#### 990

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	Foi	r the	2020 calendar y	year, or tax year begin	ning		, 2020, a	and endi	ing		, 20
В	Che	ck if a	pplicable:	C Name of organizationNa	tional Council of	Catholic	Women			D Emplo	yer identification number
П	Add	ress c	hange	Doing business as							52-1738369
Ħ		ne cha	•		O. box if mail is not delivered to street	t address)		Room/sui	ite	F Telenh	ione number
Ħ			•	,		address)				- тогоргі	(703) 224-0990
H		al retur		200 North Gleb				l	725		
H			n/terminated		vince, country, and ZIP or foreign pos	tai code				<b>G</b> Gross	·
H		ended		Arlington, VA						\$	521,952
Ш	App	lication	n pending		ncipal officer: <b>Marla Johnst</b>	con			` ' '		or subordinates? Yes No
_				Same as C abov					H(b) Are all s	subordinate	es included? Yes No
<u> </u>	Tax-	-exemp	ot status: X 501	(c)(3) 501(c) (	) <b>4</b> (insert no.) 4947(a)(	1) or 52	27		If "No,"	attach a list	t. See instructions
J	Web	osite:		ccw.org		-			H(c) Group e	exemption r	number
K	Forr	m of or	ganization: 🗶 Cor	rporation Trust Ass	ociation Other	L	Year of formati	on: <b>192</b>	20 м s	State of lega	al domicile: DC
Pa	art	I	Summary								
		1	Briefly describe	es all	Catholic women.						
Ф			NCCW acts	through its mem	bership to support	, empower	c, and e	ducate	all Ca	tholi	c women in
Governance			spiritualit	ty, leadership,	and service. NCCW	programs	respon	d with	gospel	valu	es to the needs
Ľ			of the chui								
Š					discontinued its operations		of more than	25% of i	ts net asse	ts.	
		3	Number of votine	a members of the gove	rning body (Part VI, line 1a)					3	31
ح در					s of the governing body (Par					<b>—</b>	31
ij				=	calendar year 2020 (Part V,						4
Activities &				volunteers (estimate if							40
Ac				•	Part VIII, column (C), line 12					-	-
					, , , , , , , , , , , , , , , , , , , ,					<b>—</b>	0
	+	D	ivet unrelated bu	usiness taxable income	from Form 990-T, Part I, line	11		<del></del>		7b	0
		_	0 ( ) (		41.)				Prior Year		Current Year
ø					1h)					,224	492,492
Revenue			ŭ	•	e 2g)				325	,611	0
š					A), lines 3, 4, and 7d)					97	114
ď		11	Other revenue (I	Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11	e)		•	36	,148	18,396
		12	Total revenue - a	add lines 8 through 11 (	must equal Part VIII, column	(A), line 12)			708	,080	511,002
		13	Grants and simil	lar amounts paid (Part I	X, column (A), lines 1-3)				5	,365	2,228
		14	Benefits paid to	or for members (Part I)				0			
"		15	Salaries, other c		238	,328	241,764				
Expenses		16a	Professional fun	draising fees (Part IX,				0			
en		b	Total fundraising	expenses (Part IX, col	umn (D), line 25)		16,364				
ă		17	Other expenses	(Part IX, column (A), lin	nes 11a-11d, 11f-24e)				445	,954	236,162
					equal Part IX, column (A), lin					,647	480,154
			•	,	18 from line 12	,				,433	30,848
	-								nning of Curre		End of Year
tso	auc	20	Total assets (Pa	rt X line 16)						,349	401,475
Asse	Bal		Total liabilities (F	,				_		,737	73,015
det /	<u> </u>		`	,	line 21 from line 20					,612	328,460
	art		Signature		inic 21 non inic 20 1111			-	231	,012	320,400
					rn, including accompanying schedule	s and statements	s, and to the bes	st of my kno	wledge and be	elief, it is	
true	e, cor	rrect, a	nd complete. Declara	ation of preparer (other than of	icer) is based on all information of wh	ich preparer has	any knowledge.			<u> </u>	
			N1- :	T-b							
Sig	nr		Signature of o	Johnston officer						L Date	e
He			, i								
110	16			Johnston, Treas name and title	urer						
			Print/Type prepare		Preparer's signature		Date				PTIN
D-	ام:		, , , ,						Check	□ "	
Pa			John Mull		John Mullins		07-12-20		self-em	ployed	P01429307
	•	arer	Firm's name	Mullins,	PC			F	irm's EIN		
US	e C	Only	Firm's address	7625 Wis	consin Avenue			P	hone no.		
					MD 20814						770-6371
May	y the	e IRS	discuss this retu	urn with the preparer sh	own above? (see instructions	s)					X Yes 🗌 No

) (Revenue \$

**4e** Total program service expenses ► 296,376

including grants of \$

(Expenses \$

0) 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		X
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	_		
7		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>			X
8	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		X
3	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			Λ
	VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
	complete Schedule D, Part VI	11a	x	
	b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a				
	Schedule D, Parts XI and XII	12a	х	
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a		х
k				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		
47	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	47		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		X
19	If "Yes," complete Schedule G, Part III	19		v
20		20a		X
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2020)

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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
·	to defease any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		_ X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			
-	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
J-T	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
		SSA		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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? <b>Note:</b> 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			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

20) 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 4			
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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	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			
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:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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.

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
	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	X	
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,			1
	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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		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.	4.0		
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,"	420		1
40	describe in Schedule O how this was done	12c	<u> </u>	
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?  The organization's CEO, Executive Director, or top management official	150		.,
a	Other officers or key employees of the organization	15a 15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	190		Х
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IVa		X
b	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	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website     Another's website     X Upon request     Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	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.

<b>=</b>										
				(	(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			•		r/trustee		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	악교	ايرا	Q	⊼e	en Hi	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	direc	ŧ	Officer	y en	ghes nploy	Former	,		related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	t cor				
	below	uste	trus		ee	nper				
	dotted line)	Ф	tee			Highest compensated employee				
						ă				
(1) Kathleen Boesch	10.00									
Director		х						0	0	0
(2) Theresa Pavlik	10.00									
Director		х						0	0	0
(3) Suzanne Marie Gardiner	10.00									
Director		Х						0	0	0
(4) Ruth Warren	10.00									
Director		х						0	0	0
(5) Elizabeth Schiavone	10.00	l								
Director		Х						0	0	0
(6) Gloria Krzyzanowski	10.00	l								
Director		Х						0	0	0
(7) Nancy Bachicha	10.00									
Director		Х						0	0	0
(8) Angie N Milatzo	10.00	l								
Director		Х						0	0	0
(9) Celestine Person-Green	10.00									
Director		х						0	0	0
(10)Connie Gillies	10.00									
Director		х						0	0	0
(11)Mary Ann Brenner	10.00									
Director		х						0	0	0
(12)Jackie Brandon	10.00									
Director		х						0	0	0
(13)Alycia Laureti	10.00									
Director		х						0	0	00
(14)Susan Johnson	10.00									
Director		х						0	0	0
FFΔ										Form <b>990</b> (2020)

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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.

<u> </u>			_ '					, ,		
					(C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average	,	(do not check more than one box, unless person is both an officer and a director/trustee)				Reportable	Reportable	Estimated amount	
	hours						compensation	compensation	of other	
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	or a	Ins	Officer	Ke.	Hig em	For	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	direc	tituti	icer	y em	jhesi ploy	Former			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	t cor ee				
	below	uste	trus		ee	nper				
	dotted line)	0	lee			Highest compensated employee				
						ä				
(1) Nina Romero-Caro	_ 10.00									
Director		х						0	0	0
(2) Rosie Castillo	_ 10.00									
Director		х						0	0	0
(3) Kathryn Parish-Reese	10.00									
Director		х						0	0	0
(4) Jeannie Salazar Friddell	10.00									
Director		х						0	0	0
(5) Marion Smith-Reynoso	10.00									
Director		х						0	0	0
(6) Beverly South	10.00									
Director		х						0	0	0
(7) Patty Johnson	10.00									
Director		х						0	0	0
(8) Chris Heiderscheidt	10.00									
Director		х						0	0	0
(9) Susanne Nelson-Helms	10.00									
Director		х						0	0	0
(10)Yvette Carr	10.00									
Director		х						0	0	0
(11)Rose Martinet	10.00									
Director		х						0	0	0_
(12)Coreen Glen	10.00									
Director		х						0	0	0_
(13)Patricia Fike	10.00									
Director		х						0	o	0_
(14)Paula_Freimuth	10.00									
Director		х						0	0	0_
					_					

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 ficting the organization for any feet					(C)	,				
					sition					
(A)	(B)	(do not check more than one				han one		(D)	(E)	(F)
Name and title	Average		box, unless person is both an					Reportable compensation	Reportable compensation	Estimated amount of other
	hours per week	offic	er and	d a di	rector	/trustee	)	from the	from related	or other compensation
	(list any			_				organization	organizations	from the
	hours for	ndiv or di	nstit	Officer	ey	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related	idua	ution	eŗ	emp	est o	her			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below dotted line)	stee	uste		0	ens				
	dotted iiiie)		Õ			ated				
(4) Garage Manager	10.00									
(1) Carol Monaco Director	10.00	x						0	o	0
(2) Kathleen Penno	10.00	^						U	0	<u> </u>
Director		x						0	0	0
(3) Connie Andrews	10.00							0	0	<u> </u>
Director		x						0	0	0
(4) Diane_Tugander	10.00							0	0	<u> </u>
	10.00	x						0	0	0
Director (5) Poth Mohanau	10.00	^						0	0	<u> </u>
(5) Beth Mahoney	_ 10.00	.,						0	0	•
Director	10.00	Х						U	U	0
(6) Karen Painter	10.00							0	0	•
Director	10.00	Х						U	U	0
(7) Sheila Hopkins	10.00									•
Director	10.00	Х						0	0	0
(8) Pat Ryan	10.00									
Director		Х						0	0	0
(9) Ellen Bachman	10.00							_	_	_
Director		Х						0	0	0_
(10)Rita Faith Maher	10.00							_	_	_
Director		Х						0	0	0
(11)Theresa Boscia	10.00									
Director		Х						0	0	0
(12)Nancy Larson	_ 10.00									
Director		Х						0	0	0
(13)Deanna Holmer	10.00									
Director		х						0	0	0
(14)Mary Ann Cummins	10.00									
Director		Х						0	0	0

Section A. Officers, Directors, Trustees	s, Key Empi	oyees	, and	a Hi	gnes	st Con	nper	nsated Employees	(continuea)			
				(	(C)							
(A)	(B)				sition			(D)	(E)	(E) (F		
Name and title	Average	,				han one		Reportable	Reportable	Fetin	nated amo	ount
Name and the	hours			•		s both ai /trustee		compensation	compensation	Louis	of other	Juni
	per week					,	,	from the	from related	со	mpensati	on
	(list any		<u>-</u>			Ф Т	П	organization	organizations	1	rom the	
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	highe	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		nization a d organiz	
	related	ecto	ution	딱	əmp	est o	er			10.00	a organiz	
	organizations	] ~ E	alt		loye	òmp						
	below dotted line)	stee	uste.		е	bens						
	dotted line)		ĕ			Highest compensated employee						
(15)Amy Kennedy	10.00											
Director		х						0	0			0
(16)Nympha M. White	10.00											
Director		х						0	0			0
(17)Patty Sommerhauser	10.00											
Director		x						0	0			0
(18)Tracy Janis	10.00							-	<u> </u>			
		x		x				0	0			0
Secretary (19)Jean_Kelly	10.00							•				
	10.00	l						0	0			^
President	10.00	X		X				0	0			0
(20)Patricia Voorhes	10.00	l										_
President Elect		Х		Х				0	0			0
(21)Mary_Elizabeth_Stewart_Blogoslawsk	<u>i _ 10.00</u>	l										
Immediate Past President		Х		Х				0	0			0
(22)Marla Johnston	10.00											
Treasurer		Х		х				0	0			0
(23)												
(24)												
(25)												
1b Subtotal												
c Total from continuation sheets to Part VII, Sec	tion A .											
d Total (add lines 1b and 1c)							. [	0	0			0
Total number of individuals (including but not limit							d mo					
reportable compensation from the organization		olcu a	DOVC	5) WI	1010	CCIVC	u IIIC	οιο ιπαιτ ψ 100,000 v	JI			0
reportable compensation from the organization	<u>*                                    </u>										Yes	No
2 Did the consciention list out forman officer direct	4 1		_1					4			res	NO
3 Did the organization list any <b>former</b> officer, direct		-	-		_							
employee on line 1a? If "Yes," complete Schedule										3		Х
4 For any individual listed on line 1a, is the sum of r	-	•										
organization and related organizations greater tha												
individual					٠.					4		Х
5 Did any person listed on line 1a receive or accrue	compensati	on fror	n an	ıy un	relat	ted org	ganiz	zation or individual				
for services rendered to the organization? If "Yes,	" complete S	Schedu	ıle J	for s	uch	perso	n			5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest compens	ated indeper	ndent o	contr	racto	rs th	nat rec	eive	ed more than \$100,	000 of			
compensation from the organization. Report com	pensation for	the ca	alend	dar y	ear	ending	y wit	h or within the orga	nization's tax year			
(A)								(B)		(C)		
Name and business address	ss							Description of service	es	Compen	sation	
-												
									<del>                                     </del>			
2 Total number of independent contractors (includin	a hut not li-	itad ta	thes	ما م	tod	ahove	\ \a,b	10				
received more than \$100,000 of compensation from	-				,.GU	above	<i>,</i> wii					

Form 990 (2020)
Part VIII

		Check if Schedule O contains a response or	note to any line in thi	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
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns	276,912				000000000000000000000000000000000000000
	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above					
Contri	h	lines 1a-1f		492,492			
Program Service Revenue	c d e f						
	3	Investment income (including dividends, interes other similar amounts)	t, and	114			114
	b c	Gross rents	(ii) Personal				
		Net rental income or (loss)	(ii) Other				
Revenue	С	Less: cost or other basis and sales expenses 7b  Gain or (loss)					
Other		· '	ia Ib				
	c 9a b	Net income or (loss) from fundraising events  Gross income from gaming activities, See Part IV, line 19	aba				
	10a b	Gross sales of inventory, less returns and allowances	Da 24,028 Db 10,950	13,078	13,078		
Miscellanous Revenue		Other	Business Code 900099	5,318	5,318		
Misc	е	All other revenue		5,318 511,002	18,396	0	114

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#### 20) National Council of Catholic Women Statement of Functional Expenses Part IX

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

	Check if Schedule O contains a response or note to	<u> </u>			
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,228	2,228		
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	81,954	47,783	30,589	3,582
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	111,829	65,202	41,740	4,887
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	12,837	7,484	4,791	562
9	Other employee benefits	18,472	10,771	6,894	807
10	Payroll taxes	16,672	9,721	6,223	728
11	Fees for services (nonemployees):				
a	Management				
b	Legal	650		650	
C	Accounting	22,500		22,500	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .  Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25, column				
g	,	4 360	0 155	2 050	155
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	4,360	2,155	2,050	155
13	Office expenses	107 101	07 120	17 770	2 202
14	Information technology	107,121 6,670	87,139 5,647	17,779	2,203
15	Royalties	6,670	5,647	1,023	
16	Occupancy	63,783	39,737	21,206	2,840
17	Travel	5,305	39,737	5,305	2,840
18	Payments of travel or entertainment expenses	3,303		3,303	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,343	9,762	581	
20	Interest	20,515	37702	301	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,680	4,260	2,112	308
23	Insurance	6,728	4,257	2,179	292
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	2,022	230	1,792	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	480,154	296,376	167,414	16,364
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here  if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
		Cook was interest bearing	Beginning of year		End of year
	1	Cash - non-interest-bearing	218,429	1	235,420
	2	Savings and temporary cash investments		2	40.010
	3	Pledges and grants receivable, net	54,599	3	40,812
	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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	26,961	8	87,167
ð	9	Prepaid expenses and deferred charges	16,693	9	13,419
	10a	Land, buildings, and equipment: cost or other			
	_	basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	23,794	10c	15,784
	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)	349,349	16	401,475
	17	Accounts payable and accrued expenses	14,764	17	29,809
	18	· · · · · · · · · · · · · · · · · · ·		18	
	19	Deferred revenue	8,200	19	27,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
pili		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		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	00 ==0	ا م	1.6.00
	00	of Schedule D	28,773	25 26	16,206
	26	Total liabilities. Add lines 17 through 25	51,737	26	73,015
s		Organizations that follow FASB ASC 958, check here   and complete lines 27, 28, 32, and 33.			
JCe	27	Net assets without donor restrictions	026 051	27	076 566
alaı	27 28	Net assets with donor restrictions	236,851	27 28	276,566
B	20	Organizations that do not follow FASB ASC 958, check here	60,761	20	51,894
un		_			
r.	20	and complete lines 29 through 33.		29	
ts c	29 30	Capital stock or trust principal, or current funds		30	
sse	30 31	Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	207 610	32	200 400
Se	32 33	Total liabilities and net assets/fund balances	297,612	33	328,460
	33	Iorai iianiiiries attu tiel assets/iutiu naiatices	349,349	JJ	401,475

EEA Form **990** (2020)

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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

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

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

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

Schedule O.

the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number Council of Catholic Women 52-1738369 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c U Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ........... Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2020

990 or 990-EZ) 2020 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) 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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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	<b>Total.</b> 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		I	1	1		
_	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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	9						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10	: 4 4:	-\			40	
	Gross receipts from related activities, etc. (s					12	(-)(2)
13	First five years. If the Form 990 is for the or						_
50	organization, check this box and stop here			<del></del>		<del></del>	▶∐
	Ction C. Computation of Public Suppo			column (f))		44	0/
	Public support percentage for 2020 (line 6, c Public support percentage from 2019 Sched	, ,	-	. , ,		14	<u>%</u>
	33 1/3% support test - 2020. If the organization						
100	box and <b>stop here.</b> The organization qualified						
ŀ	33 1/3% support test - 2019. If the organization						
	this box and <b>stop here.</b> The organization qu						
172	10%-facts-and-circumstances test - 2020.	•		•			_
176	10% or more, and if the organization meets	-					
	Part VI how the organization meets the facts				-	•	
	organization			•	•		_
ı	o 10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fa					-	-
	organization			-	•		
18	<b>Private foundation.</b> If the organization did r						_
.0	instructions						
	mondono i i i i i i i i i i i i i i i i i i	<u> </u>					· · · · · · · _

### 90 or 990-EZ) 2020 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	148,462	362,739	337,897	346,224	492,492	1,687,814
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	636,479	310,808	340,090	361,759	24,028	1,673,164
3	Gross receipts from activities that are not an		,	,	,	,	<u> </u>
	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						
	<b>Total.</b> Add lines 1 through 5	784,941	673,547	677,987	707,983	516,520	3,360,978
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	32,481	27,794	8,995			69,270
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	32,481	27,794	8,995			69,270
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						3,291,708
_	ction B. Total Support	(-) 0040	(1-) 0047	(-) 0040	(4) 0040	(.) 0000	(D. T-4-1
	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	784,941	673,547	677,987	707,983	516,520	3,360,978
108	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources Unrelated business taxable income (less		277	47	97	114	535
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b		277	47	97	114	535
	Net income from unrelated business		211	47	91	114	535
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	723					723
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	785,664	673,824	678,034	708,080	516,634	3,362,236
14	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						▶ 🗌
	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 8, c					15	97.90 %
_	Public support percentage from 2019 Sched					16	97.11 %
	ction D. Computation of Investment In						
	Investment income percentage for 2020 (line	•				17	0.00 %
	Investment income percentage from 2019 Se					18	0.00 %
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box	-					
b	33 1/3% support tests - 2019. If the organiz						
	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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section	ΔΔ	I Supporting	<b>Organizations</b>
OCCHOIL	$\Delta \cdot \Delta$	i Gubboi illia	Ol dallization 3

- 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 lines 3b and 3c 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
  - 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		
)			
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	01		
	9b		
	9с		
	10a		
	44:		
	10b		
A (Fo	rm 990	or 990-l	EZ) 2020

Sched	tle A (Form 990 or 990-EZ) 2020 National Council of Catholic Women 52-1738369		F	Page <b>5</b>
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44.		
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
500	detail in Part VI. tion B. Type I Supporting Organizations	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations		Yes	No
1	Did the governing body members of the governing body efficience acting in their efficiel capacity or membership of one or		162	NO
٠	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? <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		
Sec	tion D. All Type III Supporting Organizations	ı		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see i		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		1

National Council of Catholic Women

Pal	T V   Type III Non-Functionally integrated 509(a)(3) Supporting O							
1								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection							
	of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
	Discount claimed for blockage or other factors							
_	(explain in detail in <b>Part VI</b> ):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
-	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
	etion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	y integr	ated Type III supporting	g organization				
	(see instructions).	. 3		- <b>-</b>				

EEA Schedule A (Form 990 or 990-EZ) 2020

Sched	ule A (Form 990 or 990-EZ) 2020 National Council of Cathort V Type III Non-Functionally Integrated 509(a)(3	olic Women		·1738 ed)	3 <b>69</b> Page
	etion D - Distributions	of Capporaling Organi	zations (commu		Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	· · · · · · · · · · · · · · · · · · ·				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in Part VI	1	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	TOVIGO GOLGIIO III T GIL VI)	<u>'</u>	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	+ +	
Ū	(provide details in <b>Part VI</b> ). See instructions.	c organization is respon	3140	8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	Line 8 amount divided by line 9 amount		(ii)	110	(iii)
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2020	ons	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to directistibutions of prior years  Applied to 2020 distributable amount				
	• • • • • • • • • • • • • • • • • • • •				
_ <u>i</u>	- , , , , , , , , , , , , , , , , , , ,				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				

EEA Schedule A (Form 990 or 990-EZ) 2020

8 Breakdown of line 7: a Excess from 2016

**b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

. . . .

. . . .

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

#### **SCHEDULE 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

2020

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	ounts.
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 6.	
		(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	on's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be use	d
	only for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Pa	t 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	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f 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 c	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the
	tax year   ►		
4	Number of states where property subject to conservation ease	ement is located •	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserva	ation easements during the year
	<b>-</b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		<del>-</del> -
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statements	that describes the
Da	organization's accounting for conservation easements.	of Aut Historical Transcript	Other Cimiler Accets
Pa	organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" (		
та	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publication provide in Part VIII the text of the feature to its financial		erance of public
L	service, provide, in Part XIII the text of the footnote to its finan		man about works of
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	ezilibilion, education, or research in lufthera	ince of public service,
	provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> ¢
	(ii) Assets included in Form 990, Part X		
2			
2	If the organization received or held works of art, historical trea	_	ani, provide nie
•	following amounts required to be reported under FASB ASC 9 Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
a h	Assets included in Form 990, Part X		

Pa	rt III Organizations Maintaining Col	llections of Art	, Historic	al Treasures	, or Ot	her Similar A	ssets (c	ontin	ued,
3	Using the organization's acquisition, accession, and	d other records, che	ck any of the	following that m	ake sign	ificant use of its			
	collection items (check all that apply):								
а	Public exhibition		d 🗌 Lo	an or exchange	programs	S			
b	Scholarly research		e 🗌 Ot	her					
С	Preservation for future generations								
4	Provide a description of the organization's collection	ons and explain how	they further	the organization'	s exemp	t purpose in Part			
	XIII.								
5	During the year, did the organization solicit or recei	ive donations of art,	historical tre	asures, or other	similar				
	assets to be sold to raise funds rather than to be m		the organiza	tion's collection?			. 🗌 Yes	; <u> </u>	No
Pa	t IV Escrow and Custodial Arrange		_					_	
	Complete if the organization answ	wered "Yes" on I	Form 990	, Part IV, line	9, or re	eported an am	ount on	Form	1
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or o								
	· · · · · · · · · · · · · · · · · · ·						∐ Yes	; <u> </u>	No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the following	g table:						
							ount		
С	Beginning balance					<u> </u>			
d	Additions during the year					<u> </u>			
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form 99				-			=	No
b	If "Yes," explain the arrangement in Part XIII. Chec rt V Endowment Funds.	ck here if the explana	ition has bee	n provided on Pa	art XIII .			. ⊔	
Pal	Complete if the organization answ	wordd "Voc" on l	Earm 000	Part IV/ line	10				
	· · · · · · · · · · · · · · · · · · ·					( ) Ti	1,,,		
10		a) Current year	(b) Prior year	(c) Two years	s back	(d) Three years back	(e) Four	years b	аск
1a h	Beginning of year balance						+		
b	Net investment earnings, gains, and						+		
С	losses								
ч	Grants or scholarships								
d	Other expenditures for facilities and								
е	programs								
f	Administrative expenses						+		
g	End of year balance						+		
2	Provide the estimated percentage of the current ye	ear end halance (line	1a column	(a)) held as:	ı				
– a	Board designated or quasi-endowment		rg, column	(a)) Hold do.					
b	Permanent endowment • %								
c	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c should eq	ual 100%.							
3a	Are there endowment funds not in the possession of		hat are held	and administered	d for the				
	organization by:	<del>g</del>						Yes	No
	•						. 3a(i)		
	(ii) Related organizations						. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations	listed as required or	n Schedule F	?			. 3b		
4	Describe in Part XIII the intended uses of the organ	nization's endowmer	nt funds.						
Pa	rt VI Land, Buildings, and Equipmer								
	Complete if the organization answ	wered "Yes" on I	Form 990	Part IV, line	11a. S	ee Form 990, l	Part X, li	ne 1	0.
	Description of property	(a) Cost or other bas	sis (b) C	ost or other basis	(c) A	Accumulated	(d) Boo	k value	
		(investment)		(other)	de	epreciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment			50,237		34,453		15,7	784
е	Other								
Total	<ol> <li>Add lines 1a through 1e. (Column (d) must equal I</li> </ol>	Form 990 Part X co	olumn (R) lin	e 10c l		🕨 📗		15 7	784

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	ne 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
(including frame of security)		Cost of 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.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2Deferred Rent	2,449
(3capital Lease	13,757
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,206

<sup>2.</sup> 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....

	ule D (Form 990) 2020 National Council of Catholic Women	52-1738369	Page <b>4</b>
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<del></del>	
1	Total revenue, gains, and other support per audited financial statements	1	511,002
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>	3	511,002
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		511,002
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens	es per Return	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	480,154
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>	3	480,154
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	_	
b	Other (Describe in Part XIII.)		
•	Add lines 4a and 4h	Ac	

Part XIII Supplemental Information.

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

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

NCCW follows the Financial Accounting Standards Board Accounting Standards Codification, which provides guidance on accounting for uncertainty in income taxes recognized in NCCW's financial statements. NCCW had no unrecognized tax benefits related to uncertain tax postions in its information return that would qualify for either recognition or disclosure in its financial statements.

480,154

NCCW's policy would be to recognize interest and penalties on tax positions related to its

unrecognized tax benefits in income tax expense in the financial statements. Through year end, there
have been no matters that would have resulted in an accrual for interest and/or penalties.

EEA Schedule D (Form 990) 2020

#### **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** Inspection

Name of the organization Employer identification number National Council of Catholic Women 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) (2020)

Name of the organization

Employer identification number

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