

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: THE NATIONAL ADVOCACY CENTER OF THE SISTERS OF THE GOOD SHEPHERD. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 504 HEXTON HILL ROAD. City or town, state or province, country, and ZIP or foreign postal code: SILVER SPRING, MD 20904

D Employer identification number: 26-0009571. E Telephone number: (301) 622-6838. G Gross receipts \$ 309,127

F Name and address of principal officer: 504 HEXTON HILL ROAD, SILVER SPRING, MD 20904

H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c)(4), 4947(a)(1), 527

J Website: N/A

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The National Advocacy Center of the Sisters of the Good Shepherd works at the federal level to encourage just policies, to challenge unjust policies, and to develop positive alternatives when needed so as to be in solidarity with those on the margins.

Table with 2 columns: Description, Amount. Rows 2-7a: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3. 4 Number of independent voting members of the governing body (Part VI, line 1b) 3. 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 1. 6 Total number of volunteers (estimate if necessary). 7a Total unrelated business revenue from Part VIII, column (C), line 12 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (Part VIII, line 1h) 294,226 306,814. 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,403 2,313. 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 297,629 309,127.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 187,723 124,295. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 56,322 50,094. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 244,045 174,389. 19 Revenue less expenses. Subtract line 18 from line 12 53,584 134,738.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (Part X, line 16) 214,291 296,890. 21 Total liabilities (Part X, line 26) 95,151 43,012. 22 Net assets or fund balances. Subtract line 21 from line 20 119,140 253,878.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: FRAN ESKIN-ROYER Executive Director. Date: 2025-11-17

Paid Preparer Use Only: Print/Type preparer's name: John C Walsh & Company. Preparer's signature. Date. Check if self-employed. PTIN: P00837593. Firm's name: John C Walsh & Company. Firm's EIN. Firm's address: 1300 Eye Street NW, Washington, DC 20005. Phone no. (202) 833-9000.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The National Advocacy Center of the Sisters of the Good Shepherd works at the federal level to encourage just policies, to challenge unjust policies, and to develop positive alternatives when needed so as to be in solidarity with those on the margins. Through its activities, NAC serves as a voice for the Congregation of Our Lady of Charity of the Good Shepherd and Partners in Mission in the United States, bringing their concerns to national legislators, and informing the sisters, their partners, and the public at large about its social justice focus areas.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 127,442 including grants of \$) (Revenue \$)

The National Advocacy Center of the Sisters of the Good Shepherd (NAC) concentrates primarily on issues around economic justice, immigration, and human trafficking; it also considers root causes including racism, environmental degradation and gender inequality. Finally, NAC also looks at issues that impact Good Shepherd partner agencies in the U.S., among them domestic violence and gun violence, foster care and mental health services, as well as U.S. policy in other countries, particularly where it impacts countries with Good Shepherd programs. For 2024, program accomplishments included the fruits of a continued joint campaign with the Alliance to End Human Trafficking (AEHT) focused on the intersection of human trafficking and forced migration. We organized virtual educational webinars on three bills identified to help break the link. The bills focused on 1) addressing root causes that lead people to migrate, 2) assisting unaccompanied children navigating the immigration system, and 3) easing the process for asylum seekers looking for work. Across the three virtual seminars we educated 1022 registrants. These webinars led up to a joint in-person briefing on Capitol Hill focused on the human trafficking / forced migration link and the three legislative solutions. The briefing panel included one human trafficking survivor and two immigrant service providers and was moderated by Good Shepherd Sister Brigid Lawlor, founder of NAC. The briefing had bipartisan honorary co-chairs and an excellent turn-out that included 20 House staff members, 3 Senate staff members, 15 partner organizations plus the 35 advocates and staff members of AEHT and NAC. After the briefing NAC and AEHT participants met with their legislators advocating for passage of the three bills. As a result of this work, NAC was awarded a \$30k grant to continue efforts to end human trafficking. NAC continued to engage in coalition work advocating for its other priorities. With regard to sign-on letters, the topics with the most attention included Poverty/Economics, Immigration, U.S. Policies Affecting Other Good Shepherd Countries, and Family Issues involving Violence and Mental Health and this mirrored its priority work with its network of advocates. In particular, NAC maintained its focus on strengthening the Child Tax Credit (CTC), securing adequate funding for the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and protecting the Asylum Program. Other notable advocacy areas included calling for Peace in Gaza, Gun Violence Prevention, and a Faithful Democracy, including efforts to improve voter turn-out. With its partners, NAC successfully advocated for a Congressional budget fully funding, WIC, helping to eliminate hunger in women and children across the U.S., as well for level funding for Community Violence Interrupters. NAC contributed to a convening organized by the Interfaith Coalition Against Domestic & Sexual Violence responding to the National Plan to End Domestic Violence. It also submitted a Federal Comment in support of Compensation to Violence Victims, and signed on to Amicus Briefs for the Deferred Action for Childhood Arrivals (DACA) policy, the Right to Petition / Sexual Harassment and Equal Pay Claims for Women. Finally, NAC deepened relationships on the Hill particularly through its human trafficking advocacy, and its advocacy for foster youth.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 127,442

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Main form area containing questions 2a through 17, with sub-questions (a-e) for many items. Includes input fields for numbers and checkboxes for Yes/No.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 504 HEXTON HILL ROAD SILVER SPRING, MD 20904 (301) 622-6838

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, and Federated campaigns through Total.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a through 2f and a total line 2g.

Table for Other Revenue with multiple sub-sections (3-10c) for investment income, rental income, and sales of inventory, each with detailed sub-rows for components.

Table for Other Revenue Misc Amt with columns for Business Code and revenue amounts. Includes line 11a for Shared Office Reimbursement and a total line 12.

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Payroll taxes, Advertising, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	214,291	1	292,289
	2 Savings and temporary cash investments		2	0
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net		4	0
	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	0
	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	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges		9	4,601
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	0
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities. See Part IV, line 11		12	0
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11		15	0
16 Total assets: Add lines 1 through 15 (must equal line 33)	214,291	16	296,890	
Liabilities	17 Accounts payable and accrued expenses	95,151	17	43,012
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		25	
	26 Total liabilities. Add lines 17 through 25	95,151	26	43,012
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	119,140	27	225,944
	28 Net assets with donor restrictions		28	27,934
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	119,140	32	253,878
	33 Total liabilities and net assets/fund balances	214,291	33	296,890

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	309,127
2	Total expenses (must equal Part IX, column (A), line 25)	2	174,389
3	Revenue less expenses. Subtract line 2 from line 1	3	134,738
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	119,140
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	253,878

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID: 24020490

Software Version: 2024v5.2

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE O (Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
THE NATIONAL ADVOCACY CENTER OF THE
SISTERS OF THE GOOD SHEPHERD

Employer identification number

26-0009571

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	No review was or will be conducted.
Form 990, Part VI, Section C, Line 19	No documents available to the public.

Additional Data

[Return to Form](#)

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