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

**Revenue**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>126,513</td>
</tr>
<tr>
<td>Program service revenue including government fees and contracts</td>
<td>2</td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td>3</td>
</tr>
<tr>
<td>Investment income</td>
<td>4</td>
</tr>
<tr>
<td>Gross amount from sale of assets other than inventory</td>
<td>5a 22,036</td>
</tr>
<tr>
<td>Less: cost or other basis and sales expenses</td>
<td>5b 10,012</td>
</tr>
<tr>
<td>Gain (or) loss: from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td>5c 12,024</td>
</tr>
<tr>
<td>Gaming and fundraising events</td>
<td></td>
</tr>
<tr>
<td>Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>6a</td>
</tr>
<tr>
<td>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)</td>
<td>6b 34,187</td>
</tr>
<tr>
<td>Less: direct expenses from gaming and fundraising events</td>
<td>6c 8,802</td>
</tr>
<tr>
<td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td>6d 25,385</td>
</tr>
<tr>
<td>Gross sales of inventory, less returns and allowances</td>
<td>7a 449</td>
</tr>
<tr>
<td>Less: cost of goods sold</td>
<td>7b 275</td>
</tr>
<tr>
<td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td>7c 174</td>
</tr>
<tr>
<td>Other revenue (describe in Schedule O)</td>
<td>8 1,154</td>
</tr>
<tr>
<td><strong>Total revenue.</strong> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>9 165,379</td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td>10</td>
</tr>
<tr>
<td>Benefits paid to or for members</td>
<td>11</td>
</tr>
<tr>
<td>Salaries, other compensation, and employee benefits</td>
<td>12 39,561</td>
</tr>
<tr>
<td>Professional fees and other payments to independent contractors</td>
<td>13</td>
</tr>
<tr>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>14 29,681</td>
</tr>
<tr>
<td>Printing, publications, postage, and shipping</td>
<td>15 3,515</td>
</tr>
<tr>
<td>Other expenses (describe in Schedule O)</td>
<td>16 79,239</td>
</tr>
<tr>
<td><strong>Total expenses.</strong> Add lines 10 through 16</td>
<td>17 151,996</td>
</tr>
</tbody>
</table>

**Net Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td>18 13,383</td>
</tr>
<tr>
<td>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)</td>
<td>19 271,139</td>
</tr>
<tr>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>20 0</td>
</tr>
<tr>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>21 284,522</td>
</tr>
</tbody>
</table>

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**Form 990-EZ**

**Return of Organization Exempt From Income Tax**

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.

**Name of organization**

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

**Employer identification number**

88-0486834

**Website**

WWW.LVCW.ORG

**City or town, state or province, country, and ZIP or foreign postal code**

LAS VEGAS, NV 89106-3039

**Employer identification number**

88-0486834

**Address change**

500 WEST VAN BUREN AVENUE

**Phone number**

(702) 647-0728

**Form of organization**

✔ 501(c)(3)

**Occupancy, rent, utilities, and maintenance**

3,515

**Professional fees and other payments to independent contractors**

12 39,561
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 .................................................. 103,758  22  127,257
23 Land and buildings ................................................................. 176,847  23  166,876
24 Other assets (describe in Schedule O) .................................... 24
25 Total assets .............................................................................. 280,605  25  294,133
26 Total liabilities (describe in Schedule O) ............................... 9,466  26  9,611
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) ................................................................. 271,139  27  284,522

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.

28 SOUP LINE SERVED TO THE POOR AND HOMELESS EVERY WEDNESDAY THROUGH SATURDAY
(CLOSED 3 WEEKS DURING YEAR) SERVED FROM 6:30 A.M. TO 7:15 A.M. IN A VACANT LOT.
IN 2015: 105,000 ESTIMATED BOWLS OF 12 OZ. SOUP SERVED, 100,000 8 OZ. CUPS COFFEE AND TEA
(Grants $ ) If this amount includes foreign grants, check here ▶ □ 28a  90,400

29 HOSPITALITY DAY: EVERY WEDNESDAY ABOUT 16 TO 20 HOMELESS MEN AND WOMEN COME FOR SHOWERS, TO WASH THEIR CLOTHES, AND HAVE A GREAT SIT-DOWN LUNCH, 7 A.M. - 2 P.M.
IN 2015: 1,300 LUNCHES SERVED, 900 SHOWERS GIVEN
(Grants $ ) If this amount includes foreign grants, check here ▶ □ 29a  18,976

30 FOOD BOXES GIVEN TO LOW-INCOME FAMILIES EACH MONTH, VOLUNTEERS TAKE FOOD BOXES TO ABOUT 10 HOUSEHOLDS. IN 2015: ABOUT 140 FOOD BOXES GIVEN OUT.
BOX 31 BELOW: HELP TO INDIVIDUALS AND NON-PROFIT GROUPS (BUS PASSES, OTHER ASSISTANCE)
(Grants $ ) If this amount includes foreign grants, check here ▶ □ 30a  12,392

31 Other program services (describe in Schedule O) ..................
(Grants $ ) If this amount includes foreign grants, check here ▶ □ 31a  4,330

32 Total program service expenses (add lines 28a through 31a) ........ 126,098

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

JULIA OCCHIOGROSSO, BOARD MEMBER,
COMMUNITY MEMBER * 40 HRS.  8,480  0  0

GARY CAVALIER, TREASURER,
COMMUNITY MEMBER * 40 HRS.  8,480  0  0

MARK KELSO, SECRETARY,
COMMUNITY MEMBER 15 HRS.  0  0  0

DR. DALE DEVITT, PRESIDENT,
VOLUNTEER 5 HRS.  0  0  0

GEORGE BEAN, BOARD MEMBER,
VOLUNTEER 5 HRS.  0  0  0

MARGARET DEVITT, BOARD MEMBER,
VOLUNTEER 5 HRS.  0  0  0

MARGARET BEAN, BOARD MEMBER,
VOLUNTEER 5 HRS.  0  0  0

ROBERT MAJORS
COMMUNITY MEMBER 20 HRS.  3,466  0  0

* JULIA AND GARY RECEIVE A STIPEND OF $50 PER WEEK + ROOM & BOARD + VEHICLE COSTS (2 CARS)
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

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.

No  ✔  Yes

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).

Yes  ✔  No

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)?

Yes  ✔  No

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.

Yes  ✔  No

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.

Yes  ✔  No

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.

Yes  ✔  No

37a  Enter amount of political expenditures, direct or indirect, as described in the instructions.

0

37b  Did the organization file Form 1120-POL for this year?

Yes  ✔  No

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?

Yes  ✔  No

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.

0

b  Gross receipts, included on line 9, for public use of club facilities.

0

40a  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911  ✔
section 4912  ✔
section 4912  ✔
section 4995  ✔
section 4995  ✔

40b  ✔

Section 501(c)(3), 501(c)(4), and 501(c)(29) 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.

Yes  ✔  No

41  List the states with which a copy of this return is filed.

NEVADA

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 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)?

Yes  ✔  No

If “Yes,” enter the name of the foreign country:

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

42c  ✔

At any time during the calendar year, did the organization maintain an office outside the U.S.?

Yes  ✔  No

If “Yes,” enter the name of the foreign country:

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.

No  ✔

44a  Did the organization maintain any donor advised funds during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ.

Yes  ✔  No

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.

Yes  ✔  No

c  Did the organization receive any payments for indoor tanning services during the year?

Yes  ✔  No

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.

Yes  ✔  No

45a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Yes  ✔  No

b  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).

Yes  ✔  No
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.

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.

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.

Is the organization a school as described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E.

Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” was the related organization a section 527 organization?

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.”

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total number of other employees paid over $100,000</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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.”

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
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<tr>
<td>Total number of other independent contractors each receiving over $100,000</td>
<td></td>
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</tr>
</tbody>
</table>

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.

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.

Signature of officer

GARY CAVALIER, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer’s name

Preparer’s signature

Date

Check ☐ if self-employed

PTIN

Firm’s EIN

Firm’s address

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions.