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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013**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 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.**A** For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013**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 Avenue

Room/suite

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

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) ▶**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**I** Website: ▶**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 ▶ \$

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	72,348
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	30
	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 \$ 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	11,297
c	Less: direct expenses from gaming and fundraising events	6c	3,262	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8,035	
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	80,413	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	82,733
	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	700
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	574
	17	Total expenses. Add lines 10 through 16	17	84,007
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,594)
	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	34,348
	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	30,754

For Paperwork Reduction Act Notice, see the separate instructions.

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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	34,348	22 30,754
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	34,348	25 30,754
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,348	27 30,754

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 Missionaries 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	82,733
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	82,733

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 Lavrishia 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 and Agnes Tominec Trustees	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 and 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

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		☒
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		☒
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		☒
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?		☒
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?		☒
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		☒
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		☒
41 List the states with which a copy of this return is filed ▶ _____		
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 Club Drive, 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)? 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 .	☒	☐
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: ▶ _____	☒	☐
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 _____		☐
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	☒	☐
c Did the organization receive any payments for indoor tanning services during the year?	☒	☐
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	☒	☐
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	☐	☐
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)	☐	☐

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

	Yes	No
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 ☐

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

	Yes	No
47		☒

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

	Yes	No
48		☒

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		☒

b If "Yes," was the related organization a section 527 organization?

	Yes	No
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

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 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	<u>Maria Lavrishia</u> Signature of officer	<u>5-13-2014</u> Date
	<u>Mary Lavrishia, President and Trustee</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>Anthony Rigler</u>	Preparer's signature <u>[Signature]</u>	Date <u>5/12/14</u>	Check ☐ if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			<u>440-255-1447</u>

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

Catholic Mission Aid

Employer identification number

23-7299558

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—Non-functionally integrated
- 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)		✓
11g(ii)		✓
11g(iii)		✓

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 monetary support
			Yes	No	Yes	No	Yes	No	
(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

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2013. 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 33¹/₃% support test—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	86,400	78,841	75,687	76,194	72,348	389,470
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	13,475	15,088	7,815	8,162	8,035	52,575
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	99,857	93,929	83,502	84,356	80,383	442,027
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	10,851	7,988	11,225	6,385	5874	
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	10,851	7,988	11,225	6,385	5874	42,323
8 Public support. (Subtract line 7c from line 6.)						399,704

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	99,857	93,929	83,502	84,356	80,383	442,027
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,949	15,347	228	57	30	21,611
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,949	15,347	228	57	30	21,611
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
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.)	105,806	109,276	83,730	84,413	80,413	463,638
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 2013 (line 8, column (f) divided by line 13, column (f))	15	86.2 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	87.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	4.7 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	5.0 %
19a 33 1/3% support tests—2013. 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—2012. 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.** 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).

Area for supplemental information with horizontal dashed lines.

Department of the Treasury
Internal Revenue Service

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Catholic Mission Aid

23-7299558

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.

- | (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 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

- 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	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		Dinner (event type)	Picnic (event type)	(total number)	
Revenue	1 Gross receipts	11,668	22,780		34,448
	2 Less: Contributions	6,859	16,292		23,151
	3 Gross income (line 1 minus line 2)	4,809	6,488		11,297
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		1,225		1,225
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	757	1,280		2,037
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,262
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				8,035

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.

		(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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain: N/A

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:
- | | | |
|--------------------------------------|------------|---|
| 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:

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 ▶

Address ▶

16 Gaming manager information:

Name ▶

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.** 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
2013 Form 990-EZ**

GRANTS & ALLOCATIONS

<u>Date</u>	<u>Name</u>	<u>Country</u>	<u>Amount</u>
3/8/2013	Rev. Drago Ocvirk	Slovenia	\$ 1,250.00
3/8/2013	Sr. Ljudmila Anzic	Slovenia	\$ 1,000.00
3/26/2013	Fr. Peter Simon Kyanbaadde	Uganda	\$ 400.00
4/22/2013	Fr. France Urbanija	Argentina	\$ 800.00
5/15/2013	Radio Ognisce	Slovenia	\$ 1,310.00
5/15/2013	Karmel Soro	Slovenia	\$ 3,050.00
5/15/2013	Karmel Mirna Pec	Slovenia	\$ 100.00
5/15/2013	Nazarje - Klarise	Slovenia	\$ 950.00
7/25/2013	Rev Lojze Podrajsek	Africa	\$ 3,300.00
8/12/2013	Rev. France Urbanija	Argentina	\$ 3,325.00
8/12/2013	Rev. France Urbanija	Argentina	\$ 3,325.00
8/26/2013	Diocese of Slovenia	Slovenia	\$ 6,000.00
8/26/2013	Sestre Karmel	Slovenia	\$ 4,850.00
8/26/2013	Rev. Alan Tedesco	Italy	\$ 500.00
8/26/2013	Bogoslovec Ristic	Slovenia	\$ 400.00
8/26/2013	Bogoslovec Hrastic	Slovenia	\$ 400.00
8/26/2013	Bogoslovec Rakun	Slovenia	\$ 400.00
8/26/2013	Rev. Franci Petric	Slovenia	\$ 200.00
8/29/2013	Fr. Peter Simon Kyambadde	Uganda	\$ 500.00
12/20/2013	Rev. Matjaz Legan, LAIK	Africa	\$ 400.00
12/20/2013	Rev. Janez Mlakar, DJ	Zambia	\$ 800.00
12/20/2013	Rev. Janez Mujdrica, DJ	Zambia	\$ 800.00
12/20/2013	Rev. Stanko Rozman, DJ	Africa	\$ 800.00
12/20/2013	Rev. Alojz Podgrajsek	Africa	\$ 3,600.00
12/20/2013	Rev. Radko Rudez, DJ	Africa	\$ 800.00
12/23/2013	Rev. Joze Adamič, CM	Slovenia	\$ 800.00
12/23/2013	Rev. Ivan Bajec, KP	Slovenia	\$ 800.00
12/23/2013	Rev. Pavel Bajec, KP	Slovenia	\$ 800.00
12/23/2013	Sr. Anka Burger, HKL	Slovenia	\$ 800.00
12/23/2013	Rev. Hugo Delčnjak, OFM	Slovenia	\$ 800.00
12/23/2013	Sr. Vida Grkman	Slovenia	\$ 800.00
12/23/2013	Rev. Izidor Grošelj, LJ	Slovenia	\$ 800.00
12/23/2013	Sr. Vesna Hiti, HKL	Slovenia	\$ 800.00
12/23/2013	Rev. Milan Kadunc, OFM	Slovenia	\$ 800.00
12/23/2013	Sr. Bogdana Kavčič, HKL	Slovenia	\$ 800.00
12/23/2013	Rev. Tone Kerin, CM	Slovenia	\$ 800.00
12/23/2013	Sr. Agata Kociper, HMP	Slovenia	\$ 800.00
12/23/2013	Rev. Janko Kosmač, KP	Slovenia	\$ 800.00
12/23/2013	Rev. Blaz Krmelj, LAIK	Slovenia	\$ 400.00
12/23/2013	Rev. Janez Krmelj, LJ	Slovenia	\$ 800.00

**CATHOLIC MISSION AID
EIN 23-7299558
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GRANTS & ALLOCATIONS

<u>Date</u>	<u>Name</u>	<u>Country</u>	<u>Amount</u>
12/23/2013	Rev. Danilo Lisjak, SDB	Slovenia	\$ 1,000.00
12/23/2013	Rev. Tomaz Mavrič, CM	Slovenia	\$ 800.00
12/23/2013	Rev. Janez Mesec, LJ	Slovenia	\$ 800.00
12/23/2013	Sr. Marta Meško, MS	Slovenia	\$ 800.00
12/23/2013	Sr. Zvonka Mikec, HMP	Slovenia	\$ 800.00
12/23/2013	Sr. Tadeja Mozetič, ŠS	Slovenia	\$ 800.00
12/23/2013	Rev. Peter Opeka, CM	Slovenia	\$ 6,958.00
12/23/2013	Sr. Terezija Pavlič, HKL	Slovenia	\$ 800.00
12/23/2013	Sr. Marija Pavlišič, HKL	Slovenia	\$ 2,100.00
12/23/2013	Sr. Barbara Peterlin, MS	Slovenia	\$ 800.00
12/23/2013	Br. Vilko Poljanšek, SDB	Slovenia	\$ 800.00
12/23/2013	Sr. Dorica Sever, FMM	Slovenia	\$ 800.00
12/23/2013	Sr. Zora Škerlj, OSU	Slovenia	\$ 800.00
12/23/2013	Sr. Anica Starman, FBS	Slovenia	\$ 800.00
12/23/2013	Sr. Jozica Sterle, MS	Slovenia	\$ 800.00
12/23/2013	Sr. Marija Andreja Šubelj, HKL	Slovenia	\$ 800.00
12/23/2013	Sr. Polona Švigelj, OSU	Slovenia	\$ 800.00
12/23/2013	Sr. Milena Zadravec, HMP	Slovenia	\$ 800.00
12/23/2013	Sr. Marjeta Zanjko, HMP	Slovenia	\$ 800.00
12/23/2013	Sr. Fani Žnidaršič, OSU	Slovenia	\$ 800.00
12/23/2013	Salezijanke Bled	Slovenia	\$ 800.00
12/23/2013	Salezijanke Ljubljana	Slovenia	\$ 800.00
12/23/2013	Rev. Rudi Borstnik	Slovenia	\$ 800.00
12/23/2013	Most Rev. Stanislav Hocevar	Slovenia	\$ 800.00
12/23/2013	Rev. August Horvat	Slovenia	\$ 800.00
12/23/2013	Rev. Stanislav Pajk	Slovenia	\$ 800.00
12/23/2013	Salezijanke Rakovnik	Slovenia	\$ 800.00
12/23/2013	Brother Matevz Stirn	Congo	\$ 2,415.00
12/23/2013	Salezijanke/Salezijanci Ljubljana	Slovenia	\$ 200.00
			\$ 82,733.00