

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **JANUARY 1**, 2013, and ending **DECEMBER 31**, 20**13**

B Check if applicable:

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

C Name of organization
THE WIDOW'S MITE INC. 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 province, country, and ZIP or foreign postal code
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) ▶

I Website: ▶ **WWW.LVCW.ORG**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **160,243**

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	123,799
	2	Program service revenue including government fees and contracts	2	1,400
	3	Membership dues and assessments	3	
	4	Investment income	4	117
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	5c	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	32,845	
c	Less: direct expenses from gaming and fundraising events	6c	9,515	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	23,330	
7a	Gross sales of inventory, less returns and allowances	7a	1,264	
b	Less: cost of goods sold	7b	1,519	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	(255)	
8	Other revenue (describe in Schedule O)	8	818	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	149,209	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	44,386
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	23,249
	15	Printing, publications, postage, and shipping	15	2,928
	16	Other expenses (describe in Schedule O)	16	66,031
17	Total expenses. Add lines 10 through 16 ▶	17	136,594	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,615
	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	229,872
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	242,487

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2013)

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	86,748	22 100,946
23 Land and buildings	152,819	23 152,819
24 Other assets (describe in Schedule O)		24
25 Total assets	239,567	25 253,765
26 Total liabilities (describe in Schedule O)	11,623	26 11,277
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	229,872	27 242,487

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</u> <u>(CLOSED 3 TO 4 WEEKS EACH YEAR) SERVED FROM 6:30 A.M. TO 7:15 A.M.</u> <u>IN 2013: 104,000 ESTIMATED BOWLS OF SOUP SERVED, 103,000 CUPS OF COFFEE, HOT & COLD TEA</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	76,197
29 <u>HOSPITALITY DAY: EVERY WEDNESDAY ABOUT 16 TO 20 HOMELESS MEN AND WOMEN CAN COME FOR</u> <u>SHOWERS, TO WASH THEIR CLOTHES, AND HAVE A GREAT SIT-DOWN LUNCH, 7 A.M. - 2 P.M.</u> <u>IN 2013: 1,300 LUNCHESES SERVED, 900 SHOWERS GIVEN</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	10,530
30 <u>FOOD BOXES GIVEN TO LOW-INCOME FAMILIES AND SENIORS EACH MONTH, VOLUNTEERS TAKE FOOD</u> <u>BOXES TO ABOUT 20 HOUSEHOLDS, IN 2013: 410 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	13,199
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	2,497
32 Total program service expenses (add lines 28a through 31a)	32	102,423

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>JULIA OCCHIOGROSSO, BOARD MEMBER</u>				
<u>COMMUNITY MEMBER</u>	40 HRS	11,897*		
<u>GARY CAVALIER, TREASURER</u>				
<u>COMMUNITY MEMBER</u>	40 HRS	11,897*		
<u>KATIE KELSO, COMMUNITY MEMBER</u>				
<u>LEFT ON FEB. 28, 2013</u>	40 HRS	487		
<u>MARK KELSO, SECRETARY AND</u>				
<u>COMMUNITY MEMBER</u>	15 HRS	0		
<u>DR. DALE DEVITT, PRESIDENT AND</u>				
<u>VOLUNTEER</u>	5 HRS	0		
<u>GEORGE BEAN, BOARD MEMBER AND</u>				
<u>VOLUNTEER</u>	5 HRS	0		
<u>MARGARET DEVITT, BOARD MEMBER AND</u>				
<u>VOLUNTEER</u>	5 HRS	0		
<u>ANNE WELSH, BOARD MEMBER AND</u>				
<u>VOLUNTEER</u>	6 HRS	0		
<u>MARGARET BEAN, BOARD MEMBER AND</u>				
<u>VOLUNTEER</u>	5 HRS	0		
<u>JOHN YEVTICH, COMMUNITY MEMBER</u>				
<u>LEFT ON FEB. 28, 2013</u>	40 HRS	0		
* JULIA AND GARY RECEIVE A STIPEND OF \$50 PER WEEK PLUS ROOM AND BOARD. THESE FIGURES INCLUDE REIMBURSEMENTS FOR VEHICLE COSTS, GROCERIES AND HEALTH CARE COSTS.				

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	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? If "Yes," complete Schedule C, Part III		✓
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		✓
37b			
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?		✓
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	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? If "Yes," complete Schedule L, Part I		✓
40b			
c	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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
40e			
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The organization's books are in care of ▶ GARY CAVALIER Telephone no. ▶ (702) 647-0728 Located at ▶ 500 WEST VAN BUREN AVENUE, LAS VEGAS, NV ZIP + 4 ▶ 89106-3039		
b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	Yes	No
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
42c			
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 ▶ 43 _____ <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		✓
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45a			
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓
45b			

	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	(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 business address of each independent contractor	(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**