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EIN 23-7299558

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	77,340	22	34,348
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	77,340	25	34,348
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	77,340	27	34,348

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 throughout the world to be used in missionary work for the advancement of religion, relief of the poor, distressed and underprivileged.
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** 124,824

29
(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**

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
Mary Lavrisha President and Trustee	4 hrs. per month	0	0	0
Mary Zupancic Treasurer and Trustee	4 hrs per month	0	0	0
Helena Gorshe Trustee	2 hrs. per month	0	0	0
Mary Celestina Trustee	2 hrs per month	0	0	0
Anne Nemec Trustee	2 hrs. per month	0	0	0
Ivanka Tominec Trustee	2 hrs per month	0	0	0
Viktor & Agnes Tominec Trustee	2 hrs per month	0	0	0
Lawrence Rozman Trustee	2 hrs. per month	0	0	0
Antonia Urankar Trustee	2 hrs. per month	0	0	0
Rudy & Anna Knez Trustees	4 hrs per month	0	0	0
Antonia Lamovec Trustee	2 hrs. per month	0	0	0
Mary Miklavcic Trustee	2 hrs per month	0	0	0