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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

, 2011, and ending

, 20

B Check if applicable

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

C Name of organization

Catholic Mission Aid

Number and street (or P O box, if mail is not delivered to street address)

17826 Brian Ave.

Room/suite

City or town, state or country, and ZIP + 4

Cleveland, Ohio 44119-2933

D Employer identification number

23-7299558

E Telephone number

216-481-3155

F Group Exemption
Number ▶**G** Accounting Method☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**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** 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 ▶ \$**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	75,687
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	228
	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 \$ 20,909 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	12,275
c	Less: direct expenses from gaming and fundraising events	6c	4,460	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,815	
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	83,730	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	114,115
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,900
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	1,845
	17	Total expenses. Add lines 10 through 16	17	117,860
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(34,130)
	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	111,470
	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	77,340

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2011)

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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		22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

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?

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 Donations were made to Catholic Missioners and/or Catholic missionary organizations, both in the United States and through out the world to be used in missionary work for the advance- ment of religion, relief of the poor, distressed and under- privileged. Eighty-six (86) separate donations were made. See attached list of donees		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29 ment of religion, relief of the poor, distressed and under- privileged. Eighty-six (86) separate donations were made. See attached list of donees		114,115
(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30 _____		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	114,115

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
Mary Lavrish, 1004 Dillewood Cleveland, Ohio 44119	Pres-trustee 4 hrs. per mo.	-0-	-0-	-0-
Mary Zupancic, 2120 Country Club Wickliffe, Ohio 44092	Treas.-trustee 4 hrs. per mo.	-0-	-0-	-0-
Helena Gorshe, 1781 Braeburn Euclid, Ohio 44117	Trustee 2 hrs. per mo.	-0-	-0-	-0-
Mary Celestina, 4935 Gleeton Rd. Richmond Hts., Ohio 44143	Trustee 2 hrs. per mo.	-0-	-0-	-0-
Anne Nemec, 708 E. 159th St. Cleveland, Ohio 44110	Trustee 2 hrs. per Mo	-0-	-0-	-0-
Ivanka Tominec, 6114 Lausche Ave. Cleveland, Ohio 44103	Trustee 2 hrs. per mo.	-0-	-0-	-0-
Viktor & Agnes Tominec, 24912 Pleasant Tr., Richmond Hts., Ohio 44143	Trustees 2 hrs. per mo.	-0-	-0-	-0-
Lawrence Rozman, 484 Celestia Richmond Hts., Ohio 44143	Dr. Trustee 2 hrs. per mo.	-0-	-0-	-0-
Antonia Urankar, 7427 Jumpers Ln., Concord, Ohio 44077	Cross Trustee 2 hrs. Per Mo.	-0-	-0-	-0-
Rudy & Anna Knez, 17826 Brian Ave., Cleveland, Ohio 44119	Trustees 4 hrs. Per mo.	-0-	-0-	-0-
Antonia Lamovec, 426 Harris Rd. Richmond Hts., Ohio 44143	Trustee 2 hrs. per mo.	-0-	-0-	-0-
Mary MIKLAVCIC, 20871 TREBEC AVE. EUCLID, OHIO 44119	TRUSTEE 2 HRS. PER MO.	-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 ☐

	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	33	X
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)	34	X
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)?	35a	X
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 N/A	
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 N/A	
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a _____	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► <u>-0-</u> ; section 4912 ► <u>-0-</u> ; section 4955 ► <u>-0-</u>		
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	X
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	X
41 List the states with which a copy of this return is filed. ► <u>Ohio</u>		
42a The organization's books are in care of ► <u>Mary Zupancic</u> Telephone no. ► <u>440-585-4119</u> Located at ► <u>2120 Country Cl. Dr. Wickliffe, Ohio</u> ZIP + 4 ► <u>44092</u>		
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)?	42b	X
If "Yes," enter the name of the foreign country: ► <u>N/A</u>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ► <u>N/A</u>		
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 N/A	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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 N/A	
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	

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** ☐ Yes ☒ No

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 ☐

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** ☐ Yes ☒ No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☒ No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No

b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☒ No

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 **0**

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 **0**

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 ☒ Maria Kavaris Signature of officer ☒ 8-12-2012 Date

☒ MARIA KAVRIGHA, PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Albin Lipold Preparer's signature [Signature] Date 8-1-12 Check ☒ if self-employed PTIN P01469215

Firm's name Firm's EIN

Firm's address 1228 San Juan Dr., The Villages, Fla Phone no 352-259-9681

May the IRS discuss this return with the preparer shown above? See instructions 32159 ☒ Yes ☐ No



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Catholic Mission Aid

Employer identification number
7299558

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
N/A									
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

N/A

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

N/A

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► ☐

Section C. Computation of Public Support Percentage

N/A

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► ☐
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► ☐
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► ☐
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► ☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	354,133	171,472	86,400	78,841	75,687	766,533
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	17,594	17,230	13,475	15,088	7,815	71,184
3 Gross receipts from activities that are not an unrelated trade or business under section 513	-0-	-0-	-0-	-0-	-0-	-0-
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
5 The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
6 Total. Add lines 1 through 5	371,727	188,702	99,857	93,929	83,502	837,717
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	7,759	6,576	10,851	7,988	11,225	44,399
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	-0-	-0-	-0-	-0-	-0-	-0-
c Add lines 7a and 7b	7,759	6,576	10,851	7,988	11,225	44,399
8 Public support. (Subtract line 7c from line 6.)						793,318

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	371,727	188,702	99,857	93,929	83,502	837,717
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,730	7,232	5,949	15,347	228	32,486
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-0-	-0-	-0-	-0-	-0-	-0-
c Add lines 10a and 10b	3,730	7,232	5,949	15,347	228	32,486
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	= -0-
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-	-0-	-0-
13 Total support. (Add lines 9, 10c, 11, and 12.)	375,457	195,934	105,806	109,276	83,730	870,203
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.911	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.93	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.037	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.037	%

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Application for automatic 3 month
extension (form 8868) granted by IRS



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

Department of the Treasury
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Catholic Mission Aid

Employer identification number

23-7299558

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 N/A						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Ohio

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 dinner (event type)	(b) Event #2 Picnic (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	13,433	19,752		33,184
	2 Less: Charitable contributions	8,011	12,898		20,909
	3 Gross income (line 1 minus line 2)	5,421	6,854		12,275
Direct Expenses	4 Cash prizes	-0-	-0-		
	5 Noncash prizes	-0-	-0-		
	6 Rent/facility costs		1,225		1,225
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,456	1,779		3,325
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(4,460)
11 Net income summary. Combine line 3, column (d), and line 10 ▶					

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. N/A

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	-0-	-0-	-0-	-0-
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	☐ Yes _____ %	☐ Yes _____ %	☐ Yes _____ %		
	☐ No	☐ No	☐ No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶					

9 Enter the state(s) in which the organization operates gaming activities: None

a Is the organization licensed to operate gaming activities in each of these states? . . . N/A . . . ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . ☐ Yes ☐ No

b If "Yes," explain: _____

N/A

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ **No**
- 13** Indicate the percentage of gaming activity operated in: N/A
- | | | |
|---------------------------------------|------------|---|
| a. The organization's facility | 13a | % |
| b. An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

N/A

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶

N/A

Address ▶

16 Gaming manager information:

Name ▶

N/A

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

N/A



CATHOLIC MISSION AID**EIN 23-7299558****2011 Form 990-EZ****GRANTS & ALLOCATIONS**

NAME	AMOUNT
1/12/2011 Rev. Lojze Kukovica	Argentina \$ 130.00
1/12/2011 Sestre Klarise	Slovenia \$ 200.00
1/31/2011 Fr. Simon Peter Kyambadde	Uganda \$ 200.00
2/16/2011 Bogoslovje Maribor	Slovenia \$ 6,600.00
2/16/2011 Rev. Alojz Podgrajsek	Malawi, Africa \$ 2,350.00
4/14/2011 Sr. Cecilija Rode	Slovenia \$ 500.00
4/28/2011 Fr. Simon Peter Kyambadde	Uganda \$ 200.00
5/26/2011 Franciska Rode	Slovenia \$ 500.00
6/18/2011 Rev. Alojz Podgrajsek	Malawi, Africa \$ 1,400.00
7/16/2011 Karmel Sora	Slovenia \$ 1,300.00
7/16/2011 Karmel Mirna Pec	Slovenia \$ 100.00
7/23/2011 Slovenski Karitas	Slovenia \$ 2,000.00
8/3/2011 Fr. Simon Peter Kyambadde	Uganda \$ 500.00
8/6/2011 Rev. France Urbanija	Argentina \$ 6,210.00
8/18/2011 Rev. Alan Tedesco	Slovenia \$ 500.00
8/27/2011 Bogoslovka Akcija Skofija Koper	Slovenia \$ 2,000.00
8/27/2011 Fr. Alan Tedesco	Slovenia \$ 200.00
9/12/2011 Karmel Sora	Slovenia \$ 500.00
9/22/2011 Ljubljansko Bogoslovje	Slovenia \$ 2,000.00
9/22/2011 Radio Ognjisce	Slovenia \$ 1,500.00
9/28/2011 Rev. Janez Sever, S.J.	Moscow, Russia \$ 5,000.00
9/28/2011 Rev. Alojz Uran	Slovenia \$ 3,800.00
10/17/2011 Msgr. Peter Nguyen Van De	Vietnam \$ 1,000.00
10/17/2011 Rev. Paul Masolo	Uganda \$ 1,000.00
11/3/2011 Sr. Polona Svigel	Senegal, Africa \$ 1,000.00
11/3/2011 Sr. Zora Skerlj	Botswana, Africa \$ 1,000.00
11/3/2011 Sr. Fanika Znidarsic	Botswana, Africa \$ 1,000.00
11/3/2011 Sr. Bogdana Kavcic	Rowanda, Africa \$ 1,200.00
11/3/2011 Sr. Vida Grkman	Rowanda, Africa \$ 1,000.00
11/3/2011 Sr. Vesna Hiti	Burundi, Africa \$ 1,000.00
11/3/2011 Sr. Anka Burger	Rowanda, Africa \$ 1,000.00
11/3/2011 Sr. Anica Starman	Africa \$ 1,000.00
11/10/2011 Sr. Katarina Subelj	Santiago, Chile \$ 1,000.00
11/10/2011 Sr. Ljudmila Anzic	Cambodia \$ 1,000.00
11/10/2011 Sr. Milena Zadravec	Israel \$ 1,000.00
11/10/2011 Rev. Vladimir Kos	Tokyo, Japan \$ 1,000.00
11/10/2011 Rev. Ernest Saksida	Brazil \$ 1,000.00
11/12/2011 Rev. Alojz Podgrajsek	Malawi, Africa \$ 2,050.00
11/28/2011 Rev. Hugo Delcnjak	French Guiana \$ 1,000.00
11/28/2011 Rev. Milan Kadunc	French Guiana \$ 1,000.00
11/28/2011 Sisters of Charity (Mother Teresa)	Calcutta, India \$ 1,000.00
11/28/2011 Maryknoll Fathers	Tanzania \$ 1,000.00
11/28/2011 Notre Dame India Mission	India \$ 1,000.00
11/28/2011 St. Agnes -- Our Lady of Fatima	Cleveland, USA \$ 1,000.00
11/28/2011 Ursuline Sisters	\$ 1,000.00
12/10/2011 Salezijanci - Rakovnik	Slovenia \$ 1,500.00
12/10/2011 Rev. Rudi Borstnik	Albania \$ 1,000.00

GRANTS & ALLOCATIONS

NAME		AMOUNT	
12/10/2011 Rev. Stanislav Hocevar	Belgrade	\$ 1,000.00	
12/10/2011 Rev. August Horvat	Africa	\$ 1,000.00	
12/10/2011 Rev. Joze Mlinaric	Africa	\$ 1,000.00	
12/10/2011 Bro. Vilko Poljansek	Africa	\$ 1,000.00	
12/10/2011 Kongrgacija Hcere Marije Pomocnice	Slovenija	\$ 1,500.00	
12/10/2011 Sr. Zvonka Mikec	Mozambique, Africa	\$ 1,000.00	
12/10/2011 Sr. Marjeta Zanjko	Madagascar	\$ 1,000.00	
12/10/2011 Kongrgacija Hcere Marije Pomocnice	Slovenia	\$ 1,000.00	
12/10/2011 Rev. Slavko Pajk	Slovenia	\$ 1,500.00	
12/10/2011 Rev. Joze Groselj	Zambia, Africa	\$ 1,000.00	
12/10/2011 Rev. Janez Mlakar	Zambia, Africa	\$ 1,000.00	
12/10/2011 Rev. Janez Mujdrica	Zambia, Africa	\$ 1,000.00	
12/10/2011 Rev. Radko Rudez	Zambia, Africa	\$ 1,000.00	
12/10/2011 Rev. Alojz Podgrajsek	Malawi, Africa	\$ 2,625.00	
12/10/2011 Rev. Stanko Rozman	Malawi, Africa	\$ 1,150.00	
12/14/2011 Fr. Simon Peter Kyambadde	Uganda	\$ 200.00	
12/14/2011 Rev. Tomaz Mavric	Kiev, Ukraine	\$ 1,050.00	
12/14/2011 Sr. Marija Mesko	Kiev, Ukraine	\$ 1,000.00	
12/14/2011 Sr. Jozica Sterle	Kiev, Ukraine	\$ 1,000.00	
12/14/2011 Sr. Barbara Peterlin	Kiev, Ukraine	\$ 1,000.00	
12/14/2011 Rev. Drago Ocvirk	Solomon Islands	\$ 1,690.00	
12/14/2011 Rev. p. Martin Kmetec	Turkey	\$ 1,050.00	
12/29/2011 Rev. Joze Adamic	Madagascar	\$ 1,000.00	
12/29/2011 Rev. Izidor Groselj	Madagascar	\$ 1,000.00	
12/29/2011 Rev. Tone Kerin	Madagascar	\$ 1,000.00	
12/29/2011 Rev. Janez Krmelj	Madagascar	\$ 1,000.00	
12/29/2011 Rev. Janez Mesec	Madagascar	\$ 1,000.00	
12/29/2011 Rev. Peter Opeka	Madagascar	\$ 2,250.00	
12/29/2011 Rev. Klemen Stolcar	Madagascar	\$ 1,000.00	
12/29/2011 Tomaz Oblak	Madagascar	\$ 1,000.00	
12/29/2011 Matija Nared	Madagascar	\$ 1,000.00	
12/29/2011 Sr. Terezija Pavlic	Madagascar	\$ 1,000.00	
12/29/2011 Sr. Marija Pavlisic	Madagascar	\$ 5,310.00	
12/29/2011 Sr. Dorica Sever	Alaska	\$ 2,000.00	
12/29/2011 Rev. Anton Ovtar	Siberia	\$ 2,000.00	
12/29/2011 Rev. Janko Kosmac	Africa	\$ 1,000.00	
12/29/2011 Rev. Ivan Bajec	Africa	\$ 1,000.00	
12/29/2011 Rev. Pavel Bajec	Africa	\$ 1,000.00	
12/30/2011 Rev. Alojz Podgrajsek	Malawi, Africa	\$ 1,350.00	
		\$ 114,115.00	