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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public	
Inspection	
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<u>A</u>	LOI	uie	ZUZZ Calend	ar year, or tax year begin	ining	, 20.	22, and en	lullig		, 20			
		ck if ap	oplicable:	C Name of organization Na Doing business as	tional Council of Cat	tholic Womer	n		D Empl	oyer identification number 52–1738369			
$\overline{}$			•				1						
$\overline{}$		ne char al returi	•	Number and street (or P.O. bo	x if mail is not delivered to street address)		Room/s	201	E Telephone number (703) 224-0990				
	Final	l returr	n/terminated	City or town, state or province	, country, and ZIP or foreign postal code				G Gross	s receipts			
	Ame	ended r	return	Fairfax, VA 22	.030				\$	719,515			
П	Appli	lication	pending	F Name and address of principa				H(a) Is this a gre	oup return t	for subordinates? Yes X No			
_				Same as C abov				H(b) Are all su					
$\overline{}$	Tay-e	evemn	ot status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527				st. See instructions			
		site:		v.nccw.org) (insertine.) 4347 (a)(1) or	327		H(c) Group ex					
					ociation Other	L Year of fo							
	art	_	Summar		ociation Other	L feat of it	onnauon. 13	920 W 31	ate of leg	pal domicile: DC			
	$\overline{}$			•	ion or most significant activities:	NCCW rorr	oconto	and same	2 21	l Catholic women.			
			•	•	<u>•</u>								
Se					bership to support, e								
Activities & Governance					and service. NCCW pr		Jona wi	th gosper	Valu	les to the needs			
/er					in the modern world		n 050/ of i	to not coosts					
ő					liscontinued its operations or dis				ا م ا				
જ					5) (, , ,				3	32			
ies					s of the governing body (Part VI				4	32			
⋛					n calendar year 2022 (Part V, line				5	4			
₹				r of volunteers (estimate if	• /				6	40			
•		7a	Total unrelate	ed business revenue from	Part VIII, column (C), line 12				7a	0			
		b	Net unrelate	d business taxable income	from Form 990-T, Part I, line 11		<u></u>		7b	0			
								Prior Year		Current Year			
		8	Contributions	s and grants (Part VIII, line	472,	,434	321,723						
Revenue		9	Program ser	vice revenue (Part VIII, line	e 2g)			361,	,917	337,467			
Ver	1	10	Investment in	ncome (Part VIII, column (/	A), lines 3, 4, and 7d)				151	811			
æ	1	11								35,793			
	1	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A)	, line 12)		876,	,589	695,794			
	1	13	Grants and s	similar amounts paid (Part	X, column (A), lines 1-3)			7,	,775	12,381			
	1	14	Benefits paid to or for members (Part IX, column (A), line 4)							0			
	1	15	Salaries, oth	er compensation, employe	e benefits (Part IX, column (A), I	ines 5-10)	🗆	219,	,515	218,437			
Expenses	1	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)					0			
en		b	Total fundrai	sing expenses (Part IX, co	umn (D), line 25)	14,1	21						
ă	` ₁	17	Other expen	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)			420	, 629	378,639			
	1	18	Total expens	ses. Add lines 13-17 (must	647		609,457						
	- 11		-	,	18 from line 12	•		228		86,337			
				· ·				ginning of Curre		End of Year			
ts o	auc	20	Total assets	(Part X, line 16)	604		737,399						
Net Assets or	Bal									93,932			
Jet /	<u>.</u> 2			or fund balances. Subtract	line 21 from line 20		—		,590 ,130	643,467			
	art I			ire Block	2			331,	, 130	045/407			
					ırn, including accompanying schedules an	d statements, and to th	ne best of my k	knowledge and bel	lief, it is				
true	, corr	rect, aı	nd complete. De	eclaration of preparer (other than of	ficer) is based on all information of which p	reparer has any know	ledge.						
			Marl	a Johnston									
Sig	jn	T:	Signature of office						Dat	te			
He	re		Marl	a Johnston, Treas	urar								
	-	-	Type or print nar	,	arer								
			-	eparer's name	Preparer's signature	Date		Chask	П _з	PTIN			
Pai	id						_2022	Check	∐ if				
		rer	John Mu		John Mullins	05-31	-2023	self-emp	ioyed	P01429307			
	•	only	Firm's name	Mullins,				Firm's EIN					
US	. 0	, iiiy							000				
	. 41	IDC			MD 20814					770-6371			
way	the	: IKS	aiscuss this	return with the preparer sh	nown above? See instructions					X Yes 🗌 No			

Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses 470,156

2) 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,	l _		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		.,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Х
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	<u> </u>		Х
Ü	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	<u> </u>		Α_
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С				
	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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	,			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-		
L	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	X	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional • • • • • • •	12b		v
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,	144		Α_
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		х
20 a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	Ì

Form 990 (2022)

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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		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		
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 on 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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms 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	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • • • • • • • • • • • • •			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	110		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
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.	.,		A
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	,05 ₃ "No"	•	ago c
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, 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	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		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
0a	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
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	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 on Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	x	

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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
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 on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		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		

|--|

17 List the states with which a copy of thi	nis Form 990 is required to be filed
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Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (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)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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, 10335-A Democracy Lane, Suite 201, Fairfax, VA 22030

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National Council of Catholic Women

52-1738369

Page **7**

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if heither the organization for any re	elated organiza	lion co	пре	iisa	ieu a	arry cu	пеп	t officer, director, o	i ilusiee.	
					(C)					
(A)	(B)	ļ ,,			sition			(D)	(E)	(F)
Name and title	Average hours	box	, unles	ss pe	rson i	han one s both a r/trustee	n	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Andrea Cecilli	40.00									
Executive Director Ex Officio	-			х				91,417	0	0
(2) Rita Lueckenotte	10.00							,		
Director		x						0	0	0
(3) Melissa Young-Spillers	10.00									
Director		х						0	0	0
(4) Ann Minnicus	10.00									
Director		х						0	0	0
(5) Florine Swanson	10.00									
Director		х						0	0	0
(6) Alycia Laureti	10.00									
Director		х						0	0	0
(7) Heather Johnson	10.00									
Director		х						0	0	0
(8) Carolyn Morrison	10.00									
Director		Х						0	0	0
(9) Chris Heiderscheidt	10.00									
Director		х						0	0	0
(10)Stacy_Cuzik	10.00	l								
Director		Х						0	0	0
(11)Shelia Parker	10.00	l								
Director		Х						0	0	0
(12)Becky_Van_Pool	10.00	l								
Director		х						0	0	0
(13)Theola Copeland	10.00									
Director		Х						0	0	0
(14)Jeanne Audis	10.00	l						_	_	_
Director		Х						0	0	0

Form **990** (2022)

	Form	990	(2022)
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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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 rel	ated organiza	tion co	mpe	nsa	ted a	any cu	rren	t officer, director, o	r trustee.	
					(C)					
(A) Name and title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)			n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LuAnn I. Miller	10.00									
Director		х						0	0	0_
(2) Kay Wessel Director	10.00	x						0	0	0
(3) Joan Billingham	10.00									
Director		х						0	0	0
(4) Angie Milatzo	10.00									
Director		х						0	0	0
(5) Megan Hamberger	10.00									
Director		х						0	0	0
(6) Coreen Glen	10.00									
Director		х						0	0	0
(7) Marlene Grover	10.00									
Director	-	x						0	0	0
(8) Tammy Farr	10.00									
Director	-	x						0	0	0
(9) Kathleen Boesch	10.00									
Director	-	x						0	0	0
(10)Carol Palmer	10.00									
Director	-	x						0	0	0
(11)Alba Hernandez	10.00									
Director		x						0	0	0
(12)Geralyn Kogut	10.00							_	_	
Director		x						0	0	o
(13)Jean Kelly	10.00							_	_	
Immed. Past President		x		х				0	o	o
(14)Beth Mahoney	10.00									
President Elect		x		х				0	0	o
										<u> </u>

Form **990** (2022)

(A)	(B)	(do.	act ch	Pos	(C)	han one		(D)	(E)		(F)	
Name and title	Average hours per week	box	, unles	ss per	son i	s both a	n	Reportable compensation from the organization (W-2/	Reportable compensation from related organizations (W-2/	cor	ated am of other npensati	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	orga	nization I organiz	
(15)Marla Johnston	10.00											
Treasurer (16) Datasis is Washing	10.00	Х		Х				0	0			0
(16)Patricia_Voorhes President	10.00	x		х				0	0			0
(17)Amy Kennedy	10.00	_						•				
Secretary		х		х				0	0			0
(18)												
<u>(19)</u>												_
(20)												
<u>(21)</u>												
(22)												
(23)												
<u>(24)</u>												
<u>(25)</u>												
1b Subtotal												
c Total from continuation sheets to Part VII, Sec			• •				•					
d Total (add lines 1b and 1c)								91,417	0			0
reportable compensation from the organization	ed to those i	isicu a	DOVE	<i>5)</i> WI	10 16	CCIVC	J IIIC	ore than \$100,000	OI .			0
											Yes	No
3 Did the organization list any former officer, directed			-		_							
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 that	•						•					
individual	. ,		1	,						4		х
5 Did any person listed on line 1a receive or accrue										•		Α
for services rendered to the organization? If "Yes,	" complete S	Schedu	ıle J	for s	uch	perso	n			5		х
Section B. Independent Contractors												
 Complete this table for your five highest compens compensation from the organization. Report compensation. 										<u>-</u>		
(A)								(B)		(C)		
Name and business addres	ss							Description of service	es	Compens	ation	
2 Total number of independent contractors (including received more than \$100,000 of compensation from	-			se lis	ted	above) wh	0				

Form 990 (2022)
Part VIII

Table Tabl			Check if Schedule O contains	s a response or	note to any line in thi	s Part VIII			[
b Membership dues						, ,	Related or exempt	Unrelated	Revenue excluded
10 3 Investment Income (including dividends, interest, and other similar amounts)		b c d e f g h	Membership dues Fundraising events	1t	209,575 112,148 112,148 Susiness Code 900099		337,467		
10 10 10 10 10 10 10 10	Progran Rev	e f	All other program service revenue	ue		337,467			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 39,724 b Less: cost of goods sold 10b 23,721 c Net income or (loss) from sales of inventory 11a Other b	Other R	4 5 6a b c d	other similar amounts)	exempt bond pro	(ii) Personal	811			811
Susiness Code 900099 19,790 19,		d 8a b c 9a b c 10a b	Net gain or (loss)	8	a b	16.003	16.003		
6 Total: Add lines Tra-Tru	Miscellanous Revenue	11a b c	Other All other revenue		Business Code 900099	19,790			
12 Total revenue. See instructions	_					19,790 695,794	373,260	0	811

52-1738369

22) 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				
Do n	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) 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	12,381	12,381		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	91,417	63,259	23,616	4,542
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	90,687	62,754	23,427	4,506
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22,254	15,399	5,749	1,106
10	Payroll taxes	14,079	9,742	3,637	700
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	25,715		25,715	
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.)	1,365		1,365	
12	Advertising and promotion				
13	Office expenses	87,029	73,043	12,728	1,258
14	Information technology	1,196	690	457	49
15	Royalties				
16	Occupancy	27,297	19,590	6,200	1,507
17	Travel	9,055	222	8,833	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	201,582	201,582		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,549	4,048	1,212	289
23	Insurance	6,605	2,334	4,107	164
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	13,246	5,112	8,134	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	609,457	470,156	125,180	14,121
26	Joint costs. Complete this line only if the				<u> </u>
	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)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	183,711	1	152,768
	2	Savings and temporary cash investments	250,746	2	358,557
	3	Pledges and grants receivable, net	75,537	3	70,394
	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	79,650	8	71,673
۲	9	Prepaid expenses and deferred charges	3,202	9	8,422
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 50 ,237			
	b	Less: accumulated depreciation	9,999	10c	4,415
	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	1,875	15	71,170
	16	Total assets. Add lines 1 through 15 (must equal line 33)	604,720	16	737,399
	17	Accounts payable and accrued expenses	29,362	17	20,190
	18	Grants payable		18	_
	19	Deferred revenue	9,441	19	
	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,			
j <u>i</u>		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			
		of Schedule D	8,787	25	73,742
	26	Total liabilities. Add lines 17 through 25	47,590	26	93,932
G		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	473,843	27	544,272
Ě	28	Net assets with donor restrictions	83,287	28	99,195
ŭ		Organizations that do not follow FASB ASC 958, check here			
F.	20	and complete lines 29 through 33.		20	
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30 24	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		30	
Net Assets or Fund Balances	31	, , , , , , , , , , , , , , , , , , ,	FF7 100	31	C40 465
Š	32	Total liabilities and not assets/fund balances	557,130	32	643,467
	33	Total liabilities and net assets/fund balances	604,720	33	737,399

2c

За

Х

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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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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

Schedule O.

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

		al Council of Catholic	Women				52-173836	9
Pai	rt I	Reason for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	oart.) See instructi	ons.
The o	orgai	nization is not a private foundation b	ecause it is: (For lir	nes 1 through 12, check	only one b	ox.)		
1		A church, convention of churches, of	or association of ch	urches described in sect	tion 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990)	.)			
3		A hospital or a cooperative hospital	service organization	on described in section 1	170(b)(1)(<i>A</i>	A)(iii).		
4		A medical research organization op	erated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
	_	hospital's name, city, and state:						
5		An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	governme	ental unit described in	
	_	section 170(b)(1)(A)(iv). (Complete	e Part II.)					
6		A federal, state, or local governmen	t or governmental	unit described in section	170(b)(1)	(A)(v).		
7		An organization that normally received	es a substantial pa	art of its support from a g	overnmen	tal unit or f	from the general public	
	_	described in section $170(b)(1)(A)(v)$	i). (Complete Part	II.)				
8		A community trust described in sec	tion 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultural research organization	n described in sec	tion 170(b)(1)(A)(ix) ope	erated in co	onjunction	with a land-grant colleg	е
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	state of the college or	
		university:						
10	X	An organization that normally receive receipts from activities related to its support from gross investment incoacquired by the organization after J	exempt functions, me and unrelated b	subject to certain except ousiness taxable income	tions; and (less sect	(2) no mor on 511 tax	e than 33 1/3% of its	ss
11	Ц	An organization organized and ope	•	•				
12	Ш	An organization organized and ope	rated exclusively fo	or the benefit of, to perfor	m the fund	tions of, o	r to carry out the purpo	ses of
		one or more publicly supported orga	anizations describe	d in section 509(a)(1) or	section 5	09(a)(2). S	See section 509(a)(3).	Check
		the box on lines 12a through 12d th	at describes the ty	pe of supporting organiz	ation and o	complete lii	nes 12e, 12f, and 12g.	
а	l	Type I. A supporting organization	on operated, super	vised, or controlled by its	supported	l organizat	ion(s), typically by givir	ıg
		the supported organization(s) the			ority of the	directors of	or trustees of the	
		supporting organization. You m	ust complete Par	t IV, Sections A and B.				
b)		on supervised or c	ontrolled in connection w	ith its supp	oorted orga	anization(s), by having	
		control or management of the s	upporting organiza	ition vested in the same	persons th	at control o	or manage the supporte	ed
		organization(s). You must com	nplete Part IV, Sec	tions A and C.				
C	;	Type III functionally integrate	d. A supporting org	ganization operated in co	nnection w	rith, and fu	nctionally integrated wit	th,
		_ its supported organization(s) (s	ee instructions). Yo	ou must complete Part	IV, Section	ns A, D, ar	nd E.	
C	I	Type III non-functionally integ	grated. A supportin	g organization operated	in connect	ion with its	supported organization	n(s)
		that is not functionally integrate	d. The organizatior	n generally must satisfy a	a distributio	n requiren	nent and an attentivene	ess
		requirement (see instructions).	You must comple	te Part IV, Sections A a	nd D, and	Part V.		
е)	Check this box if the organization	on received a writte	en determination from the	e IRS that i	t is a Type	I, Type II, Type III	
		functionally integrated, or Type	III non-functionally	integrated supporting or	ganization			
f	Е	nter the number of supported organ	izations					
Q	j P	rovide the following information abo	ut the supported or	ganization(s).				<u> </u>
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
					163	140		
(A)								
(B)								
(C)								
(D)								
·-·								
(E)								
Total							I	I

Schedule A (Form 990) 2022 52-1738369 Page 2 National Council of Catholic Women Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or

	loss from the sale of capital assets												
	(Explain in Part VI.)												
11	Total support. Add lines 7 through 10												
12	Gross receipts from related activities, etc.	(see instruction	ons)			12							
13	First 5 years. If the Form 990 is for the or	rganization's fi	rst, second, thi	ird, fourth, or fi	fth tax year as	a section 5	01(c)(3)						
	organization, check this box and stop her	re						[
Secti	ction C. Computation of Public Support Percentage												
14	Public support percentage for 2022 (line 6	6, column (f), c	livided by line	11, column (f))		14		%					
15	Public support percentage from 2021 Sch	edule A, Part	II, line 14			15		%					
16a	33 1/3% support test - 2022. If the organ	nization did not	check the box	on line 13, an	d line 14 is 33	1/3% or mo	re, check t	his					
	box and stop here. The organization qua	lifies as a publ	licly supported	organization.				[
b	33 1/3% support test - 2021. If the organ	nization did not	check a box c	n line 13 or 16	a, and line 15	is 33 1/3%	or more, ch	neck					
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on			[
17a	10%-facts-and-circumstances test - 202	22. If the orgar	nization did not	t check a box o	on line 13, 16a,	, or 16b, and	d line 14 is						
	10% or more, and if the organization mee	ts the facts-an	d-circumstanc	es test, check	this box and s t	top here. E	κplain in						
	Part VI how the organization meets the fa	cts-and-circun	nstances test.	The organizati	on qualifies as	a publicly s	upported						
	organization							[
b	10%-facts-and-circumstances test - 202	21. If the orgar	nization did not	t check a box o	on line 13, 16a,	, 16b, or 17a	a, and line						
	15 is 10% or more, and if the organization	n meets the fac	cts-and-circum	stances test, c	heck this box a	and stop he	re. Explain	1					
	in Part VI how the organization meets the	facts-and-circ	umstances tes	t. The organiz	ation qualifies	as a publicly	/ supported	d					
	organization							[
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	a, or 17b, checl	k this box aı	nd see						
	instructions							Г					

52-1738369

EEA

Mational 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	337,897	346,224	492,492	472,434	321,723	1,970,770
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	340,090	361,759	24,028	424,088	377,191	1,527,156
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	677,987	707,983	516,520	896,522	698,914	3,497,926
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	8,995					8,995
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	8,995					8,995
8	Public support. (Subtract line 7c from						
Casti	line 6.)						3,488,931
	on B. Total Support	() 0040	(1) 0040	() 0000	(D 0004	() 0000	(S.T.)
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	677,987	707,983	516,520	896,522	698,914	3,497,926
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
b	royalties, and income from similar sources • Unrelated business taxable income (less	47	97	114	151	811	1,220
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	47	97	114	151	811	1,220
11	Net income from unrelated business	4.7	97	114	151	611	1,220
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	678,034	708,080	516,634	896,673	699,725	3,499,146
14	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop her	re					
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2022 (line 8	3, column (f), d	ivided by line	13, column (f))		15	99.71 %
16	Public support percentage from 2021 Sch	iedule A, Part l	II, line 15 .			16	98.92 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2022 (line 10c, colun	nn (f), divided l	y line 13, colu	mn (f))	17	0.00 %
18	Investment income percentage from 2021	Schedule A, I	Part III, line 17			18	0.00 %
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b	ox and stop h	ere. The orgar	nization qualifie	es as a publicly	supported or	ganization 🗶
b	33 1/3% support tests - 2021. If the organization	n did not check	a box on line 14	or line 19a, and li	ne 16 is more th	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box	•	-			-	
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instru	ctions

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

04:		A 11	O	Organizations
SACTION	Δ	$\Delta \Pi$	Sunnartina	Urnanizatione
OCCLIOII	Л.	~ 11	Ouppoi tillig	O qui il Zation 3

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

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National	Council	of	Catholic	Women
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
	r		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
04	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u></u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Soction	the supported organization(s). on D. All Type III Supporting Organizations	1		
Section	DI D. All Type III Supporting Organizations		Yes	No
4			162	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? <i>If "No," explain in Part VI how</i>			
	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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e ins	tructi	ons).
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 instruction	ns).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <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 Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedul	e A (Form 990) 2022 National Council of Catholic Women		52-17383	369	Page (
Part	31 3 6 7 7 11 6				
1	oxedge Check here if the organization satisfied the Integral Part Test as a qualifying	g tru:	st on Nov. 20, 1970 <i>(expla</i>	in in Part \	∕I). See
	instructions. All other Type III non-functionally integrated supporting organ	izati	ions must complete Sectio	ns A throu	gh E.
Socti	on A - Adjusted Net Income		(A) Prior Year	(B) Curr	ent Year
<u> </u>	on A - Adjusted Net Income		(A) I floi feai	(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			
Socti	on B - Minimum Asset Amount		(A) Prior Year	(B) Curr	ent Year
	OII B - Millimum Asset Amount		(A) I floi feai	(opti	onal)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Currer	nt 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				

Schedule A (Form 990) 2022 EEA

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

(see instructions).

Schedul	e A (Form 990) 2022 National Council of Catho V Type III Non-Functionally Integrated 509(a)(3			738369	Page 7
	on D - Distributions	5) Supporting Organ	iizations (continue)		urrent Year
					urrent rear
	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	_			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	oses of supported orgar		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Pari		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	0 2 0 1		7	
8	Distributions to attentive supported organizations to which	the organization is resp			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			0	/*** >
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	1	(iii) istributable ount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
	Excess from 2020 Excess from 2021				
d	Excess from 2021				

EEA Schedule A (Form 990) 2022 Schedule A (Form 990) 2022 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

National Council of Catholic Women 52-1738369 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedul	e D (Form 990) 2022 National Counc					52-173		Page 2
Par	t III Organizations Maintaining	Collections of	Art, Historic	al Treasures	, or Ot	her Similar <i>A</i>	Assets (co	ntinued)
3	Using the organization's acquisition, access	sion, and other record	ds, check any of	the following that	make si	gnificant use of its	;	
	collection items (check all that apply):							
а	Public exhibition		d 🗌 Loa	an or exchange p	rogram			
b	Scholarly research		e 🗌 Oth	ner				
С	Preservation for future generations							
4	Provide a description of the organization's	collections and expla	in how they furthe	er the organizatio	n's exen	npt purpose in Pa	rt	
	XIII.							
5	During the year, did the organization solicit	or receive donations	of art, historical t	reasures, or othe	er similar			
	assets to be sold to raise funds rather than	to be maintained as	part of the organ	zation's collection	n?		. Yes	☐ No
Par	IV Escrow and Custodial Arr	angements.						
	Complete if the organization	n answered "Yes'	" on Form 990), Part IV, line	9, or r	eported an ar	nount on I	Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custo							
	included on Form 990, Part X?						. Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing table:					
						Ar	nount	
С	Beginning balance				. 1c			
d	Additions during the year				. 1d			
е	Distributions during the year				. 1e			
f	Ending balance				. 1f			
2a	Did the organization include an amount on	Form 990, Part X, lin	e 21, for escrow	or custodial acco	unt liabili	ty?	. Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the e	explanation has b	een provided on	Part XIII			
Par								
	Complete if the organization	answered "Yes	<u>on Form 990</u>), Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu	ırrent year end balan	ce (line 1g, colum	nn (a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment%	, 0						
С	Term endowment%							
	The percentages on lines 2a, 2b, and 2c sh	•						
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are he	d and administer	ed for th	е	_	
	organization by:						`	Yes No
	(i) Unrelated organizations						. 3a(i)	
	(ii) Related organizations						- 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requ	uired on Schedule	R?			. 3b	
4	Describe in Part XIII the intended uses of the		lowment funds.					
Par	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
	Complete if the organization	n answered "Yes'	on ⊦orm 990	J, Part IV, line	11a. S	see ⊦orm 990	, Part X, li	ne 10.
	Description of property	(a) Cost or oth	1 ' '	cost or other basis		Accumulated	(d) Book	value
		(investme	ent)	(other)	de	epreciation		
1a	Land							
b	Buildings							
C	Leasehold improvements			_				
d	Equipment			50,237		45,822		4,415
<u>e</u>	Other							
ı otal.	Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Part∶	x, column (B), lin	ne 10c.) • • • •				4,415

Schedule D (Form 990) 2022		National	Council	of Catholic	Women	52-1738369	Pag
Part VII Investments - Other Se			ities.				
	Complete if the or	ganization	answered	d "Yes" on For	m 990, Part IV, lir	ne 11b. See Form 990, Part X,	line 12
	(a) Description (including	of security or cate			(b) Book value	(c) Method of valuation: Cost or end-of-year market value	1

(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.)		

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	1,875
(2Right of Use (ROU) Asset	69,295
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	71,170

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	
(2Lease Liability	73,742
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) • •	73,742

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

Schedul	e D (Form 990) 2022 National Council of Catholic Women	52-1738369	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue		
	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	695,794
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
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	695,794
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		
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		695,794
Part	·	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	609,457
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	609,457
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		
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	609,457
Part	• • • • • • • • • • • • • • • • • • • •		
	e 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	e 4; Part X, line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
)1. I	Footnote for uncertain tax position under FIN 48 (Part X)		
Natio	onal Council of Catholic Women is organized as a nonprofit corporation a	nd has been r	ecognized
oy th	ne Internal Revenue Service (IRS) as exempt from federal income taxes un	der Section 5	01(a) of
the 1	Internal Revenue Code as organizations described in Section 501(c)(3),qu	alify for the	charitabl
conti	ribution deduction under Sections 170(b)(1)(A)(vi) and has been determing	ed not to be	private
_	1 1.6 500/ \/1\ 1./2\ 1. 7. 7. 7.		
counc	dations under Sections 509(a)(1) and (3), repectively. The Council is an	nually requir	ed to Ille
- D-4	or of Organization Franch from Tarana Man (Harm 200) with the TDC. To	addition mbo	Ga
а кет	turn of Organization Exempt from Income Tax (Form 990) with the IRS. In	addition, The	Council
1	be income have an unt income that in demised form business cationities	+b-+	-1-4-4 4-
subje	ect to income tax on net income that is derived from business activities	cnat are unr	erated to
-hoi-	covernt nurneses		
uiell	exempt purposes.		
The (Council has determined that each entity is not subject to unrelated busi	ness income +	ay and
	Somer has determined that each entity is not subject to unferated busi	iless illeome t	un anu

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	e of the organization						Employer identificati	on number
Nat	ional Council of Catholic W	<i>l</i> omen					52-1738369	
Pa	rt I General Information on	Grants and Assis	stance					
1	Does the organization maintain records t	o substantiate the amo	unt of the grants or ass	istance, the grantees' e	eligibility for the grants o	r assistance, and		_
	the selection criteria used to award the g	rants or assistance?						. X Yes No
	Describe in Part IV the organization's pro	ocedures for monitoring	the use of grant funds	in the United States.				
Pa	rt II Grants and Other Assistar						l "Yes" on Form 99	0,
	Part IV, line 21, for any recip	ient that received m	ore than \$5,000. Pa	rt II can be duplicate	ed if additional space		į .	
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Less than \$5,000							
				8,633				
(2)								
(3)								
(4)								
(5)								
(6)								
(-,								
(7)								
(8)								
(9)								
(10))							
	Enter total number of section 504/-\(2) =	nd government are:-	ations listed in the line	1 table			L	
2	Enter total number of section 501(c)(3) a			i labie				12

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

National Council of Catholic Women

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.

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