Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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 **2019**

Open to Public Inspection

Α	For t	he 2	2019 calendar y	ear, or tax year begin	ning		, 2019, a	ınd end	ling		, 20				
В	Check	if ap	plicable:	C Name of organizationNa	tional Council o	of Catholic	Women			D Emp	loyer identification number				
	Addres	ss ch	ange	Doing business as						52-1738369					
	Name	chan	ige	Number and street (or P.	O. box if mail is not delivered to	street address)		Room/su	iite	E Tele	phone number				
	Initial r	return	1	200 North Glebe	Road				725		(703)224-0990				
	Final re	eturn	/terminated	City or town, state or pro	vince, country, and ZIP or foreig	n postal code		G Gross receipts							
	Amend	ded re	eturn .	Arlington, VA 2	· · · · · · · · · · · · · · · · · · ·			\$ 729,5							
П	Applica	ation	pending	F Name and address of pri		tinet			H(a) Is this a	group return	n for subordinates? Yes X No				
				Same as C above							ites included? Yes No				
ī	Tax-ex	cempt	t status: X 501(17(a)(1) or 5	27		1		list. (see instructions)				
	Websi			ccw.org	, , , , <u> </u>	· //			1		on number				
			ganization: X Corp		ociation Other	L	Year of formation	on: 19 2	•		gal domicile: DC				
	rt I	_	Summary			L					<u> </u>				
	1			the organization's miss	ion or most significant ac	ctivities: NCCW	represe	nts a	nd serv	es al	l Catholic women.				
_			•	•	bership to suppo		-								
Activities & Governance		_													
na.		spirituality, leadership, and service. NCCW programs respond with gospel values of the church and society in the modern world.													
Ş.	ر ا	of the church and society in the modern world. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.													
တိ	3				rning body (Part VI, line	•				. 3	36				
ە س	4				s of the governing body					<u> </u>	36				
tie	5			_	ı calendar year 2019 (Pa						5				
ξi	6				necessary) · · · · ·					<u> </u>	40				
Ä				,	Part VIII, column (C), line					7a	0				
	'				from Form 990-T, line 39					7b	0				
		D 1	Net unrelated bu	isiness taxable income	1101111 01111 990-1, 11116 3	,				10					
	8	2 (Contributions and	d grants (Part VIII line	1h)			_	Prior Year	907	Current Year				
<u> </u>	9				e 2g)					,897	346,224				
n u			-		= :				290	,775	325,611				
Revenue	10				A), lines 3, 4, and 7d)				40	47	97				
œ	11				nes 5, 6d, 8c, 9c, 10c, ar					,315	36,148				
	12				must equal Part VIII, col	, , , ,				,034					
	13			. ,	X, column (A), lines 1-3)				5	,453	5,365				
	14		•	or for members (Part I)				0							
es	15				e benefits (Part IX, colur				234	,297	238,328				
Expense	16				column (A), line 11e)			•			0				
xbe	- ا		-	expenses (Part IX, col	· · · · · —		16,032								
Ш					nes 11a-11d, 11f-24e)					,856	445,954				
	18		•	•	equal Part IX, column (A					,606	689,647				
	<u>1</u> 9	9 1	Revenue less ex	penses. Subtract line	18 from line 12					,572	-				
sor	ة عَقَ		F. (.)	4.37 (5)					inning of Curr		End of Year				
Net Assets or	E 20		Total assets (Par	, -,				_		,208	349,349				
et A	21		Total liabilities (P	a ,				·		,029	51,737				
	∄ 22 art II	_			line 21 from line 20 · ·			•	279	, 179	297,612				
			Signature I		rn, including accompanying sch	adules and statement	e and to the hee	t of my kn	owledge and b	aliaf it is					
					ficer) is based on all information			it Of fifty Kill	owicage and b	ciici, it is					
		١,													
Sig	ın		Rose M Signature of c	<u>Martinet</u>							ate				
		-K		_						D	aic				
He	ď		Rose M Type or print r	<u>fartinet, Treas</u>	urer										
					Proparer's signature		Date		-		DTIN				
D~	id		Print/Type preparer		Preparer's signature		09-15-20		Check	∐ if	PTIN				
Pai		-	John Mull:		John Mullins		self-employed P01429307								
	par		Firm's name	Mullins,	Firm's EIN										
US	e Or	шу	Firm's address		consin Avenue			F	Phone no.	_					
N 4 -	. 41		1		MD 20814	-4: \				202-	770-6371				

Pa	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:
	NCCW represents and serves all Catholic women. NCCW acts through its membership to support,
	empower, and educate all Catholic women in spirituality, leadership, and service. NCCW programs
	respond with gospel values to the needs of the church and society in the modern world.
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? · · · · · · · · · · · · · · · · · · ·
	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 \$261,208 including grants of \$3,335) (Revenue \$325,611)
	NCCW holds an annual convention to provide members with educational programming, information on
	important issues of interest to members, and spiritual connection to other catholic women
	throughout the United States. NCCW also offers a leadership training program these seminars are
	offered at dioceses and parishes throughout the United States to offer catholic women the
	opportunity to improve and enhance their leadership skills both in their local organizations and
	in the church as a whole.
4b	(Code:) (Expenses \$186,243 including grants of \$) (Revenue \$)
	Membership dues support the provision of services and benefits to members, including print and
	electronic communication.
	(Code:) (Expenses \$ 56.818 including grants of \$ 2.030) (Revenue \$)
4c	(Code:) (Expenses \$56,818 including grants of \$2,030) (Revenue \$) NCCW uses a commission structure to address key issues of interest to members. Information is
4c	NCCW uses a commission structure to address key issues of interest to members. Information is
4c	NCCW uses a commission structure to address key issues of interest to members. Information is provided through the national commissions to affiliate commissions via mail, electronically and
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	NCCW uses a commission structure to address key issues of interest to members. Information is provided through the national commissions to affiliate commissions via mail, electronically and on the website. The council also produces a quarterly magazine, Catholic Woman, which is distributed to all members, subscribers, and others.

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	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 Revenue Procedure 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 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
ā				
	complete Schedule D, Part VI	11a	х	
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII · · · · · · · · · · · · · · · · · ·	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
C	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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X · · · · · ·	11f		X
12a				
	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	441.		
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I (see instructions)	17		32
10	, (),	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		v
10		10		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		v
20 a		20a		X
	of "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Form 990 (2019)

National Council of Catholic Women

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			
_ -Tu	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	through 24d and complete Schedule K. If "No," go to line 25a · · · · · · · · · · · · · · · · · · ·	24a		77
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
b		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		ĺ
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ĺ
	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			ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ĺ
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			ĺ
	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 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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
·	"Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> · · · · · · · · · · · · · · · · · ·	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	·	20		
24	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
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,"			ĺ
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			ĺ
	or IV, and Part V, line 1- · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ĺ
	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ĺ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	х	
	0 10 0/			

19) National Council of Catholic Women

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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? • • • • • • • • • • • • • • • • • • •	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		х
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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor? • • • • • • • • • • • • • • • • • • •	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		х
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.)	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • • • • • • • • • • • • • • • • •	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • • • • • • • • • • • • •			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	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			
C 1/1a		140		77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
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		v
	If "Yes," see instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? • • • • • • • • • • • • • • • • • • •	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		Х
	ii 188, complete i dilli 1720, comedia O.			

Part VI G

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

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			l
b	Enter the number of voting members included in line 1a, above, who are independent 1b 36			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	х	
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?	10b		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	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	▼ Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization (703)224-0990, 200 North Glebe Road, Arlington, VA 22203			

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<u> </u>										
				((C)					
(A)	(B)		Position (do not check more than one					(D)	(E)	(F)
Name and title	Average	,				han one s both a		Reportable	Reportable	Estimated amount
	hours			•		/trustee		compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	유교	Ins	Officer	Ke.	Hi _C em	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	l vidu	titutio	icer	/ em	hest ploy	mer			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below	ıstee	trust		ee	ŋen				
	dotted line)		ee			sate				
						ū				
(1) Karen Painter	10.00									
Director		Х						0	0	0
(2) Beth_Mahoney	10.00									
Director		Х						0	0	0
(3) Diane Tugander	10.00									
Director		Х						0	0	0
(4) Beverly South	10.00									
Director		Х						0	0	0
(5) Ellen Bachman	10.00									
Director		Х						0	0	0
(6) Pat Ryan	10.00									
Director		Х						0	0	0
(7) Elizabeth Schiavone	10.00									
Director		Х						0	0	0
(8) Sheila Hopkins	10.00									
Director		х						0	0	0
(9) Paula Freimuth	10.00									
Director		Х						0	0	0
(10)Jean_Kelly	10.00									
President		Х		Х				0	0	0
(11)Patricia_Fike	10.00									
Director		Х						0	0	0
(12)Coreen Glen	10.00									
Director		х	\square					0	0	0_
(13)Connie Andrews	10.00									
Director		х	\square					0	0	0_
(14)Kathleen_Penno	10.00									
Director		Х						0	0	0
FFA										Form 990 (2019)

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Officer this box if ficting the organization for any feet	l signing				(C)	,				
			Position							
(A)	(B)	(do r	ot che			han one		(D)	(E)	(F)
Name and title	Average					s both a		Reportable compensation	Reportable compensation	Estimated amount of other
	hours per week	offic	er and	d a dii	rector	/trustee)	from the	from related	or other compensation
	(list any							organization	organizations	from the
	hours for	ndiv or di	nstit	Officer	ey	-ligh emp	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related	idua	utio	व्	emp	est o	ner			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below dotted line)	stee	uste		0	ens				
	dottod mio)		Ф			ated				
(1) Carol Monaco	_ 10.00									
Director		x						0	o	0
(2) Name and Committee	10.00							0		
(2) Mary Ann Cummins Director		x						0	0	0
(3) Amy Kennedy	10.00							0		
Director		x						0	0	0
(4) Patty Sommerhauser	10.00							0	•	
Director		x						0	0	0
(F) To all all all all all all all all all al	10.00							0	•	
(5) Patricia Voornes President Elect		x		x				0	0	o
(C) =1	10.00							0		
Director		x						0	0	o
(7) Rose Martinet	10.00							0	•	
Treasurer		x		x				0	0	0
(8) Rosie Castillo	10.00							•		
Director		x						0	0	0
(9) Ruth_Warren	10.00									
Director		x						0	0	0
(10)Mary Elizabeth Stewart Blogoslawsk	i 10.00									
Past President	- <u></u>	x		x				0	0	0
(11)Nancy Larson	10.00									
Director		x						0	0	o
(12)Tracy Janis	10.00									
Secretary		x		x				0	0	0
(13)Rita Faith Maher	10.00									
Director	- 	x						0	0	0
(14)Yvette D. Carr	10.00									
Director	- 	x						0	0	0
									<u> </u>	<u> </u>

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Officer this box in ficture, the organization for any feet	l significant				(C)	,				,
		Position								
(A)	(B)	(do r	ot che			han one		(D)	(E)	(F)
Name and title	Average hours					s both a		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	ОПІС	er and	a di	rector	/trustee)	from the	from related	compensation
	(list any			_		Ф. Т	_	organization	organizations	from the
	hours for	ndiv or dir	nstit	Officer	(ey	digh:	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related	dual	ution	박	mpl	est c oyee	er			·
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	dotted line)	tee	ıstee			ensa				
						ited				
(1) Susanne C Nelson -Helms	10.00									
Director		х						0	0	0
(2) Angie N Milatzo	10.00									
Director		х						0	0	0
(3) Nina Romero- Caron	10.00									
Director		х						0	0	0
(4) Jackie Brandon	10.00									
Director		х						0	0	0
(5) Susan Johnson	10.00									
Director		х						0	0	0
(6) Marion Smith Reynoso	10.00									
Director		х						0	0	0
(7) Kathryn Parish- Reese	10.00									
Director		х						0	0	0
(8) Jeannie Salazar Friddell	10.00									
Director		х						0	0	0
(9) Kathleen Boesch	10.00									
Director		х						0	0	0
(10)Teresa Sarzynski	10.00									
Director		х						0	0	0
(11)Elizabeth_Schiavone	10.00									
Director		х						0	0	0
(12)Ruth_Warren	10.00									
Director		х						0	0	0
(13)Veronica_Way	10.00									
Director		х						0	0	0
(14)Alma Meyer	10.00									
Director		Х						0	0	0

Form 990 (2019) National Council	of Catho	lic	Wom	en					52-1	738369	F	Page 8
Part VII Section A. Officers, Directors, Trustees	s, Key Empl	oyees	, and	j Hiç	ghes	t Con	nper	nsated Employees	(continued)			
(A) Name and title	(B) Average hours per week (list any	box, offic	unles	Pos eck m ss per d a dir	rson is	nan one s both a /trustee	n)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) imated an of othe compensa from the	r ition
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC	′ I	ganization ted organi	
(15)Beth_Keele Director	10.00	х						0		0		0
(16)Diann Nance	10.00	x						0		0		0
(17)Jean_Bazley Director	10.00	х						0		0		0
(18)Carol Brennan Director	10.00	х						0		0		0
(19)Mary Ann Schmitt Director	10.00	х						0		0		0
(20)Beverly South Director	10.00	х						0		0		0
(21)								-				
(22)												
(23)												
(24)												
<u>(25)</u>												
1b Subtotal							•					
c Total from continuation sheets to Part VII, Sec							•					
d Total (add lines 1b and 1c)									of.	0		0
reportable compensation from the organization		sieu a	DOVE	<i>=)</i> wi	10 16	ceive	u IIIC	ore man \$100,000	OI .			0
Did the organization list any former officer, direct		ov omr	alovo	00.0	r bio	hoet o	omn	onsated			Yes	No
employee on line 1a? If "Yes," complete Schedule			-		_					3		x
4 For any individual listed on line 1a, is the sum of r	eportable co	mpens	satio	n an	d otl	ner co	mpe	ensation from the				
organization and related organizations greater tha												
individual										4		X
for services rendered to the organization? If "Yes,				-						5		х
Section B. Independent Contractors	, complete c		0			p0.00	··			1 -		
Complete this table for your five highest compens	ated indeper	ndent d	contr	acto	rs th	at rec	eive	ed more than \$100,	000 of			
compensation from the organization. Report com	pensation for	the ca	alend	lar y	ear	ending	with	h or within the orga	nization's tax	year.		
(A)								(B)		(0	;)	
Name and business addres	SS							Description of service	es	Compe	nsation	
2 Total number of independent contractors (including	ŭ			e lis	ted	above) wh	10				

Form 990 (2019)
Part VIII

		Check if Schedule O contains a response or	note to any line in th	is Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c	Fundraising events	231,891 114,333 \$ Business Code 900099	346,224 325,611	325,611		SCCIONS 012-014
Prog		All other program service revenue		325,611			
Other Revenue	3 4 5 6a	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pro Royalties Gross rents (i) Real 6a	ceeds · · · •	97			97
	С	Less: rental expenses · · 6b Rental income or (loss) 6c Net rental income or (loss) · · · · · · · · ·					
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss)	(ii) Other				
	d 8a	Net gain or (loss)	a				
	c 9a b	Net income or (loss) from fundraising events Gross income from gaming activities, See Part IV, line 19	a				
	b	Gross sales of inventory, less returns and allowances	b 21,496	33,306	33,306		
Miscellanous Revenue	b c		Business Code 900099	2,842	2,842		
M. M	е	Total. Add lines 11a-11d		2,842	361.759	0	97

Part IX Statement of Functional Expenses

 $\underline{ \ \, Section\ 501(c)(3)\ and\ 501(c)(4)\ organizations\ must\ complete\ all\ columns.\ All\ other\ organizations\ must\ complete\ column\ (A).}$

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	5,365	5,365		
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	79,567	58,142	17,747	3,678
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	105,868	77,361	23,613	4,894
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	19,064	13,931	4,254	879
9	Other employee benefits	17,576	12,843	3,919	814
10	Payroll taxes	16,253	11,877	3,625	751
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	23,822		23,822	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	13,753	1,205	12,480	68
12	Advertising and promotion	230	230	,	
13	Office expenses	125,345	76,552	47,537	1,256
14	Information technology	,	·	,	•
15	Royalties				
16	Occupancy	64,957	47,666	14,299	2,992
17	Travel	14,230	1,606	12,624	•
18	Payments of travel or entertainment expenses	•	,	•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	184,531	184,218	313	
20	Interest	,	·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,972	6,595	1,963	414
23	Insurance	6,895	5,256	1,353	286
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Other	3,219	1,422	1,797	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	689,647	504,269	169,346	16,032
26	Joint costs. Complete this line only if the	,	,	,	,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	233,361	1	218,429
	2	Savings and temporary cash investments		2	-
	3	Pledges and grants receivable, net	69,048	3	54,599
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	28,680	8	26,961
As	9	Prepaid expenses and deferred charges	6,480	9	16,693
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 58,889			
	b	Less: accumulated depreciation 10b 35,095	32,766	10c	23,794
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,873	15	8,873
	16	Total assets. Add lines 1 through 15 (must equal line 33)	379,208	16	349,349
	17	Accounts payable and accrued expenses	60,762	17	14,764
	18	Grants payable		18	
	19	Deferred revenue		19	8,200
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
=		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·	39,267		28,773
	26	Total liabilities. Add lines 17 through 25	100,029	26	51,737
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
Ses		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	189,718		236,851
Ba	28	Net assets with donor restrictions	89,461	28	60,761
pur		Organizations that do not follow FASB ASC 958, check here ▶ ☐			
Ę		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	_
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	279,179	32	297,612
·	33	Total liabilities and net assets/fund balances	379,208	33	349,349

Both consolidated and separate basis

2c

За

Х

Х

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on

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

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

separate basis, consolidated basis, or both:

Consolidated basis

X Separate basis

Schedule O.

SCHEDULE A

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.

2019

OMB No. 1545-0047

Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

National Council of Catholic Women 52-1738369						9		
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must c	omplete	this part	See instructions	S.
The	orga	nization is not a private foundation bec	ause it is: (For line	s 1 through 12, check on	ly one box	i.)		
1		A church, convention of churches, or	association of chur	ches described in section	n 170(b)(1	1)(A)(i).		
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	П	A hospital or a cooperative hospital se		•		(iii).		
4	Ħ	A medical research organization oper	•)(A)(iii). Enter the	
		hospital's name, city, and state:						
5	П	An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a d	overnment	al unit described in	
,	ш	section 170(b)(1)(A)(iv). (Complete F	-	iniversity owned or opera	ated by a g	joverninent	ai unit described in	
	П		*	it described in eastion 1	70/b\/4\/A	14.4		
6	H	A federal, state, or local government of	-					
7	Ш	An organization that normally receive	•		/ernmenta	i unit or tro	m the general public	
_		described in section 170(b)(1)(A)(vi).	•	,				
8	닏	A community trust described in section		,				
9	Ш	An agricultural research organization					•	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	e name, c	ity, and stat	te of the college or	
	_	university:						
10	X	An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its	
		support from gross investment incom-	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
		acquired by the organization after Jun	ie 30, 1975. See s e	ection 509(a)(2). (Compl	ete Part III	.)		
11		An organization organized and operate	ted exclusively to te	est for public safety. See	section 50	09(a)(4).		
12		An organization organized and opera-	ted exclusively for	the benefit of, to perform	the function	ons of, or to	carry out the purpose	S
		of one or more publicly supported orga	anizations describe	ed in section 509(a)(1) o	r section 9	509(a)(2). S	See section 509(a)(3).	
		Check the box in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	and comple	te lines 12e, 12f, and 1	2g.
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its s	upported c	rganizatior	n(s), typically by giving	
		the supported organization(s) the	power to regularly	appoint or elect a majori	ity of the d	irectors or t	trustees of the	
		supporting organization. You mu		• •	•			
	b	Type II. A supporting organization	-		n its suppo	rted organi	zation(s), by having	
		control or management of the sur	•			•	. ,	
		organization(s). You must comp		•			g	
	С	Type III functionally integrated.			ection with	and funct	tionally integrated with	
	•	its supported organization(s) (see		•				
	d	Type III non-functionally integra	,	•	•			-1
	u	that is not functionally integrated.		•				•
		requirement (see instructions). Yo	-	•			il and an allentiveness	•
			-				Tuno II Tuno III	
	е	Check this box if the organization				saryper,	Type II, Type III	
		functionally integrated, or Type III						
	f	Enter the number of supported organ						• • • • •
	g	Provide the following information about		,				
	(I	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
						 		
(D)								
(E)								
Tota	ıl							
	_							

990 or 990-EZ) 2019 National Council of Catholic Women 52-1738369
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990 or 990-EZ) 2019 Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	otioni7ti i abiio capport						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
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						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						_
	Gross receipts from related activities, etc. (s	ee instructions	(3)			12	
	First five years. If the Form 990 is for the or		,				c)(3)
	organization, check this box and stop here						
Se	ction C. Computation of Public Suppo	rt Percentac	16				<u>- </u>
	Public support percentage for 2019 (line 6, c			column (f))		14	%
	Public support percentage from 2018 Sched					15	<u>%</u>
	33 1/3% support test - 2019. If the organiza					3% or more, ch	
	box and stop here. The organization qualified						
ŀ	33 1/3% support test - 2018. If the organiza						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019.	•		•			_
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fact						
	organization						
	0 10%-facts-and-circumstances test - 2018.						
•	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization mee						dicty
	supported organization						
10	Private foundation. If the organization did r						_
ΙŎ	3		•		•		
	instructions						👂 📋

90 or 990-EZ) 2019 National Council of Catholic Women Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	192,305	148,462	362,739	337,897	346,224	1,387,627
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	648,683	636,479	310,808	340,090	361,759	2,297,819
3	Gross receipts from activities that are not an	010,000	000,110	020,000	010,000	002,700	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	840,988	784,941	673,547	677,987	707,983	3,685,446
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	35,167	32,481	27,794	8,995		104,437
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	35,167	32,481	27,794	8,995		104,437
8	Public support. (Subtract line 7c from						
_	line 6.)						3,581,009
_	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	840,988	784,941	673,547	677 , 987	707,983	3,685,446
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources • •			277	47	97	421
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
	Net income from unrelated business			277	47	97	421
• • • • • • • • • • • • • • • • • • • •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)	1,102	723				1,825
13	Total support. (Add lines 9, 10c, 11,	1,102	723				1,625
	and 12.)	842,090	785,664	673,824	678,034	708,080	3,687,692
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here	•			•	•	· · · —
Se	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 8, c			column (f))		15	97.11 %
	Public support percentage from 2018 Sched					16	96.57 %
Se	ction D. Computation of Investment In	come Percer	ntage			· ·	
17	Investment income percentage for 2019 (line	∍ 10c, column (f), divided by li	ne 13, column	(f))	17	0.00 %
18	Investment income percentage from 2018 Se	chedule A, Part	t III, line 17.			18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz						and line
	17 is not more than 33 1/3%, check this box	and stop here	. The organiza	ition qualifies a	is a publicly su	pported organi	zation ▶ 🛣
b	33 1/3% support tests - 2018. If the organiz	zation did not cl	heck a box on	line 14 or line	19a, and line 1	6 is more than	33 1/3%, and
	line 18 is not more than 33 1/3%, check this	-	_	-	-	•	- =
20	Private foundation. If the organization did r	not check a box	on line 14, 19	a, or 19b, ched	ck this box and	see instruction	ns ▶ 🗌

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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 (b) and (c) below.
- 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.
- 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 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
 - Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "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 10b below.
 - 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		
	3a		
	3b		
)	30		
,	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	7		
	8		
	9a		
	9b		
	00		
	9с		
	10a		
	- 4-		
	10b		
A (Fo	rm 990	or 990-l	EZ) 2019

Par	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	ion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			.,,
	regularly appoint or elect at least a majority of the organization's 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 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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ion C. Type II Supporting Organizations		Vaa	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion 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	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ion E. Type III Functionally Integrated Supporting Organizations		ļ	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions),
а	The organization satisfied the Activities Test. Complete line 2 below.			•
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ir	nstruc	tions
	Activities Test. Answer (a) and (b) 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	2-		
h	that these activities constituted substantially all of its activities.	2a		
Ŋ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	,		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		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.

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust	on Nov. 20, 1970 (expla	nin in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	nization	ns must complete Section	ons A through E.
Continu A Adjusted Not Income		(A) Drior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
		(7 t) Their Tean	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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	lly integ	rated Type III supporting	g organization (see

EEA Schedule A (Form 990 or 990-EZ) 2019

Pai	rt V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	5	
Sec	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	tions		
4	Amounts paid to acquire exempt-use assets				
_5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which th	e organization is respon	sive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
e	From 2018				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
	Carryover from 2014 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
	Remaining underdistributions for years prior to 2019, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
С	Excess from 2017				

d Excess from 2018e Excess from 2019

. . . .

lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury

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. Internal Revenue Service Name of the organization

OMB No. 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer identification number				
Nat	ional Council of Catholic Women		52-1738369				
Pa		unds or Other Similar Funds or Acc	counts.				
	Complete if the organization answered "Yes" or						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised					
	funds are the organization's property, subject to the organizati	=					
6	Did the organization inform all grantees, donors, and donor ac						
	only for charitable purposes and not for the benefit of the dono						
	conferring impermissible private benefit?						
Pa	rt II Conservation Easements.						
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or edu		of a historically important land area				
	Protection of natural habitat	· =	of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a	conservation				
_	easement on the last day of the tax year.		Held at the End of the Tax Year				
а	•						
b	Total Halling C. C. College Fallon Calcollege						
c	Number of conservation easements on a certified historic stru						
d	Number of conservation easements included in (c) acquired a		20				
u	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele		-				
·	tax year	sacca, examigationed, or terminated by the o	iganization daring the				
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the peri						
J	violations, and enforcement of the conservation easements it		· · · · · · · · · · · · · · · · · · ·				
6	Staff and volunteer hours devoted to monitoring, inspecting, h						
Ü	otali and volunteer hours devoted to morntoning, inspecting, in	andling of violations, and emorcing conserv	ration easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	a easements during the year				
'	\$	ing of violations, and emorcing conservation	reasements during the year				
8	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 170/b	\/4\/B\/i\				
0	and section 170(h)(4)(B)(ii)?						
0							
9	In Part XIII, describe how the organization reports conservation	•					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
Pa	organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
ı u	Complete if the organization answered "Yes"		Other Ohimar Assets.				
10	·		halanaa ahaat warka				
ıa	If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publications.						
			lerance or public				
	service, provide, in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 958	•					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance or public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
_	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical trea	_	ain, provide the				
	following amounts required to be reported under FASB ASC 9	<u> </u>					
а	Revenue included on Form 990, Part VIII, line 1						
h	Assets included in Form 990 Part X		> \$				

Pai	rt III	Organizations Maintaining Co	ollections of <i>A</i>	Art, Hi	sto	rical 1	<u> Freasures,</u>	or O	ther Similar <i>I</i>	Asset	s (coi	ntin	ued)
3	Using	g the organization's acquisition, accession, a	and other records, o	check a	ny of	the foll	owing that ma	ke sigr	nificant use of its				
	collec	ction items (check all that apply):											
а	□ P	Public exhibition		d		Loan	or exchange p	rogram	IS				
b	□s	Scholarly research		е		Other							
С	□ Р	Preservation for future generations				,							
4		de a description of the organization's collecti	ions and explain h	ow they	furth	er the	organization's	exemp	t purpose in Part				
	XIII.	·	•				· ·						
5	Durin	g the year, did the organization solicit or rece	eive donations of a	art, histo	rical	treasu	res, or other si	milar					
		s to be sold to raise funds rather than to be i								[Yes		No
Pai	rt IV	Escrow and Custodial Arrange	ements.										
		Complete if the organization ans	swered "Yes" o	n For	m 9	90, Pa	art IV, line 9	, or r	eported an an	nount	on Fo	orm	
		990, Part X, line 21.											
1a		organization an agent, trustee, custodian or		-						_	1		
		,								· • • L	Yes	Ш	No
b	If "Ye	s," explain the arrangement in Part XIII and o	complete the follow	ving tab	le:				T .				
								-		mount			
C		9 =						10					
d		ions during the year						10	+				
e								16					
f 2-		· 3 ·· -······						<u>1f</u>			1 ٧	$\overline{}$	NI-
2a		ne organization include an amount on Form s						-				H	No
Da.	rt V	s," explain the arrangement in Part XIII. Che Endowment Funds.	eck nere if the expir	anation	nası	been pr	ovided on Par	T XIII			· · · ·	Ш	
Га	L V	Complete if the organization ans	swered "Ves" o	n For	m Q	an Pa	art IV/ ling 1	Λ					
		· · · · · · · · · · · · · · · · · · ·							(D = 1				
10	Rogin	nning of year balance	(a) Current year	(D) P	rior ye	аг	(c) Two years t	раск	(d) Three years bac	K (e)	Four ye	ears b	ack
1a b	-	ributions								+			
		nvestment earnings, gains, and								+			
С		S · · · · · · · · · · · · · · · · · ·											
٨		ts or scholarships								+			
a		r expenditures for facilities and								+			
е		ams											
f		nistrative expenses								+			
		of year balance								+			
g 2		de the estimated percentage of the current y	/ear end halance (line 1a	colur	nn (a))	held as:						
a		d designated or quasi-endowment	%	illic ig,	COlui	IIII (a))	ricia as.						
h		anent endowment • %											
c		endowment • %											
		percentages on lines 2a, 2b, and 2c should e	egual 100%										
3a		nere endowment funds not in the possession		n that a	re he	eld and	administered	for the					
		nization by:	. o. a.o o.gaa.o								Y	es	No
	•	Inrelated organizations								Га	Ba(i)		
	` ,	Related organizations									a(ii)		
b	` ,	s" on line 3a(ii), are the related organizations	s listed as required	d on Sch	nedul	e R?					3b		
4		ribe in Part XIII the intended uses of the orga	•							_			
Pai	rt VI	Land, Buildings, and Equipme											
		Complete if the organization ans		n For	m 9	90, Pa	art IV, line 1	1a. S	ee Form 990	, Part	X, lin	e 10).
		Description of property	(a) Cost or other		\neg		r other basis		Accumulated) Book v		
		1 6559	(investmen		`	•	other)		epreciation	,	,	-	
1a	Land												
b	Buildi	ings											
C		ehold improvements											
d		oment			\top		58,889		35,095		2	3,7	94
е	Other				\top		.,		,				
Total		lines 1a through 1e. (Column (d) must equa	J Form 000 Part Y	colum	n /D\	line 10	20.1					2 7	0.4

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 	Canon Cocaminoon						
Complete if the	e organization answered	d "Yes" on For	m 990, Pa	art IV, line 11	b. See Form 990), Part X, lin	ie 12.

1 0		· · · · · · · · · · · · · · · · · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
_ (5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Other Assets. Part IX

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)Security Deposits	8,873
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	8,873
Dout V Other Liebilities	

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2Deferred Rent	10,569
(3Capital Lease	18,204
(4)	
(5)	
(6)	
(7)	
(8)	_
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	28,773

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 • • • • • •

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	708,080
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments • • • • • • • • • • • • • • • • • • •		
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	708,080
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	708,080
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	689,647
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	689,647
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.)		
	` '		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	4c 5	689,647
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-
Pa l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	-

EEA Schedule D (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public

Name of the organization National Council of Catholic Women

Inspection Employer identification number 52-1738369

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Employer identification number

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