

Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

A For the 2011 calendar year, or tax year beginning **JANUARY 1** **, 2011, and ending** **DECEMBER 31** **, 20** **11**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE WIDOW'S MITE, INC. D.B.A. LAS VEGAS CATHOLIC WORKER Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 500 WEST VAN BUREN AVENUE City or town, state or country, and ZIP + 4 LAS VEGAS, NV 89106-3039	D Employer identification number 88-0486834 E Telephone number 702-647-0728 F Group Exemption Number ▶
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G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.LVCW.ORG

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **140,267**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	95,153
	2 Program service revenue including government fees and contracts	2,423
	3 Membership dues and assessments	
	4 Investment income	219
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 42,432
c Less: direct expenses from gaming and fundraising events	6c 12,977	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 29,455	
7a Gross sales of inventory, less returns and allowances	7a 40	
b Less: cost of goods sold	7b 0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 40	
8 Other revenue (describe in Schedule O)	8 0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 127,290	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 9,105
	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits	12 39,858
	13 Professional fees and other payments to independent contractors	13 0
	14 Occupancy, rent, utilities, and maintenance	14 26,651
	15 Printing, publications, postage, and shipping	15 2,558
	16 Other expenses (describe in Schedule O)	16 91,184
17 Total expenses. Add lines 10 through 16	17 169,356	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -42,066
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 281,146
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 239,080

Part II Balance Sheets. (see the instructions for Part II.)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	129,395	22 97,994
23 Land and buildings	152,709	23 152,709
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	282,104	25 250,703
26 Total liabilities (describe in Schedule O)	958	26 11,623
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	281,146	27 239,080

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SERVICES TO THE POOR AND HOMELESS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>SOUP LINE SERVED TO THE POOR AND HOMELESS EVERY WEDNESDAY THROUGH SATURDAY MORNING (CLOSED ON 4TH SATURDAYS) SERVED FROM 6:30 A.M. TO 7:15 A.M., IN 2011: 116,000 BOWLS OF SOUP SERVED, 103,000 CUPS HOT & COLD TEA, 2,800 LOAVES OF BREAD USED.</u> (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	64,986
29 <u>HOSPITALITY DAY: EVERY WEDNESDAY ABOUT 20 HOMELESS MEN CAN COME FOR SHOWERS, TO WASH THEIR CLOTHES, AND HAVE A GREAT SIT-DOWN LUNCH, 7 A.M. - NOON. HOSPITALITY DAY LUNCHESES SERVED IN 2011: 1,310, SHOWERS GIVEN: 920.</u> (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	12,356
30 <u>FOOD BOXES GIVEN TO LOW-INCOME FAMILIES AND SENIORS EACH MONTH, VOLUNTEERS TAKE FOOD BOXES TO ABOUT 20 HOUSEHOLDS. IN 2011 410 FOOD BOXES WERE GIVEN OUT.</u> NOTES: LINE 31: HOSPITALITY GUESTS AND ASSISTANCE TO INDIVIDUALS AND GROUPS, CW GATHERING (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	16,063
31 Other program services (describe in Schedule O) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	41,691
32 Total program service expenses (add lines 28a through 31a)	32	135,096

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>KATIE KELSO, 500 WEST VAN BUREN AVENUE, LAS VEGAS, NV 89106</u>	<u>COMMUNITY MEMBER, 40 HRS.</u>	<u>2,756</u>	<u>100</u>	<u>0</u>
<u>JOHN YEVTICH, 500 WEST VAN BUREN AVENUE, LAS VEGAS, NV 89106</u>	<u>COMMUNITY MEMBER, 40 HRS.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>JULIA OCCHIOGROSSO, 35 MOCKINGBIRD TRAIL, BAILEY, CO 80421</u>	<u>BOARD MEMBER & COMMTY, 10 HRS.</u>	<u>8,194</u>	<u>0</u>	<u>0</u>
<u>GARY CAVALIER, 35 MOCKINGBIRD TRAIL, BAILEY, CO 80421</u>	<u>TREASURER & COMMTY, 20 HRS.</u>	<u>8,194</u>	<u>0</u>	<u>0</u>
<u>MARK KELSO, 500 WEST VAN BUREN AVENUE, LAS VEGAS, NV 89106</u>	<u>SECRETARY & COMMTY, 15 HRS.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>DR. DALE DEVITT, 500 WEST VAN BUREN AVENUE, LAS VEGAS, NV 89106</u>	<u>PRESIDENT & VOLUNTEER, 5 HRS.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>GEORGE BEAN, 500 WEST VAN BUREN AVENUE, LAS VEGAS, NV 89106</u>	<u>BOARD MEMBER & VOLUNTEER, 5 HR.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>SALLY MCDANIEL, 500 WEST VAN BUREN AVENUE, LAS VEGAS, NV 89106</u>	<u>BOARD MEMBER 1 HR.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>MARGARET DEVITT, 500 WEST VAN BUREN AVENUE, LAS VEGAS, NV 89106</u>	<u>BOARD MEMBER & VOLUNTEER, 5 HR.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>PETER EDIGER, 500 WEST VAN BUREN AVENUE, LAS VEGAS, NV 89106</u>	<u>BOARD MEMBER & VOLUNTEER, 5 HR.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>ANNE WELSH, 500 WEST VAN BUREN AVENUE, LAS VEGAS, NV 89106</u>	<u>BOARD MEMBER & VOLUNTEER, 6 HR.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>MARGARET BEAN, 500 WEST VAN BUREN AVENUE, LAS VEGAS, NV 89106</u>	<u>BOARD MEMBER & VOLUNTEER, 5 HR.</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
	46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?		<input checked="" type="checkbox"/>
49b			

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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	Date
	GARY CAVALIER, TREASURER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No