

**SCHEDULE O  
(Form 990 or 990-EZ)**

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

THE WIDOW'S MITE INC. DOING BUSINESS AS LAS VEGAS CATHOLIC WORKER

Employer identification number

88-0486834

PART 1, LINE 1: \$30,850 OF THIS IS NONCASH CONTRIBUTIONS (DONATED FOOD, ETC.)

PART 1, LINE 2: \$THIS IS MONEY COLLECTED FROM HOSPITALITY HOUSE GUESTS TO HELP WITH HOUSE EXPENSES (RENT DONATION)

PART 1, LINE 6: THIS IS ALL REVENUE AND EXPENSES FROM THE EMPTY BOWL BENEFIT OF MARCH 16, 2013

PART 1, LINE 16, OTHER EXPENSES: \$66,031.

DIRECT PURCHASES OF FOOD (AND DONATIONS) , BOWLS, ETC. FOR SOUP LINE: \$40,918 / PURCHASES OF FOOD FOR HOSPITALITY  
DAY: \$1,530 / PURCHASES OF FOOD (AND DONATIONS) FOR FOOD BOX PROGRAM: \$10,199 / VEHICLE EXPENSES: \$4,680

SUPPLIES PURCHASED: \$3,457 / SUPPORT OF VOLUNTEERS: \$2,289 / RETREAT COSTS: \$220 / MILEAGE PAID: \$319

HELP TO OTHERS (INDIVIDUALS AND GROUPS): 2,497 / SHORTAGE EXPENSE: (\$326) / LITURGIES: \$99 / OTHER: \$149

PART 2, LINE 26 OTHER LIABILITIES: \$11,277 / OWED TO THESE BARTLETT AVE. TENANTS FOR REPAIRS AND MAINTENANCE:

CATHOLIC WORKER FRANCIS HOUSE RESERVE: \$2,372 / NEVADA DESERT EXPERIENCE: \$1,579 / PACE E BENE: \$419  
POVERELLO HOUSE: \$1,891 / CREDIT CARDS PAYABLE: \$5,016

PART 3, LINE 31, OTHER PROGRAM SERVICES: \$2,497 , THESE FUNDS WERE GIVEN TO INDIVIDUALS TO HELP WITH TRANSPORTATION,  
RENT, FOOD, LAUNDRY, ETC. AND ALSO TO NON-PROFIT GROUPS.

PART 4, OFFICERS AND KEY EMPLOYEES: JULIA OCCHIOGROSSO AND GARY CAVALIER EACH RECEIVE A STIPEND OF \$50 PER  
WEEK PLUS THEY RECEIVE ROOM AND BOARD AND TRANSPORTATION SO THEY ARE ALSO REIMBURSED FOR THE COSTS OF  
THEIR VEHICLE, FOR GROCERIES, HEALTH CARE COSTS. THESE OTHER COSTS ARE INCLUDED IN THE \$11,897 THEY EACH RECEIVED  
LAST YEAR AS WAGES.

THE PROCESS FOR REVIEWING FORM 990 IS AS FOLLOWS: A YEAR END STATEMENT OF FINANCES IS SUBMITTED TO THE BOARD  
MEETING FOR APPROVAL, THE 990 IS DONE WITH CONSULTATION WITH BOARD MEMBERS KNOWLEDGEABLE ABOUT ACCOUNTING,  
THE COMPLETED FORM IS APPROVED BY THE PRESIDENT, SECRETARY AND TREASURER, AND SIGNED AND SUBMITTED BY THE  
TREASURER. COPIES OF THE 990 ARE AVAILABLE AT OUR OFFICE AND ON OUR WEBSITE.

NO OFFICER, DIRECTOR, OR KEY EMPLOYEE HAS A BUSINESS RELATIONSHIP WITH ANOTHER DIRECTOR, OFFICER OR KEY EMPLOYEE.

THERE ARE FAMILY RELATIONSHIPS ON THE BOARD OF DIRECTORS AND KEY EMPLOYEES: TREASURER GARY CAVALIER IS MARRIED  
TO BOARD MEMBER JULIA OCCHIOGROSSO, PRESIDENT DR. DALE DEVITT IS MARRIED TO MARGARET DEVITT, BOARD MEMBERS  
GEORGE AND MARGARET BEAN ARE MARRIED. KEY EMPLOYEE SALARY IS DETERMINED BY THE BOARD BASED ON A STIPEND OF

\$50 PER WEEK EACH PLUS REIMBURSEMENT FOR VEHICLE, HEALTH COSTS AND GROCERIES (-----END OF SCHEDULE O-----)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Employer identification number

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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to [www.irs.gov/form990](http://www.irs.gov/form990).

### Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

### Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

**Late return.** If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. **Do not use** this schedule to provide the late-filing statement.

**Amended return.** If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

**Group return.** If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return*.

**Form 990, Parts III, V, VI, VII, IX, XI, and XII.** Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, *Statement of Program Service Accomplishments*.

- a. "Yes" response to line 2.
- b. "Yes" response to line 3.
- c. Other program services on line 4d.

2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.

- a. "No" response to line 3b.
- b. "Yes" or "No" response to line 13a.
- c. "No" response to line 14b.

3. Part VI, *Governance, Management, and Disclosure*.

a. Material differences in voting rights among members of the governing body in line 1a.

- b. Delegation of governing board's authority to executive committee.
- c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
- e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
- g. "Yes" response to line 12c.
- h. Description of process for determining **compensation** in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

4. Part VII, *Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors*.

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, *Statement of Functional Expenses*, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, *Statement of Functional Expenses*, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, *Reconciliation of Net Assets*. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, *Financial Statements and Reporting*.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

**Form 990-EZ, Parts I, II, III, and V.** Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

1. Part I, *Revenue, Expenses, and Changes in Net Assets or Fund Balances*.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, *Balance Sheets*.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, *Statement of Program Service Accomplishments*, line 31.

4. Part V, *Other Information*.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

**Other.** Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



*Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.*