

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012

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 2012 calendar year, or tax year beginning **JANUARY 1**, 2012, and ending **DECEMBER 31**, 2012

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
THE WIDOW'S MITE DOING BUSINESS AS 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 ▶

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) () ◀ (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 ▶ \$ **129,868**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	88,205
	2 Program service revenue including government fees and contracts	2	1,650
	3 Membership dues and assessments	3	
	4 Investment income	4	129
	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	
	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	39,884	
c Less: direct expenses from gaming and fundraising events	6c	9,733	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	30,151	
7a	Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	120,135	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	34,483
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	19,430
	15 Printing, publications, postage, and shipping	15	4,335
	16 Other expenses (describe in Schedule O)	16	71,095
17 Total expenses. Add lines 10 through 16 ▶	17	129,343	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(9,208)
	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	239,080
	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	229,872

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	97,994	22 86,748
23 Land and buildings	152,709	23 152,819
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	250,703	25 239,567
26 Total liabilities (describe in Schedule O)	11,623	26 9,695
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	239,080	27 229,872

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 AND 2 WEEKS PER YEAR) SERVED FROM 6:30 A.M. TO 7:15 A.M. IN 2012: 103,627 ESTIMATED BOWLS OF SOUP SERVED, 103,000 CUPS OF HOT AND COLD TEA</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	82,201
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. - 1 P.M. IN 2012: 1,310 LUNCHES SERVED, 920 SHOWERS GIVEN.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	15,206
30 <u>FOOD BOXES GIVEN TO LOW-INCOME FAMILIES AND SENIORS EACH MONTH, VOLUNTEERS TAKE FOOD BOXES TO ABOUT 20 HOUSEHOLDS, IN 2012: 405 FOOD BOXES GIVEN OUT</u> <u>BOX 31, BELOW: HELP TO INDIVIDUALS AND NON-PROFIT GROUPS (BUS PASSES, OTHER ASSISTANCE)</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	11,212
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	3,278
32 Total program service expenses (add lines 28a through 31a)	32	111,897

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 title	(b) 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, COMMUNITY MEMBER</u>	40 HRS.	\$2,756	0	0
<u>JOHN YEVTICH, COMMUNITY MEMBER</u>	40 HRS.	0	0	0
<u>JULIA OCCHIOGROSSO, BOARD MEMBER AND COMMUNITY MEMBER</u>	10 HRS.	\$6,494	0	0
<u>GARY CAVALIER, TREASURER AND COMMUNITY MEMBER</u>	20 HRS.	\$6,494	0	0
<u>MARK KELSO, SECRETARY AND COMMUNITY MEMBER</u>	15 HRS.	0	0	0
<u>DR. DALE DEVITT, PRESIDENT AND VOLUNTEER</u>	5 HRS.	0	0	0
<u>GEORGE BEAN, BOARD MEMBER AND VOLUNTEER</u>	5 HRS	0	0	0
<u>SALLY MCDANIEL, BOARD MEMBER</u>	1 HR.	0	0	0
<u>MARGARET DEVITT, BOARD MEMBER VOLUNTEER</u>	5 HRS	0	0	0
<u>ANNE WELSH, BOARD MEMBER AND VOLUNTEER</u>	6 HRS	0	0	0
<u>MARGARET BEAN, BOARD MEMBER AND VOLUNTEER</u>	5 HRS	0	0	0

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. Questions include: 33 Did the organization engage in any significant activity not previously reported to the IRS? 34 Were any significant changes made to the organizing or governing documents? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? 40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed 42a The organization's books are in care of GARY CAVALIER, TREASURER Telephone no. 702-647-0728 Located at 500 W. VAN BUREN AVE., LAS VEGAS, NV ZIP + 4 89106-3039 42b 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)? 42c At any time during the calendar year, did the organization maintain an office outside the U.S.? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? 44b Did the organization operate one or more hospital facilities during the year? 44c Did the organization receive any payments for indoor tanning services during the year? 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	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	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	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 title of each employee paid more than \$100,000	(b) 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 _____ GARY CAVALIER, TREASURER	Date _____
	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**