g	End of year balance	1,920,554.	1,688,707.	1,851,25	9.	1,441	,484.		636	,845.
2	Provide the estimated percentage of the curre				ı	,	<u>'</u>			
	Board designated or quasi-endowment	37.4800	%	y fiold do.						
	Permanent endowment 51.6500	%								
	Term endowment 10.8700 9									
ŭ	The percentages on lines 2a, 2b, and 2c shou	-								
3a	Are there endowment funds not in the posses	•	tion that are held ar	nd administered fo	or the					
ou	organization by:	olon or the organiza	tion that are note a	ia aariii ilotoroa re	) ti 10			[	Yes	No
	(i) Unrelated organizations							3a(i)		X
								3a(ii)		X
h	(ii) Related organizations	iona liatad aa raquir	nd on Cohodulo D2					3b		+
4	Describe in Part XIII the intended uses of the							_ JD _		
Pai	t VI Land, Buildings, and Equipme		villent lunus.							
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. Par	t X. line	10.				
	Description of property	(a) Cost or of		i	c) Accur			(d) Boo	k valı	
	Description of property	basis (investm	, ,	(other)	deprec			( <b>u</b> ) 500	K valu	16
12	Land	<u> </u>	,	0,238.				21	0 2	38.
	Land				1 24	3,065		4,62		
	Buildings Leasehold improvements		0,00	-,555.	- ,	.,		_, 02	<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>
			7	0,920.	61	2,033	3 .		8 8	87.
	Equipment			6,450.	210	9,168	<del>`</del>	<u> </u>	<del>ジ, 3</del> フ	82.
-	Other							4,93		
rota	. Add lines 1a through 1e. (Column (d) must eq	juai Form 990, Part )	K, column (B), line 1	UC.)				<b>=</b> ,33	<i>J</i> , /	0.5.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 DAMES OF AM	ERICA	5	3-0224364	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		· · · · · · · · · · · · · · · · · · ·		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	T	_
(a)	Description		(b) Book va	alue
(2)				
(3)				
(4)				
(5)			+	
<u>(6)</u>			+	
			+	
(8)			+	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability			(b) Book va	alue
(1) Federal income taxes				
(2) OTHER LIABILITIES			13,	,965.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide 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) 2022

Fai	Occupate With a provincial Statement	12 MILLI	nevellue pei ne	turri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			г. т	2 115 257
1				1	3,115,357.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		60E 176		
а	Net unrealized gains (losses) on investments	2a	-605,176.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants		000		
d	Other (Describe in Part XIII.)		-990.	_	COC 1CC
_	Add lines 2a through 2d			2e	<u>-606,166.</u>
3	Subtract line 2e from line 1			3	3,721,523.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	16 227		
a	Investment expenses not included on Form 990, Part VIII, line 7b		46,327.		
b	Other (Describe in Part XIII.)	4b			46 227
С	Add lines 4a and 4b			4c	46,327.
Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nto \A/ith	Evnonces per E	5	3,767,850.
Pai	t XII Reconciliation of Expenses per Audited Financial Statemen	iilə wili	i Expenses per r	veturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			Г. Т	2 607 010
1	Total expenses and losses per audited financial statements			1	2,697,818.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				0
_	Add lines 2a through 2d			2e	2,697,818.
3	Subtract line 2e from line 1			3	2,097,818.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	16 227		
a	Investment expenses not included on Form 990, Part VIII, line 7b		46,327.		
b	Other (Describe in Part XIII.)				46 227
	Add lines 4a and 4b			4c	46,327.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII   Supplemental Information.			5	2,/44,145.
Provi	de 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 )	K. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			,	, =,,
PAF	T III, LINE 1A:				
THE	COLLECTIONS, WHICH WERE ACQUIRED THROUGH 1	PURCH	ASES AND CO	NTR:	IBUTIONS
SIN	ICE THE SOCIETY'S INCEPTION, ARE NOT RECOGN:	IZED Z	AS ASSETS O	N TI	HE
STA	TEMENT OF FINANCIAL POSITION. PURCHASES OF	COLL	ECTION ITEM	S AI	RE
REC	ORDED IN THE YEAR IN WHICH THE ITEMS ARE A	CQUIR	ED AS DECRE	ASES	S IN
	NEGERTAGER NEW AGGREGA OR AS RESPENSES TO THE			D363-	
UNF	ESTRICTED NET ASSETS, OR AS DECREASES IN T	EMPOR	AKILY OR PE	KMAl	NENTLY
RES	TRICTED NET ASSETS IF THE ASSETS USED TO P	URCHA	SE THE ITEM	S AI	RE

CLASSES.

RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON

THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE

RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET

Part XIII Supplemental Information (continued)

PART III, LINE 4:

THE SOCIETY COLLECTS AND PRESERVES MANUSCRIPTS, RELICS, AND MEMENTOS OF

BYGONE DAYS TO EDUCATE FELLOW CITIZENS ABOUT AND CREATE INTEREST IN OUR

COLONIAL HISTORY.

PART V, LINE 4:

THE SOCIETY'S ENDOWMENT FUNDS ARE USED TO SATISFY THE RESTRICTIONS THAT
HAVE BEEN PLACED ON THOSE FUNDS.

PART X, LINE 2:

THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE, EXCEPT FOR INCOME DERIVED FROM UNRELATED
BUSINESS ACTIVITIES. THE INTERNAL REVENUE SERVICE (IRS) HAS DETERMINED
THAT THE SOCIETY IS NOT A PRIVATE FOUNDATION.

THE SOCIETY REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED

BASED ON A "MORE-LIKELY-THAN- NOT" THRESHOLD. THIS APPLIES TO POSITIONS

TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SOCIETY DOES NOT

BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX

POSITIONS.

THE SOCIETY'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS

SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES GENERALLY FOR THREE YEARS

AFTER FILING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COLLECTION ACQUISITIONS -990.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COLLECTION ACQUISITIONS

Schedule D (Form 990) 2022

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

THE NATIONAL SOCIETY OF THE COLONIAL **Employer identification number** Name of the organization 53-0224364 DAMES OF AMERICA Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) FRIENDS OF SULGRAVE MANOR C/O P BROADBENT, 901 E CARY ST, STE 51-0244162 501(C)(3) RICHMOND, VA 23219 0.FMV CONTRIBUTION 50,000.

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

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance		(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AMERICAN INDIAN MEDICAL SCHOLARSHIP	18	39,000.	0.		
GREAT AMERICAN TREASURES (GAT) GRANTS	2	25,000.	0.		
AMERICAN HERITAGE AWARDS	4	4,000.	0.		
ATTINGHAM SCHOLARSHIP	1	6,100.	0.		

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

TO THE EDUCATIONAL INSTITUTION WHERE THE AWARDEES ARE ENROLLED.

PART I, LINE 2:

GRANTS AWARDED TO HIGH SCHOOL STUDENTS TO ATTEND THE WASHINGTON WORKSHOPS

CONGRESSIONAL SEMINAR ARE MONITORED BY NSCDA SOCIETY MEMBERS WHO ARE

PRESENT WITH THE GROUP OF AWARDEES IN WASHINGTON FOR THE SPONSORED EVENTS

AND ACTIVITIES. ATTENDANCE IS TAKEN BY SOCIETY MEMBERS AND ALL PAYMENTS ARE

MADE DIRECTLY TO THE WASHINGTON WORKSHOPS FOUNDATION ON BEHALF OF THE

AWARDEES. TRAVEL EXPENSES ARE REIMBURSED TO SOME ATTENDEES UPON REQUEST.

GRANTS AWARDED FOR THE INDIAN NURSE SCHOLARSHIP PROGRAM ARE MADE DIRECTLY

THE

Schedule I (Form 990)

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA

 $Employer\ identification\ number \\ 53-0224364$ 

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

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

Schedule J (Form 990) 2022

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-MISo compensation	C and/or 1099-NEC	(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) CAROL CADOU	(i)	160,000.	0.	0.	0.	0.	160,000.	0.
EXEC DIR DUMBARTON HOUSE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA

**Employer identification number** 53-0224364

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

THE SOCIETY'S MEMBERS ARE MADE UP OF APPROXIMATELY 15,000 MEMBERS FROM THE FORTY-FOUR STATE SOCIETIES AROUND THE NATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE DIRECTORS ARE ELECTED BY THE VOTING MEMBERS OF THE SOCIETY.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS AND ACTIONS OF THE SOCIETY'S NATIONAL BOARD WHICH MIGHT AFFECT THE SOCIETY'S CONSTITUTION ARE SUBJECT TO APPROVAL OF THE BIENNIAL COUNCIL. THE BIENNIAL COUNCIL INCLUDES FIVE DELEGATES FROM EACH COLONIAL STATE PLUS THE DISTRICT OF COLUMBIA AND ONE DELEGATE FROM EACH ASSOCIATE STATE.

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

DRAFT COPIES OF THE FORM 990 ARE PROVIDED TO PRESIDENT, TREASURER ASSISTANT TREASURER, FINANCE COMMITTEE CHAIRMAN, EXECUTIVE DIRECTOR, THE AUDIT COMMITTEE FOR REVIEW PRIOR TO FILING.

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

THE SOCIETY CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT INTEREST POLICY BY HAVING EACH MEMBER OF THE NATIONAL BOARD AND THE DUMBARTON HOUSE BOARD SIGN THE CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. THOSE FORMS ARE REVIEWED FOR POSSIBLE CONFLICTS OF INTEREST WHICH ARE INVESTIGATED IF NEEDED.

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization THE NATIONAL SOCIETY OF THE COLONIAL  DAMES OF AMERICA	Employer identification number 53-0224364
BOARD SOURCE REFERENCES ARE USED TO ARRIVE AT PROPOSED SAL	ARY
RECOMMENDATIONS WHICH ARE DISCUSSED BY THE FINANCE COMMITT	EE AND THE
EXECUTIVE COMMITTEE OF THE BOARD BEFORE APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
COLLECTION ACQUISITIONS	-990.
FORM 990, PART XII, LINE 2C:	
THE SOCIETY HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBE	LITY FOR
OVERSIGHT OF THE AUDIT AND SELECTION OF THE PUBLIC ACCOUNT	ANT. THE
PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.	

Department of the Treasury

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.

OMB No. 1545-0047

2023 A For the 2022 calendar year, or tax year beginning SEP 2022 and ending AUG Check if applicable: C Name of organization D Employer identification number THE NATIONAL SOCIETY OF THE COLONIAL Address change DAMES OF AMERICA Name change 53-0224364 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2715 Q STREET, NW 202-337-2288 7,540,323. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 20007 WASHINGTON, DC H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELIZABETH HAGOPIAN Yes X No for subordinates? 158 LEWIS ROAD, BELMONT, MA 02478 **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.NSCDA.ORG J Website: H(c) Group exemption number Trust X Association Other L Year of formation: 1891 M State of legal domicile: DC K Form of organization: Corporation [ Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTION OF OUR HERITAGE Activities & Governance THROUGH PRESERVATION, PATRIOTIC SERVICE, AND EDUCATIONAL PROJECTS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 79 3 Number of voting members of the governing body (Part VI, line 1a) 3 79 Number of independent voting members of the governing body (Part VI, line 1b) 4 48 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 1,434,505. 1,407,238. Contributions and grants (Part VIII, line 1h) 8 750,753. 872,785. Program service revenue (Part VIII, line 2g) 776,160. 1,369,146. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 340,595. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 118,681. 11  $\overline{3,302,013}$ 3,767,850. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 412,602. 308,041. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,070,003. 1,003,756. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,340,708. 1,432,348. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,823,313. 2,744,145. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 478,700. 1,023,705. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 15,915,610. 16,061,950. Total assets (Part X, line 16) 1,050,435. 779,236. 21 Total liabilities (Part X, line 26) 三年 14,865,175. 282,714 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ELIZABETH HAGOPIAN, TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 05/04/24 P01249346 DANIEL L. WEAVER Paid DANIEL L. WEAVER self-employed COUNCILOR, BUCHANAN & MITCHELL, P.C. Firm's EIN 52-1711839 Preparer Firm's name Firm's address 7910 WOODMONT AVE. STE. Use Only Phone no. (301) 986-0600BETHESDA, MD 20814 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA ACTIVELY
	PROMOTES OUR NATIONAL HERITAGE THROUGH HISTORIC PRESERVATION,
	PATRIOTIC SERVICE, AND EDUCATIONAL PROJECTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,144,525 • including grants of \$ 145,481 • ) (Revenue \$ 0 • )
	MUSEUM PROPERTIES PRESERVATION, RESTORATION, AND INTERPRETATION OF
	HISTORIC SITES THAT OFFER INVALUABLE OPPORTUNITIES TO EXPERIENCE THE
	RICH VARIETY OF AMERICA'S HERITAGE.
4b	(Code:) (Expenses \$ 167,333. including grants of \$ 162,560. ) (Revenue \$)
	PATRIOTIC SERVICE PROGRAMS ARE DESIGNED TO PROMOTE RESPONSIBLE
	CITIZENSHIP AND THE STUDY OF AMERICAN HISTORY WITH PARTICULAR EMPHASIS
	ON THE FUNDAMENTAL DOCUMENTS, TRADITIONS AND WORKINGS OF OUR COUNTRY
	AND ITS GOVERNMENT.
4c	(Code:) (Expenses \$ 85,191. including grants of \$ 0. ) (Revenue \$)
70	HISTORICAL ACTIVITIES PROJECTS INCLUDE RESEARCH, PRESERVATION, AND
	EDUCATIONAL PUBLICATIONS.
	Other program convices (Describe on Cabadula O.)
4d	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 1,397,049.
<u>4e</u>	Total program service expenses 1,397,049.  Form 990 (2022)
	Form 330 (2022)

# Form 990 (2022) DAMES OF AMERICA 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		<del></del>
0	, ,	8	Х	
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-	- 21	
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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		Х
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		Х
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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domocio government orti artix, comunin (-), inte 1: II Tes. Complete Schedule I, Parts I and II	41	- 42	L

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	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 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			- 25
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b				
С		4	v	
0000	(gambling) winnings to prize winners?	1c	990	(2022)

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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	•		v
	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	OI:		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>h</b>	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_ <del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 79 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 79 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

2715 O STREET, NW, WASHINGTON, 20007 Form **990** (2022) 232006 12-13-22

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

statements available to the public during the tax year.

ELIZABETH HAGOPIAN - 202-337-2288

<u> Page</u> **7** 

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** 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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both officer and a director/trus		n an	compensation	compensation	amount of		
	week		<del></del>		from	from related	other			
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		iyee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Je.	<u> </u>		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) CAROL CADOU	40.00									
EXEC DIR DUMBARTON HOUSE				Х				160,000.	0.	0.
(2) MRS. KATHERINE TAYLOR CAMMACK	5.00									
PRESIDENT - NSCDA		Х		Х				0.	0.	0.
(3) MRS. KEMP STICKNEY	5.00									
VICE-PRESIDENT, NHQ-DUMBAR		Х		Х				0.	0.	0.
(4) MRS. CARO WILLIAMS	5.00									
VP OF REGION I		Х		Х				0.	0.	0.
(5) MRS. STEVEN E. KELLER	5.00									
VP OF REGION II		Х		Х				0.	0.	0.
(6) LISA WHITE	5.00									
VP OF REGION III		Х		Х				0.	0.	0.
(7) ELLEN MACBETH BOOMER	5.00									
VP OF REGION IV		Х		Х				0.	0.	0.
(8) MRS. MARY H. MUNDY	5.00									
RECORDING SECRETARY		Х		Х				0.	0.	0.
(9) MRS. MOLLY CAREY	5.00									
CORRESPONDING SECRETARY		Х		Х				0.	0.	0.
(10) MRS. ROBERT W. HAGOPIAN	5.00									
TREASURER		Х		Х				0.	0.	0.
(11) FRANCES ANNE ROOT	5.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(12) MRS. ROBERT GOLDSMITH	5.00									
REGISTRAR		Х		Х				0.	0.	0.
(13) MRS. SALLY CONNELLY	5.00									
HISTORIAN		Х		Х				0.	0.	0.
(14) MRS. WILLIAM AYERS ROBERTS	5.00									
CHAIR, CODIFICATION COMMITTEE		Х						0.	0.	0.
(15) SONYA WOSLEY-PAIGE	5.00								_	_
CHAIR, COMMUNICATIONS-MARKETING		Х						0.	0.	0.
(16) MRS. GENEVIEVE BROWN	5.00									_
CHAIR, DEVELOPMENT COMMITTEE		Х				_		0.	0.	0.
(17) MS. JAYNE MIDDLETON	5.00							_		_
CHAIR, GOVERNANCE COMMITTEE		X						0.	0.	<u> </u>

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Dart VIII	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A)	(B)	,		((		,,,,,,,		(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	Posi heck i	ition more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MRS. JONATHAN TRACE	5.00							_	_	_
CHAIR, GH REGENTS NOMINATING COMMITT		Х						0.	0.	0.
(19) MRS. HOLLY HUNT	5.00							_		
CHAIR, MEMBERSHIP COMMITTEE		Х						0.	0.	0.
(20) MRS. ELSIE SMITH	5.00									
CHAIR, HISTORICAL ACTIVITIES COMMITT		Х						0.	0.	0.
(21) MRS. CATHERINE L. COOPER	5.00									
CHAIR, MUSEUM ALLIANCE COMMITTEE		Х						0.	0.	0.
(22) MRS. MARGARET FREEMAN CHAIR, PATRIOTIC SERVICES COMMITTEE	5.00	Х						0.	0.	0.
(23) MRS. STEVEN B. WIRTS	5.00									<u> </u>
CHAIR, NOMINATING COMMITTEE		Х						0.	0.	0.
(24) MS. ELIZABETH BREWSTER ROBINSON	5.00								<u> </u>	
CHAIR, STRATEGIC PLANNING COMMITTEE		Х						0.	0.	0.
(25) MRS. JUSTIN MARSHALL NICOLSON	1.00									
FIRST REGENT - GUNSTON HALL		Х						0.	0.	0.
(26) MRS. JAMES GOEDHART	1.00									
SENIOR REPRESENTATIVE - SULGRAVE MAN		Х						0.	0.	0.
1b Subtotal								160,000.	0.	0.
	c Total from continuation sheets to Part VII, Section A								0.	0.
d Total (add lines 1b and 1c)								160,000.	0.	0.

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

Yes No

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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CORBETT CONSTRUCTION	CONSTRUCTION	
2810 DORR AVE, FAIRFAX, VA 22031	SERVICES	845,833.
BAILEY SYSTEMS		
8300 BOONE BLVD, STE 500, VIENNA, VA 22182	IT SERVICES	315,881.
HARTMAN-COX ARCHITECTS, 1074 THOMAS	CONSTRUCTION PROJECT	
JEFFERSON ST NW, WASHINGTON, DC 20007	SERVICES	243,601.
FIREFLI		
109 NORFOLK AVE SW, ROANOKE, VA 24011	WEBSITE SERVICES	121,784.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990

Form 990 DAMES OF	AMERICA	7							53-022	4304
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)			(C	<b>C)</b>			(D)	(E)	(F)
Name and title	Average			Posi	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	tee			sated		(W-2/1099-MISC)		organization
	organizations	Individual trustee	Institutional trustee		ee,	u beu				and related organizations
	below	dualt	Itiona		nploy	stcol	-			organizations
	line)	Indivi	Institu	Office	Key employee	Highest compensated employee	Former			
(27) MRS. CHABRA JESTIN	1.00									
JUNIOR REPRESENTATIVE - SULGRAVE MAN		Х						0.	0.	0.
(28) MRS. PETER RAYMOND BEASLEY II	1.00									
ARCHIVIST		Х						0.	0.	0.
(29) MRS. CHARLES ANDREW LILES SR.	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(30) MRS. JAMES OTEY WALKER III	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(31) MRS. ELIZABETH LEE SCOTT	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(32) MRS. MARY FIELDS	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(33) MRS. JEFFREY STEWART AMLING	1.00								_	_
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(34) MRS. STEVEN MICHAEL LOGAN	1.00								_	_
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(35) MRS. A. CORKRAN NIMICK	1.00								_	_
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(36) MRS. JOAN WICKERSHAM	1.00									
NATIONAL BOARD MEMBER	1	Х						0.	0.	0.
(37) VIRGINIA STUART COBB	1.00									•
NATIONAL BOARD MEMBER	1	Х						0.	0.	0.
(38) MRS. HILARY GRIPEKOVEN	1.00									
NATIONAL BOARD MEMBER	1 00	Х						0.	0.	0.
(39) MRS. MARCY MOODY	1.00								_	•
NATIONAL BOARD MEMBER	1 00	Х				_		0.	0.	0.
(40) MRS. STEVEN WAYNE DUFF	1.00	3,7							_	0
NATIONAL BOARD MEMBER	1 00	Х						0.	0.	0.
(41) MRS. LAURA CLARK	1.00	37							_	0
NATIONAL BOARD MEMBER	1 00	Х						0.	0.	0.
(42) MRS. RUEDIGER SCHULTZ	1.00	v							_	0
NATIONAL BOARD MEMBER	1 00	Х						0.	0.	0.
(43) MRS. SUSAN BETTS	1.00	Х						0.	0.	0
NATIONAL BOARD MEMBER (44) MRS. MARIAN J. BLISS	1.00	Λ						0.	0.	0.
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(45) MRS. JANE COLONNO	1.00	^		$\vdash$		$\vdash$		0.	<u>U•</u>	
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(46) ALICE HYLAND	1.00	Δ				$\vdash$		J .	· ·	· ·
	1.00	Х						0.	0.	0.
NATIONAL BOARD MEMBER										

Form 990

Form 990 DAMES OF	AMERICA	1							53-022	4364
Part VII   Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				emp		organization	(W-2/1099-MISC)	from the
	hours for related		tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ndividual trustee	Institutional trustee		/ee	Highest compensated employee				organizations
	below	dualt	utiona	_	Key employee	stco	JE.			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(47) MRS. MARY LAWSHE HENDERER	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(48) ELEANOR KUHN BOYSE	1.00							-	-	-
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(49) MRS. HAROLD EDWARD GIPPE	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(50) MRS. LYN HUNT	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(51) MRS. MARK RICHARD ALLEN	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(52) MRS. WINIFRED HAYES	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(53) MRS. DAVID LEWIS CAIN	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(54) MRS. LEE DOUGHERTY STAAK	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(55) MRS. JEFFREY A ARTZ	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(56) MRS. KENNETH C. FLEMING	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(57) MRS. HUNTER NUMA CHARBONNET	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(58) MRS. MARGARET BOYD SCHUTRUMPF	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(59) MRS. MARK DAVID GOULD	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(60) MRS. DANIEL MARTIN KIMBALL	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(61) MRS. ROBERT WHITTEMORE BOOMER	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(62) LOIS MACKIN	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(63) MRS. WILLIAM SENTON GRANBERRY J	1.00									
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(64) MRS. RICHARD THOMAS CRAWFORD	1.00							_	_	_
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(65) MRS. DANIEL PRADO	1.00									_
NATIONAL BOARD MEMBER		Х						0.	0.	0.
(66) MARGERITE E. H. MORRISON	1.00							_	_	_
NATIONAL BOARD MEMBER		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990

rustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	ees (continued)	
(B)							(D)	(E)	(F)
Average							Reportable	Reportable	Estimated
hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
per							from	from related	other
	-				loyee				compensation
1 '	lirecto				emp		_	(W-2/1099-MISC)	from the organization
	3e or 0	stee			satec		(***2/1099-10130)		and related
	truste	al trus		yee	m per				organizations
below	idual	tution	ъ	old me	estoc	er			
line)	Indiv	Insti	Offic	Key	High	Form			
1.00									
	Х						0.	0.	0.
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	Х						0.	0.	0.
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	<u> </u>					Ц	-		
	(B) Average hours per week (list any hours for related organizations below line)  1.00  1.00  1.00  1.00	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  X  X  X  X  X  X  X  X  X  X  X	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  1.00	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  1.00	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  1.000  X  1.000	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  1.000  X  1.000	(B) Average hours per week (list any hours for related organizations below line)  1.00  X  1.00	C	Average hours per week (list any hours for related organizations)   Below line

Form 990 (2022) DAMES O

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		Greek in Goriedane G Goritainia a response G	Those to dry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
- υ ο	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues 1b					
عَ ق		Fundraising events 1c					
ifts ar A		Related organizations 1d					
a,° Eig	•	Government grants (contributions) 1e	20,000.				
Si Si	f	All other contributions, gifts, grants, and					
buti		similar amounts not included above 1f	1,387,238.				
ÖĘ	ç	Noncash contributions included in lines 1a-1f					
<u>S</u> <u>C</u>	ŀ	Total. Add lines 1a-1f		1,407,238.			
			Business Code				
ø	2 8	MEMBERSHIP DUES	900099	598,867.	598,867.		
Program Service Revenue	k	SPECIAL PROJECT INCOME	900099	246,606.	246,606.		
S Š		PROCEEDS FROM DEACCESSION SALES	900099	27,312.	27,312.		
eve eve	ď	l					
	•						
4	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		872,785.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)	i i	270,447.			270,447.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a 185,465.					
		Less: rental expenses 66 66,213. Rental income or (loss) 6c 119,252.					
				119,252.	119,252.		
		Net rental income or (loss)	(ii) Other	117,202.	113,232.		
	, ,	assets other than inventory <b>7a</b> 4,787,628.	(11) 5 21 151				
	ŀ	Less: cost or other basis					
ē	•	and sales expenses <b>7b</b> 3,688,929.					
enc	,	Gain or (loss) 7c 1,098,699.					
Revenue		Net gain or (loss)		1,098,699.			1098699.
ē		Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	k	Less: direct expenses 8b					
	ď	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
	_	and allowances 10a	12,082.				
		Less: cost of goods sold 10b	17,331.	F 240	F 240		
		: Net income or (loss) from sales of inventory	Business Code	-5,249.	-5,249.		
ns	44 -	MISCELLANEOUS	900099	4,678.	4,678.		
Jeo Le	11 8		500055	±,0/0.	±,0/0.		
∭ar ven	k						
Miscellaneous Revenue	,	I All other revenue					
Σ		Total. Add lines 11a-11d		4,678.			
	12	Total revenue. See instructions		3,767,850.	991,466.	0.	1369146.
				•			

11280502 759370 14076.0000

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	114,381.	114,381.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	193,660.	193,660.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	160,000.	80,000.	40,000.	40,000
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	700 500	202 020	207 707	17 000
7	Other salaries and wages	728,523.	322,830.	387,787.	17,906
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	44,610.	20,225.	21,478.	2,907 4,603
0	Payroll taxes	70,623.	32,018.	34,002.	4,603
1 a	Fees for services (nonemployees):  Management				
b	Legal	7,734.	3,506.	3,724.	504
С	Accounting	93,565.	42,419.	45,048.	6,098
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	46,327.		46,327.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	178,904.	81,110.	86,134.	11,660 729
2	Advertising and promotion	11,193.	5,075.	5,389.	729
3	Office expenses	142,135.	64,437.	68,433.	9,265
4	Information technology	127,040.	56,173.	62,418.	8,449
5	Royalties				
16	Occupancy	54,370.	24,650.	26,177.	3,543
7	Travel	315,995.	143,263.	152,138.	20,594
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	136,953.	62,091.	65,937.	8,925
0	Interest				
1	Payments to affiliates				
22	Depreciation, depletion, and amortization	267,854.	128,416.	122,814.	16,624
3	Insurance	24,506.	11,110.	11,799.	1,597
4	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.)	24 245	2.540	10.100	
а	DUES AND SUBSCRIPTIONS	21,046.	9,542.	10,133.	1,371
b b	TAXES AND LICENSES	4,726.	2,143.	2,275.	308
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,744,145.	1,397,049.	1,192,013.	155,083
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2022)

Check here

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,668,647.	1	523,494.
	2	Savings and temporary cash investments			890,228.	2	167,924.
	3	Pledges and grants receivable, net			887,722.	3	769,190.
	4	Accounts receivable, net			2,555.	4	0.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disqualit	fied per	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			30,660.	8	17,874.
۲	9	Prepaid expenses and deferred charges			109,059.	9	67,855.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		9,460,971.			
	b	Less: accumulated depreciation			3,350,604.	10c	4,936,705. 9,564,943.
	11	Investments - publicly traded securities			8,976,135.	11	9,564,943.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	40.05
	15	Other assets. See Part IV, line 11		<u> </u>	45 045 640	15	13,965
	16	Total assets. Add lines 1 through 15 (must equa			15,915,610.	16	16,061,950.
	17	Accounts payable and accrued expenses			276,097.	17	360,818.
	18	Grants payable			774 220	18	404 452
	19	Deferred revenue			774,338.	19	404,453.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines of Schedule D	•	·	0.	25	13,965.
	26	Total liabilities. Add lines 17 through 25			1,050,435.	25 26	779,236.
	20	Organizations that follow FASB ASC 958, che			1,030,433.	20	115,250
Se		and complete lines 27, 28, 32, and 33.	CK HEI				
ğ	27	Net assets without donor restrictions			10,683,515.	27	10,052,766.
3als	28	Net assets with donor restrictions			4,181,660.	28	5,229,948.
ᅙ		Organizations that do not follow FASB ASC 9					3, == 2, 7, = 3,
ᇍᅵ		and complete lines 29 through 33.	00, 0110				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in			31		
Net Assets or Fund Balances	32	Total net assets or fund balances			14,865,175.	32	15,282,714.
_	33	Total liabilities and net assets/fund balances			15,915,610.	33	16,061,950.

Pa	TEXT RECONCILIATION OF NET ASSETS					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 76</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,74		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,02	3,7	05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,86	5,1	75 <b>.</b>
5	Net unrealized gains (losses) on investments	5		-60	5,1	76.
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			<b>-9</b>	90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u> 15</u>	, 28	2,7	14.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

THE NATIONAL SOCIETY OF THE COLONIAL

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

DAMES OF AMERICA 53-0224364 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

DAMES OF AMERICA

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

(Complete only if you checke fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I o	r if the organization		under Part III. If the	•
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	,,
membership fees received. (Do not						
include any "unusual grants.")						
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						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	. ,			, ,		. , ,
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
<b>12</b> Gross receipts from related activities,	ote (see instructi	ne)			12	
<b>13</b> First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax i	voar as a soction F		
•	· ·				( )( )	
organization, check this box and stop Section C. Computation of Publi						
14 Public support percentage for 2022 (l			column (f))		14	
<ul><li>Public support percentage for 2022 (</li><li>Public support percentage from 2021</li></ul>					15	
16a 33 1/3% support test - 2022. If the						, and
stop here. The organization qualifies					ar mara, chack thi	
b 33 1/3% support test - 2021. If the c						_
and stop here. The organization qual						
17a 10% -facts-and-circumstances test	<b>2022.</b> If the ord	ıaı ıı∠atıo⊓ did not d	JUNEUK A DOX OF IINE	ະ ເວ. ເວລ. or ເວລ. a	and line 14 IS 10% (	JI ITIOTE.

and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support	,, ,	,				
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	1788853.	1987831.	1497905.	1184522.	1407238.	7866349.
	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	940,814.	743,031.	688,671.	774,261.	884,867.	4031644.
3	Gross receipts from activities that are not an unrelated trade or business 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	2729667.	2730862.	2186576.	1958783.	2292105.	11897993.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	346,400.	171,000.	298,788.	594,565.	409,952.	1820705.
t	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						0.
c	: Add lines 7a and 7b	346,400.	171,000.	298,788.	594,565.	409,952.	1820705.
	Public support. (Subtract line 7c from line 6.)						10077288.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	2729667.	2730862.	2186576.	1958783.	2292105.	11897993.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	373,150.	229,762.	252,099.	546,054.	455,912.	1856977.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	373,150.	229,762.	252,099.	546,054.	455,912.	1856977.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,220.	714.	28.	6,206.	4,678.	14,846.
	Total support. (Add lines 9, 10c, 11, and 12.)	3106037.	2961338.	2438703.	2511043.		13769816.
14	<b>First 5 years.</b> If the Form 990 is for the check this box and <b>stop here</b>	J	, , ,	,		( )( )	ווק,
Se	ction C. Computation of Publi	c Support Per					
	Public support percentage for 2022 (li			olumn (f))		15	73.18 %
	Public support percentage from 2021		•			16	75.01 %
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	22 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	13.49 %
	Investment income percentage from 2					18	12.55 %
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar						X
b	33 1/3% support tests - 2021. If the						nd
	line 18 is not more than 33 1/3%, che		-	•	s a publicly suppor	-	

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### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
20		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
34		
9b		
9c		
10a		
10b		<u> </u>
ule A (Forn	n 990)	2022

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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	110		
Sec	<u>detail in</u> Part Ⅵ. stion B. Type I Supporting Organizations	11c		<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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	3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction			
a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	15)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b		l

Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

t V   Type	III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
on D - Distribu	tions				Current Year
Amounts paid	to supported organizations to accomplish exer	mpt purposes		1	
•	•		2		
	<b>,</b>	S	3		
	·	ovide details in Part VI)			
	·	SVIGO GOLGIIS III			
	, , , , , , , , , , , , , , , , , , , ,				
		ne organization is responsive	j		
		.o organization to respection of		8	
	·				
	· · · · · · · · · · · · · · · · · · ·				
Line o amount	arriada by line o arriadire	(i)	(ii)		(iii)
ion E - Distribu	tion Allocations (see instructions)	Excess Distributions		ıs	Distributable Amount for 2022
Distributable a	mount for 2022 from Section C, line 6				
Underdistributi	ions, if any, for years prior to 2022 (reason-				
able cause req	uired - explain in Part VI). See instructions.				
Excess distribu	utions carryover, if any, to 2022				
From 2017					
From 2018					
From 2019					
From 2020					
From 2021					
Total of lines 3	Ba through 3e				
Applied to und	erdistributions of prior years				
Carryover from	2017 not applied (see instructions)				
line 7:	\$				
	erdistributions of prior years				
•	• •	1			
			1		
-					
	•				
	line 7:				
	Amounts paid Amounts paid Amounts paid organizations, Administrative Amounts paid Qualified set-as Other distribut Total annual of Distributions to (provide details Distributable a Line 8 amount  On E - Distribut  Distributable a Line 8 amount  On E - Distribut  Distributable a Underdistribut able cause req Excess distribut able cause req Excess distribut From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3 Applied to und Applied to 202 Carryover from Remainder. Su Distributions for line 7: Applied to und Applied to 202 Remaining und any. Subtract I than zero, exp Remaining und any. Su	on D - Distributions  Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - prior Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions.  Distributable amount for 2022 from Section C, line 6  Line 8 amount divided by line 9 amount  on E - Distribution Allocations (see instructions)  Distributable amount for 2022 from Section C, line 6  Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2022  From 2017  From 2018  From 2020  From 2020  Total of lines 3a through 3e  Applied to underdistributions of prior years  Applied to 2022 distributable amount  Carryover from 2017 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2022 from Section D, line 7:  \$Applied to underdistributions of prior years  Applied to 2022 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.  Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions carryover to 2023. Add lines 3j and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  Excess distributions carryover to 2023. Add lines 3j and 4c.  Breakdown of line 7:  Excess from 2020  Excess from 2021	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organization Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (prior IRS approval required - provide details in Part VI) Other distributions. Add lines 1 through 6. Distributations to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount  On E - Distribution Allocations (see instructions)  Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2022  From 2017  From 2018  From 2019  From 2020  From 2020  From 2021  Total of lines 3a through 3e  Applied to underdistributions of prior years  Applied to 2022 distributable amount  Carryover from 2017 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2022 from Section D, line 7:  \$ Applied to 2022 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.  Remaining underdistributions for years Applied to 2022 distributable amount  Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions carryover to 2023. Add lines 3j and 4c.  Breakdown of line 7:  Excess from 2018  Excess from 2019  Excess from 2020	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distribution to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount  (i) Excess Distributions  Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount  Remainder, Subtract lines 3g, 3h, and 3l from line 4.  Remaining underdistributions for years prior to 2022, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Excess from 2018  Excess from 2018  Excess from 2018  Excess from 2019  Excess from 2021	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set aside amounts (prior IRS approval required - provide details in Part VI) 5 Cother distributions (gascripe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Bistributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions (ii) Underdistributions or part VI). See instructions (iii) Inderdistributions pre-2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-able cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions or years prior to 2022, if any, Subtract lines 3g, 3h, and 3l from line 3f. Distributions for 2022 from section D, line 7:  S Applied to 2022 distributable amount Remainder, Subtract lines 4a and 4b from line 4. Remainder, Subtract lines 4a and 4b from line 4. Remainder, Subtract lines 4a and 4b from line 4. Remainder, Subtract lines 4a and 4b from line 4. Remainder of 2022 distributable amount Re

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 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,

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	Sec	1; Part tion D, e instru	lines 5, 6	on D, line 3, and 8; a	s 2 and 3; and Part V,	Part IV, Section	Section E, lines 1c, 2a, E, lines 2, 5, and 6. Als	2b, 3a, a o comple	and 3b; Part ete this part	V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
SCHED	ULE	Α,	PART	III,	LINE	12,	EXPLANATION	FOR	OTHER	INCOME:
MISCE	LLAI	NEOU	s							
2018	OMA	JNT:	\$	3,22	0.					
2019	OMA	JNT:	\$	714.						
2020	OMA	JNT:	\$	28.						
2021	OMA	JNT:	\$	6,20	6.					
2022	OMA	JNT:	\$	4,67	8.					

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

### **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

2022

Name of the organization
THE NATIONAL SOCIETY OF THE COLONIAL
DAMES OF AMERICA

Employer identification number
53-0224364

Filers of	:	Section:				
Form 990	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> . ), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special l	Rules					
	sections 509(a)(1) a contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under a 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one he year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; ine 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.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$				
answer "	No" on Part IV, line 2	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990)				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2022)

Name of organization

THE NATIONAL SOCIETY OF THE COLONIAL.

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA

53-0224364

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 78,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 50,636.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions  \$ 26,299.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THE NATIONAL SOCIETY OF THE COLONIAL.

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA

53-0224364

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 13,625.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 12,723.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$11,741.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization	Employer identification number
THE NATIONAL SOCIETY OF THE COLONIAL	
DAMES OF AMERICA	53-0224364

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Traine, according to the En 1 1	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THE NATIONAL SOCIETY OF THE COLONIAL

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA

53-0224364

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_		\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	Name, address, and ZIP + 4	\$ 9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$9,210.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$9,078.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA

53-0224364

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$8,633.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$8,600 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$8,185.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, audiess, and Zir + 4	\$ 7,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 6,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE NATIONAL SOCIETY OF THE COLONIAL
DAMES OF AMERICA

53-0224364

DAMES	OF AMERICA	5	3-0224364
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$6,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$6,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,900.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,624.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,303.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THE NATIONAL SOCIETY OF THE COLONIAL

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA

53-0224364

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, audress, and ZiF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE NATIONAL SOCIETY OF THE COLONIAL
DAMES OF AMERICA

53-0224364

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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
		\$	

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** THE NATIONAL SOCIETY OF THE COLONIAL 53-0224364 DAMES OF AMERICA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (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, and ZIP + 4 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, and ZIP + 4 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, and ZIP + 4 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, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA

**Employer identification number** 53-0224364

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		# Offiliar Funds	Complete if the	
		1	dvised funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asset	ts held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal contr	ol?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	at grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	or any other purpose of	conferring	
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	oly).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically important land area	
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation cor	ntribution in the form	of a conservation easement on the la	ast
	day of the tax year.			Held at the End of the Ta	ax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	)	2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, ai	nd not on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	pection, handling of		
	violations, and enforcement of the conservation easements it	: holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing cons	servation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conservat	tion easements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirer	nents of section 170(h	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its r	evenue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	note to the organizati	on's financial stateme	ents that describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	Art, Historical	Treasures, or Ot	her Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	nd balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ition, or research in fu	rtherance of public	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	describes these item	S.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and b	palance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furth	nerance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u> _	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treat				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 99	0) 2022

	t III Organizations Maintaining Co		Historical Tre	asures, o	r Othe	r Simila		S (continu	
3	Using the organization's acquisition, accessio							(OOTHIN)	<u></u>
	collection items (check all that apply):	,	,	3		3			
а	X Public exhibition	d	Loan or exch	nange progra	am				
b	X Scholarly research	е	Other	0 1 0					
С	X Preservation for future generations								
4	Provide a description of the organization's col	lections and explain h	now they further th	e organizatio	n's exer	not purpa	se in Part	XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be mai							Yes	X No
Pai	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Part		J				, ,	,	
	Is the organization an agent, trustee, custodia	n or other intermedia	ry for contributions	or other ass	sets not i	included			
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
		·	J					Amount	
С	Beginning balance					1c			
	Additions during the year								
е	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					ity?		Yes	No
	If "Yes," explain the arrangement in Part XIII.							_	
	t V Endowment Funds. Complete if					10.			
		(a) Current year	(b) Prior year	(c) Two yea			years back	(e) Four	years back
1a	Beginning of year balance	1,688,707.	1,851,259.	1,44	1,484.		636,845.		631,928.
b	Contributions	50,549.	137,357.	10	5,895.		677,201.		
С	Net investment earnings, gains, and losses	187,180.	-290,972.	400	0,622.		132,430.		5,250.
d	Grants or scholarships	,	,		,		•		
e	Other expenditures for facilities								
_	and programs	5,882.	8,937.		7,742.		4,992.		333.
f	Administrative expenses	,	,		,		•		
g	End of year balance	1,920,554.	1,688,707.	1,85	1,259.	1,	441,484.		636,845.
2	Provide the estimated percentage of the curre					· · ·			
a	Board designated or quasi-endowment	20 4000	%	, , , , , , , , , , , , , , , , , , , ,					
b	Permanent endowment 51.6500	%	,, •						
c	Term endowment 10.8700 9								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	•	on that are held an	d administer	ed for th	ie			
	organization by:	· ·						[	Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as required	d on Schedule R?						
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or oth	er (b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value
	,	basis (investme				preciation		` '	
1a	Land		21	0,238.				210	,238.
	Buildings			3,363.	4,:	243,0	65.		,298.
С	Leasehold improvements			-	-	-		-	
d	Equipment		7	0,920.		62,0	33.	8	,887.
е	Other			6,450.	:	219,1	68.	97	,282.
	l. Add lines 1a through 1e. (Column (d) must ed							4,936	,705.

Schedule D (Form 990) 2022

	T SOCIETY OF		2 0224264 - 9
Schedule D (Form 990) 2022 DAMES OF AM	ERICA	5	3-0224364 Page 3
Part VII Investments - Other Securities.	F 000 D-+ IV I'	44b Occ Form 000 Book V Pro 40	
Complete if the organization answered "Yes"		T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	and of year market value
	(b) book value	(C) Method of Valuation. Cost of e	market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<del>; 10.)</del>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	25
(a) Description of liability	0111 01111 000, 1 are 14, 11110	110 01 111. 000 1 01111 000, 1 dit X, iii 0 2	(b) Book value
11 7			(b) Dook value
(1) Federal income taxes			12 06 5
(2) OTHER LIABILITIES			13,965.
(3)			+
(4)			+
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

13,965.

Pa	rt XI	Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total r	revenue, gains, and other support per audited financial statements			1	3,115,357.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	-605,176.		
b	Donate	ed services and use of facilities	2b			
С	Recov	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	-990.		
е	Add lir	nes 2a through 2d			2e	-606,166.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	3,721,523.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	46,327.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	46,327.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. <u></u>	5	3,767,850.
Ра	rt XII	Reconciliation of Expenses per Audited Financial State		Expenses per F	<b>tetur</b> r	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1		expenses and losses per audited financial statements			1	2,697,818.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donate	ed services and use of facilities	2a			
b		rear adjustments				
С	Other	losses				
d		(Describe in Part XIII.)				
е		nes <b>2a</b> through <b>2d</b>			2e	0.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	2,697,818.
4		nts included on Form 990, Part IX, line 25, but not on line 1:		46 00=		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b		46,327.		
a b		ment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.)		46,327.		46.00-
b	Other		4b		4c	46,327.
b c 5	Other Add lir Total e	(Describe in Part XIII.)	4b		4c 5	46,327. 2,744,145.

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 III, LINE 1A:

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE SOCIETY'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED AS DECREASES IN UNRESTRICTED NET ASSETS, OR AS DECREASES IN TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

PART III, LINE 4:

THE SOCIETY COLLECTS AND PRESERVES MANUSCRIPTS, RELICS, AND MEMENTOS OF

BYGONE DAYS TO EDUCATE FELLOW CITIZENS ABOUT AND CREATE INTEREST IN OUR

COLONIAL HISTORY.

PART V, LINE 4:

THE SOCIETY'S ENDOWMENT FUNDS ARE USED TO SATISFY THE RESTRICTIONS THAT
HAVE BEEN PLACED ON THOSE FUNDS.

PART X, LINE 2:

THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE, EXCEPT FOR INCOME DERIVED FROM UNRELATED
BUSINESS ACTIVITIES. THE INTERNAL REVENUE SERVICE (IRS) HAS DETERMINED
THAT THE SOCIETY IS NOT A PRIVATE FOUNDATION.

THE SOCIETY REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED

BASED ON A "MORE-LIKELY-THAN- NOT" THRESHOLD. THIS APPLIES TO POSITIONS

TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SOCIETY DOES NOT

BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX

POSITIONS.

THE SOCIETY'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS

SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES GENERALLY FOR THREE YEARS

AFTER FILING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COLLECTION ACQUISITIONS -990.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COLLECTION ACQUISITIONS

Schedule D (Form 990) 2022

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.
THE NATIONAL SOCIETY OF THE COLONIAL

2022

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

DAMES OF A	AMERICA						53-0224364
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis-	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FRIENDS OF SULGRAVE MANOR							
C/O P BROADBENT, 901 E CARY ST, STE							
RICHMOND, VA 23219	51-0244162	501(C)(3)	50,000.	0.	FMV		CONTRIBUTION
			·				
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table				1.
3 Enter total number of other organizations	listed in the line	1 table					

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AMERICAN INDIAN MEDICAL SCHOLARSHIP	18	39,000.	0.		
GREAT AMERICAN TREASURES (GAT) GRANTS	2	25,000.	0.		
AMERICAN HERITAGE AWARDS	4	4,000.	0.		
ATTINGHAM SCHOLARSHIP	1	6,100.	0.		

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

TO THE EDUCATIONAL INSTITUTION WHERE THE AWARDEES ARE ENROLLED.

PART I, LINE 2:

GRANTS AWARDED TO HIGH SCHOOL STUDENTS TO ATTEND THE WASHINGTON WORKSHOPS

CONGRESSIONAL SEMINAR ARE MONITORED BY NSCDA SOCIETY MEMBERS WHO ARE

PRESENT WITH THE GROUP OF AWARDEES IN WASHINGTON FOR THE SPONSORED EVENTS

AND ACTIVITIES. ATTENDANCE IS TAKEN BY SOCIETY MEMBERS AND ALL PAYMENTS ARE

MADE DIRECTLY TO THE WASHINGTON WORKSHOPS FOUNDATION ON BEHALF OF THE

AWARDEES. TRAVEL EXPENSES ARE REIMBURSED TO SOME ATTENDEES UPON REQUEST.

GRANTS AWARDED FOR THE INDIAN NURSE SCHOLARSHIP PROGRAM ARE MADE DIRECTLY

THE

Part IV | Supplemental Information TRANSMITTAL LETTERS WITH THE CHECKS TO THE SCHOOLS RESTRICT THE FUNDS TO BE USED FOR ACADEMIC EXPENSES ONLY SUCH AS TUITION, BOOKS, AND LAB FEES. NSCDA RELIES ON THE EDUCATIONAL INSTITUTION TO DISBURSE THE FUNDS AS DIRECTED. GRANTS AWARDED FOR AMERICAN HISTORY GRADUATE STUDIES ARE MADE DIRECTLY TO THE EDUCATIONAL INSTITUTION OF THE STUDENT AFTER THIS PERSON IS SELECTED. THE EDUCATIONAL INSTITUTION WHERE THAT STUDENT IS STUDYING GENERALLY RECOMMENDS TO WHOM THE SCHOLARSHIP SHOULD BE GIVEN. THAT INSTITUTION IS RELIED UPON TO DISBURSE THE FUNDS FOR EDUCATIONAL PURPOSES ONLY AS DIRECTED IN THE AWARD LETTER. GRANT AWARDED TO MUSEUM PROPERTY SCHOLAR TO ATTEND THE ATTINGHAM SUMMER PROGRAM FOR THE STUDY OF HISTORICAL HOUSES AND COLLECTIONS IN BRITAIN. THE GRANT IS PAID DIRECTLY TO THE COUNCIL OF THE ATTINGHAM TRUST FOR TUITION AND THERE IS AN ADDITIONAL TRAVEL REIMBURSEMENT AVAILABLE UP TO \$1,000 PAID DIRECTLY TO THE GRANT RECIPIENT.

Schedule I (Form 990)

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.
THE NATIONAL SOCIETY OF THE COLONIAL
DAMES OF AMERICA

 $Employer\ identification\ number \\ 53-0224364$ 

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

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

......9 | 9 Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

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)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CAROL CADOU	(i)	160,000.	0.	0.	0.	0.	160,000.	0.
EXEC DIR DUMBARTON HOUSE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

## THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA

art III. Supplemental Information products 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) 2022	DAMES OF AMERICA	53-0224364	Page 3
ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 8a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part III Supplemental Informa			
	Provide the information, explanati	on, 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	on.

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA

Employer identification number 53-0224364

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

THE SOCIETY'S MEMBERS ARE MADE UP OF APPROXIMATELY 15,000 MEMBERS FROM THE FORTY-FOUR STATE SOCIETIES AROUND THE NATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE DIRECTORS ARE ELECTED BY THE VOTING MEMBERS OF THE SOCIETY.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS AND ACTIONS OF THE SOCIETY'S NATIONAL BOARD WHICH MIGHT AFFECT

THE SOCIETY'S CONSTITUTION ARE SUBJECT TO APPROVAL OF THE BIENNIAL COUNCIL.

THE BIENNIAL COUNCIL INCLUDES FIVE DELEGATES FROM EACH COLONIAL STATE PLUS

THE DISTRICT OF COLUMBIA AND ONE DELEGATE FROM EACH ASSOCIATE STATE.

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

DRAFT COPIES OF THE FORM 990 ARE PROVIDED TO PRESIDENT, TREASURER,

ASSISTANT TREASURER, FINANCE COMMITTEE CHAIRMAN, EXECUTIVE DIRECTOR, AND

THE AUDIT COMMITTEE FOR REVIEW PRIOR TO FILING.

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

THE SOCIETY CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT
OF INTEREST POLICY BY HAVING EACH MEMBER OF THE NATIONAL BOARD AND THE

DUMBARTON HOUSE BOARD SIGN THE CONFLICT OF INTEREST DISCLOSURE FORM

ANNUALLY. THOSE FORMS ARE REVIEWED FOR POSSIBLE CONFLICTS OF INTEREST WHICH

ARE INVESTIGATED IF NEEDED.

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization THE NATIONAL SOCIETY OF THE COLONIAL **Employer identification number** 53-0224364 DAMES OF AMERICA BOARD SOURCE REFERENCES ARE USED TO ARRIVE AT PROPOSED SALARY RECOMMENDATIONS WHICH ARE DISCUSSED BY THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD BEFORE APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: COLLECTION ACQUISITIONS -990. FORM 990, PART XII, LINE 2C: THE SOCIETY HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE PUBLIC ACCOUNTANT. THE PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.