

Form **990**

**Return of Organization Exempt From Income Tax**

Under Section 501(c)(3) or 501(c)(29) of the Internal Revenue Code (except private foundations)

- ▶ Report other assets under custody numbers on Schedule B if they do not match.
- ▶ See instructions for Part III for instructions and the exact information.

2020  
OMB No. 1545-0047  
Department of the Treasury  
Internal Revenue Service

Prepared by: **Wynn**

**1** For the calendar year or other reporting period ending: **12/31/2020**

**2** Name of the organization: **CATHOLIC COMMISSION SOUTHWESTERN MISSOURI**

**3** Employer identification number: **24-1802666**

**4** Mailing address (Do not check this box if the organization's mailing address is the same as the organization's principal office):  
**ONE STEARNS COURTLINE**  
**201 N RACE STREET**  
**SAVANNAH, MO 64486**

**5** Telephone number: **320-387-7145**

**6** Website: **WWW.CCWSM.ORG/ABOUT/CONTACT**

**7** State: **MO**

**8** Principal office address (Do not check this box if the organization's principal office address is the same as the organization's mailing address):  
**ONE STEARNS COURTLINE**  
**201 N RACE STREET**  
**SAVANNAH, MO 64486**

**9** If there are additional principal offices, check this box  **YES**  **NO**

**10** If "YES" above, list the other principal office addresses on Schedule B

**11** Form 990-BE required?  **Yes**  **No**

**12** Form 990-E required?  **Yes**  **No**

**13** Form 990-T required?  **Yes**  **No**

**14** Form 990-B required?  **Yes**  **No**

**15** Form 990-C required?  **Yes**  **No**

**Part I Summary**

1. Total revenue (do not check this box if the organization is a trust or other entity prohibited from providing social welfare services to extend the kingdom of God)		<b>1,441,300.00</b>	
2. Grant income		<b>1,441,300.00</b>	
3. Number of voting members of the governing body (Part III, line 1a)		<b>10</b>	
4. Number of independent voting members of the governing body (Part III, line 1b)		<b>0</b>	
5. Total number of individuals employed calendar year 2020 (Part III, line 1c)		<b>0</b>	
6. Total number of volunteers (Part III, line 1d)		<b>0</b>	
7a. Total unrelated business income from Part III, column (C), line 10		<b>0.00</b>	
7b. Net unrelated business taxable income from Form 990-T, Part I, line 11		<b>0.00</b>	
8. Contributions and grants (Part III, line 1e)		<b>1,441,300.00</b>	<b>1,441,300.00</b>
9. Program service income (Part III, line 1f)		<b>0.00</b>	<b>0.00</b>
10. Investment income (Part III, column (A), lines 1, 2, and 3)		<b>0.00</b>	<b>0.00</b>
11. Other income (Part III, column (A), lines 4, 5, 6, 7, 8, and 9)		<b>0.00</b>	<b>0.00</b>
12. Total expense, net of fundraising expenses (Part III, column (B), line 12)		<b>1,441,300.00</b>	<b>1,441,300.00</b>
13a. Total salaries and other amounts paid (Part III, column (B), line 13)		<b>0.00</b>	<b>0.00</b>
13b. Benefits paid or due to members (Part III, column (B), line 14)		<b>0.00</b>	<b>0.00</b>
13c. Salaries, other compensation, expense benefits (Part III, column (B), line 15)		<b>784.93</b>	<b>784.93</b>
13d. Professional fees (Part III, column (B), line 16)		<b>0.00</b>	<b>0.00</b>
13e. Total fundraising expenses (Part III, column (B), line 18) <b>0.00</b>		<b>0.00</b>	<b>0.00</b>
13f. Other expenses (Part III, column (B), lines 17, 19, 20, 21, 22, 23)		<b>656.37</b>	<b>656.37</b>
13g. Total expenses (Part III, column (B), line 24)		<b>784.93</b>	<b>784.93</b>
13h. Net assets (Part III, line 25)		<b>2,400.00</b>	<b>2,400.00</b>
13i. Total assets (Part III, line 26)		<b>2,400.00</b>	<b>2,400.00</b>

**Part II Expenses**

With the exception of items 1 through 14, the amounts on this schedule should be reported on the main body of the Form 990 and will be the basis for the organization's Form 990-BE, Form 990-E, Form 990-T, Form 990-C, Form 990-B, and Form 990-C-E.

**15** Compensation of the highest compensated officer, director, or key person (Do not check this box if the organization has no such person):

**16** Name of the highest compensated officer, director, or key person: **RICH BOYD**

**17** Title: **SECRETARY**

**18** Form 990-BE required?  **Yes**  **No**

**19** Form 990-E required?  **Yes**  **No**

**20** Form 990-T required?  **Yes**  **No**

**21** Form 990-B required?  **Yes**  **No**

**22** Form 990-C required?  **Yes**  **No**

**23** Form 990-C-E required?  **Yes**  **No**

**24** Form 990-BE required?  **Yes**  **No**

**25** Form 990-E required?  **Yes**  **No**

**26** Form 990-T required?  **Yes**  **No**

**27** Form 990-B required?  **Yes**  **No**

**28** Form 990-C required?  **Yes**  **No**

**29** Form 990-C-E required?  **Yes**  **No**