# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

Open to Public

		enue Service	Go to w	ww.irs.gov/Form990	for instructions a	nd the latest i	nformation.		Inspection
			lar year, or tax year begin	ining		, 2023, ar	d ending		, 20
в		if applicable:		THOLIC MISSION	TRIPS INC.	· · ·		D Employ	/er identification number
Π		s change	Doing business as						
Ē		change	Number and street (or P.O. bo	x if mail is not delivered to str	eet address)		Room/suite	E Telepho	one number
Π	Initial r	-	5030 County Ro		····,				(469)223-3034
H		eturn/terminated	City or town, state or province					G Gross	
H		led return	Muenster, TX 7					\$	346,813
H			F Name and address of principa		CHELLE PEREZ		H(a) Is this a		
	Applica	ation pending		Sq Ashburn VA					
	т	<b>T</b>				507	H(b) Are all		
<u>!</u>					4947(a)(1) or	527			See instructions
<u> </u>	Websi		v.catholicmissiont				H(c) Group		
K				ociation Other		Year of formation	n: 2011   M S	State of lega	I domicile: <b>TX</b>
Pa	art I	Summar							
	1		ribe the organization's miss						(DOMESTIC &
a		INTERNAT	LS, TR	ANSPORTATION,					
n n n		STAFFING	, AND SPIRITUAL P	PROGRAMS.					
Governance									
Š	2		ox 🗌 if the organization of						
	3	Number of v	voting members of the gove	erning body (Part VI, lir	ne1a)			3	3
ŝ	4		ndependent voting member					4	2
/itie	5	Total numbe	er of individuals employed ir	n calendar year 2023 (	Part V, line 2a)			5	3
Activities &	6	Total numbe	er of volunteers (estimate if	necessary)				6	
◄	7	a Total unrelat	ted business revenue from	Part VIII, column (C), I	ine 12			7a	0
		b Net unrelate	ed business taxable income	from Form 990-T, Par	t I, line 11			7b	0
							Prior Year		Current Year
	8	Contribution		113,276					
Pe	g		rvice revenue (Part VIII, line						233,537
Revenue	10		ncome (Part VIII, column (A						0
Rev	11		ue (Part VIII, column (A), lir						0
	12		e - add lines 8 through 11 (						346,813
	13		similar amounts paid (Part						0
	14		d to or for members (Part I)						0
	15	•	ner compensation, employee						61,968
es			I fundraising fees (Part IX,	•	. ,				01/500
Expenses			ising expenses (Part IX, co			0			
ă	17		ises (Part IX, column (A), lii						316,880
ш	18		ses. Add lines 13-17 (must						378,848
	19	•	s expenses. Subtract line 1	•					(32,035)
			s expenses. Oubtract line			• • • • • • •	Beginning of Curre	ant Voor	End of Year
sor	auce 20	Total assets	(Part X, line 16)					,876	22,703
sset	ere 20 8 21		es (Part X, line 26)					,870	6,732
let A	Ennd Balances 21 22		or fund balances. Subtract					3,006	
	art II		ire Block	intezi noninnezo .	••••		40	5,008	15,971
			clare that I have examined this retu	rn, including accompanying s	chedules and statements	s, and to the best o	f my knowledge and be	lief. it is	
			claration of preparer (other than off				,		
		C THE C							
Sig	n	STEV Signature of offi	E NASCHE					Date	
	-	-						Duio	
Не	1 e	STEV Type or print na	E NASCHE, PRESIDE	NT.					
						Data		<u> </u>	
<b>D</b> -	:		eparer's name	Preparer's signature		Date	Check	L "	
Pa			TALREJA			09-11-202		ployed	P00629847
	epar			AND COMPANY PC			Firm's EIN		
US	e Or	IIY Firm's addres		ENTRAL EXPY ST	E 200		Phone no.		
				SON TX 75080				972-6	99-8330
May	y the I	RS discuss this	return with the preparer sh	own above? See instru	uctions				🗌 Yes 🛛 No

Form	990 (2023) CATHOLIC MISSION TRIPS INC.
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ORGANIZES 1 WEEK MISSION TRIPS (DOMESTIC & INTERNATIONAL)FOR UP TO 150 PEOPLE. FACILITATES
	LOCATION, HOUSING, MEALS, TRANSPORTATION, STAFFING, AND SPIRITUAL PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:         ) (Expenses \$
	CATHOLIC MISSION TRIPS ORGANIZES, PLANS, FACILITATES, AND IMPLEMENTS MISSION TRIPS BOTH
	INTERNATIONALLY AND DOMESTICALLY FOR VOLUNTEER GROUPS OF 10 OR MORE. OUR MISSION TRIPS INVOLVE
	BUILDING PROJECTS/WORK PROJECTS GEARED TOWARD SERVING THE POOR AND SUFFERING IN COMMUNITIES
	AROUND THE WORLD. WE ALSO PARTNER WITH OTHER NON PROFIT COMPANIES TO LOCATE AND CHOOSE PROJECTS
	THAT WILL BENEFIT THOSE MOST IN NEED IN DIFFERENT COMMUNITIES. MOST PROJECTS ARE HOME RENOVATION
	PROJECTS OR DISASTER RECOVERY PROJECTS. OUR TRIP CAN INCLUDE UP TO 150 VOLUNTEERS PER WEEK AND WE HAVE CURRENTLY WORKED IN SEVERAL LOCATIONS INCLUDING MOORE OKLAHOMA, NEW ORLEANS LA, SAN JUAN TX,
	ZUNI NEW MEXICO, HARLAN KENTUCKY, JOPLIN MO, HOUSTON TX, COSTA RICA, HAITI, DOMINICAN REPUBLIC,
	HONDURAS, BELIZE, BOLIVIA, PUERTO RICO, CAMEROON, AND INDIA.
	NONDORAS, BELIZE, BOLIVIR, FOERIO RICO, CAMEROON, AND INDIR.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
_	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses     347,007
EEA	Form <b>990</b> (2023)

	990 (2023) CATHOLIC MISSION TRIPS INC.		F	age 3
Pa	rt IV Checklist of Required Schedules			1
		[	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part L	3		x
4	Section 501(c)(3) organizations. 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.	4		x
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	F		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		x
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		x
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		~
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			Λ
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X.	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

	990 (2023) CATHOLIC MISSION TRIPS INC.		P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
~ .	employees? If "Yes," complete Schedule J.	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
~~	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
~-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part. II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
~~	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
~ /	conservation contributions? If "Yes," complete Schedule M.	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
,			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		x

Form	990 (2023) CATHOLIC MISSION TRIPS INC.		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

	m 990 (2023) CATHOLIC MISSION TRIPS INC.			P	age <b>6</b>
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Scheo	lule O. S	See ir	nstruc	_
_	Check if Schedule O contains a response or note to any line in this Part VI		• •	• • •	X
Sec	ction A. Governing Body and Management				
4-	Established with a second and other according to the destribution of a fills to second	•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	[	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	🛓	5		х
6	Did the organization have members or stockholders?	· · · L	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	••••	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
•	stockholders, or persons other than the governing body?	••••	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
2	the year by the following: The governing body?		8a	v	
a b	Each committee with authority to act on behalf of the governing body?	-	8b	x x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	••• -	0.0	л	
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C				
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	🛓	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	· · ·	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		120		
13	describe on Schedule O how this was done	-	12c 13		v
14	Did the organization have a written document retention and destruction policy?		14		x x
15	Did the process for determining compensation of the following persons include a review and approval by	••••	14		<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization		15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
0	organization's exempt status with respect to such arrangements?	•••	16b		
	tion C. Disclosure				
17 1 0	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an exercitization to make its Forms 1022 (1024 or 1024 A, if applicable), 000, and 000 T (continue F04(	2)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(d) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	<b>(</b> )			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website         Image: Construction of the section of the sectin of the section of the section of the section of the s				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				
	MARY MICHELLE PEREZ (469)223-3034, 43508 Postrail Sq, Ashburn, VA 20147				

Form 990 (202	CATHOLIC MISSION TRIPS INC.	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	s, and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete t	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	
organization's t	tax year.	
<ul> <li>List all of</li> </ul>	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of	
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.	

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)					
(A)	(B)			osition			(D)	(E)	(F)
Name and title	Average hours per week	box, u	nless pe	erson i	ihan one is both an r/trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MARY_MICHELLE_PEREZ EXECUTIVE DIRECTOR	30.00		$\downarrow_{\mathbf{x}}$				10,000	0	0
_(2)									
_(3)									
_(4)									
_(5)									
_(6)									
_(7)									
( <u>8</u> )									
(9)									
 [10]									
(11)									
(12)									
(13)									
<u>(14)</u>									
									Form <b>990</b> (2023)

Form 9	90 (2023) CATHOLIC MISSION VII Section A. Officers, Directors,			Fmr			s ar	h h	Highest Comp	ensated	Emplo			age 8
<u>I uit</u>	(A) Name and title	<b>(B)</b> Average hours	(B) (C) Position (do not check more than one box, unless person is both an		(D) (E) Reportable Reportab compensation compensat		ble	Estim	(F) ated am of other	ount				
		per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from rela organization 1099-MI 1099-NE	is (W-2/ SC/	f orga	npensat rom the nization I organiz	and
(15)														
(16)														
(17)														
(18)														
<u>(19)</u>														
(20)														
(21)														
(22)	·													
(25)														
1b	Subtotal													
с	Total from continuation sheets to Part VII, See         Total (add lines 1b and 1c)         Total number of individuals (including but	ction A         .	o thos	 	  ted	  abc	  ove) w	vho	10,000 received more th	nan \$100,	0 000 of			0
	reportable compensation from the organiz	ation											Yes	No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>		•				-		•			3		x
4	For any individual listed on line 1a, is the sum of organization and related organizations greater t	reportable co	mpens	ation	and	l oth	er con	nper	nsation from the					A
5	individual					••• elate	· · · ed org	•• aniz	ation or individual			4		x
Secti	for services rendered to the organization? If "Ye on B. Independent Contractors	es," complete	Scheo	dule .	J for	suc	h pers	son				5		х
1	Complete this table for your five highest co compensation from the organization. Repo	-	-										tax y	ear.
	(A) Name and business addr	ess							(B) Description of servic	es		(C) Compens	ation	
												•		
								-						
2	Total number of independent contractors (	(including bu	ut not	limite	ed t	o th	iose li	iste	d above) who					

received m	ore then \$1	00 000 of	appropriation	from the	orgonization
received m	ore man 51		compensation	nom me	organization

Form 99	<u>`</u>	,	RIPS INC.				Page 9
Part V	VIII	Statement of Revenue					
		Check if Schedule O contains a respon	se or note to any l	ine in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f g	Fundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g	113,276				
Program Service Revenue	2a b c d e		Business Code 721000	113,276 233,537	233,537		
Other Revenue		Total. Add lines 2a-2f         Investment income (including dividends, interest, other similar amounts)         Income from investment of tax-exempt bond proc         Royalties	and	233,537			
	b c d	Gross rents       (i) Real         Less: rental expenses       6a         Rental income or (loss)       6c         Net rental income or (loss)	(ii) Personal				
	c	sales of assets     7a       other than inventory     .       Less: cost or other basis       and sales expenses     .       Gain or (loss)     .       Net gain or (loss)     .					
	8a b	Gross income from fundraising events (not including \$	ab				
	9a b c	Gross income from gaming activities. See Part IV, line 19 9 Less: direct expenses 9 Net income or (loss) from gaming activities					
	b	Gross sales of inventory, less         returns and allowances         Less: cost of goods sold         Net income or (loss) from sales of inventory	b				
Miscellanous Revenue	b c d	All other revenue					
		Total. Add lines 11a-11d		246 012	233.537	0	0

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	57,221	57,221		
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
		4,747	4,747		
_	Fees for services (nonemployees):				
a		<b>CO</b> 5		<u> </u>	
0		625		625	
C 		1,957		1,957	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17.				
F	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion	16,373		16,373	
		5,843		5,843	
	Royalties				
	Travel	43,534	43,534		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
		1,763		1,763	
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)	1		1	
	FEES	1,020		1,020	
b ~	SUPPLIES	4,260		4,260	
C 					
d	All other evenences	041 505	0.41 - 50-		
e	All other expenses	241,505	241,505		
	Total functional expenses. Add lines 1 through 24e.	378,848	347,007	31,841	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				

Check if Schedule O contains a response or note Cash - non-interest-bearing			(A) Beginning of year 57,427	1           2           3           4           5           6           7           8           9	(B) End of year 22,254
Savings and temporary cash investments Pledges and grants receivable, net	• • • • • • • • • • • • • • • • • • •	director, or, or 35% s defined 58(c)(3)(B) 6,176		2 3 4 5 6 7 8	
Pledges and grants receivable, net		director, or, or 35% s defined 58(c)(3)(B) 	449	3 4 5 6 7 8	449
Accounts receivable, net	officer ntribut ns ons (a tion 49  10a 10b	director, or, or 35% s defined 58(c)(3)(B) 	449	4 5 6 7 8	449
Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial con controlled entity or family member of any of these person Loans and other receivables from other disqualified pers under section 4958(f)(1)), and persons described in sect Notes and loans receivable, net	officer ntribut ns ons (a tion 49   10a 10b	director, or, or 35% s defined 58(c)(3)(B)  6,176	449	5 6 7 8	449
trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these person Loans and other receivables from other disqualified person under section 4958(f)(1)), and persons described in sect Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	ntribut ns ons (a tion 49   10a 10b	or, or 35% s defined 58(c)(3)(B) 	449	6 7 8	449
controlled entity or family member of any of these person Loans and other receivables from other disqualified pers under section 4958(f)(1)), and persons described in sect Notes and loans receivable, net	ns ons (a tion 49   10a 10b	s defined 58(c)(3)(B) 	449	6 7 8	449
controlled entity or family member of any of these person Loans and other receivables from other disqualified pers under section 4958(f)(1)), and persons described in sect Notes and loans receivable, net	ns ons (a tion 49   10a 10b	s defined 58(c)(3)(B) 	449	6 7 8	449
Loans and other receivables from other disqualified pers under section 4958(f)(1)), and persons described in sect Notes and loans receivable, net	ons (a tion 49   10a 10b	58(c)(3)(B) 	449	7 8	449
Notes and loans receivable, net	  10a 10b	6,176	449	7 8	449
Inventories for sale or use	 10a 10b	6,176	449	8	449
Inventories for sale or use	 10a 10b	6,176		-	
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	10a 10b	6,176		9	
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	10a 10b	6,176			
basis. Complete Part VI of Schedule D          Less: accumulated depreciation	10b				
Less: accumulated depreciation	10b				
Investments - publicly traded securities		6,176		10c	
		-		11	
				12	
Investments - program-related. See Part IV, line 11 .				13	
Intangible assets				14	
Other assets. See Part IV, line 11				15	
Total assets. Add lines 1 through 15 (must equal line 3			57,876	16	22,703
Accounts payable and accrued expenses	,		166	17	
Grants payable				18	
				19	
				-	
				22	
			9.704		6,732
			57701		
	_				
· · · · · · · · · · · · · · · · · · ·				25	
			9.870		6,732
	_		57070		0,702
-					
-				27	
-					
				29	
			48-006		15,971
-					15,971
	Tax-exempt bond liabilities         Escrow or custodial account liability. Complete Part IV of Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these person. Secured mortgages and notes payable to unrelated third protection of the complete and loans payable to unrelated third protection. Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.         Net assets with donor restrictions         Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.         Capital stock or trust principal, or current funds         Paid-in or capital surplus, or land, building, or equipment Retained earnings, endowment, accumulated income, or Total net assets or fund balances	Tax-exempt bond liabilities	and complete lines 27, 28, 32, and 33.         Net assets without donor restrictions         Net assets with donor restrictions         Organizations that do not follow FASB ASC 958, check here         Image: State of the	Tax-exempt bond liabilities       Image: Complete Part IV of Schedule D         Escrow or custodial account liability. Complete Part IV of Schedule D       Image: Complete Part IV of Schedule D         Loans and other payables to any current or former officer, director,       trustee, key employee, creator or founder, substantial contributor, or 35%         controlled entity or family member of any of these persons       9,704         Unsecured notes and loans payable to unrelated third parties       9,704         Unsecured notes and loans payable to unrelated third parties       9,704         Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X       9,870         Organizations that follow FASB ASC 958, check here       9,870         Organizations that follow FASB ASC 958, check here       9,870         Organizations that do not follow FASB ASC 958, check here       1mmm         and complete lines 27, 28, 32, and 33.       1mmm         Net assets with donor restrictions       1mmm         Organizations that do not follow FASB ASC 958, check here       1mmm         and complete lines 29 through 33.       1mmm         Capital stock or trust principal, or current funds       1mmm         Paid-in or capital surplus, or land, building, or equipment fund       48,006         Total net assets or fund balances       48,006	Tax-exempt bond liabilities20Escrow or custodial account liability. Complete Part IV of Schedule D21Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons22Secured mortgages and notes payable to unrelated third parties9,70423Unsecured notes and loans payable to unrelated third parties24Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D25Total liabilities. Add lines 17 through 259,87026Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions27Net assets with donor restrictions28Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds29Paid-in or capital surplus, or land, building, or equipment fund30Retained earnings, endowment, accumulated income, or other funds48,006

CATHOLIC MISSION TRIPS INC.

EEA

Form 990 (2023)

Form 990 (2023)

Page 11

Form	990 (2023) CATHOLIC MISSION TRIPS INC.			Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		346,	813
2	Total expenses (must equal Part IX, column (A), line 25)	2		378,	848
3	Revenue less expenses. Subtract line 2 from line 1	3		(32,	,035)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		48,	,006
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		15,	971
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Occrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Forn	n <b>990</b>	(2023)

SCHEDULE	Α
(Form 990)	

# **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.

OMB No. 1545-0047 23

20

**Open to Public** 

Department of the Treasury
Internal Revenue Service

### Attach to Form 990 or Form 990-EZ.

Interna	Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection		
Name	ne of the organization Employer identification number								
CATH	OLIC M	ISSION	TRIPS INC.						
Part				ritv Status. (Al	l organizations mus	t comple	ete this p	art.) See instructi	ons.
					ies 1 through 12, check o			,	
1	<u> </u>		•		hurches described in se	-	,		
2	_				h Schedule E (Form 990		~/(•/(•/(•/		
3	=				ion described in section		(A)(iii)		
4		•		-	ion with a hospital descr			b)(1)(A)(iii) Enter the	
-			e, city, and state:		ion with a hospital desci	1000 III <b>30</b>			
5				pofit of a collogo o	r university owned or ope	orated by a	aovorom	ontal unit described in	
3		-		-		erated by a	governing	ental unit described in	
~	_	•	)(1)(A)(iv). (Completed and a completed and a	,	unit described in <b>eastic</b>	m 470/h)/	4)/ A \/)		
6	=		•	•	unit described in section				
7		-	•		art of its support from a g	overnmen	al unit of t	form the general public	
-	_		ection 170(b)(1)(A)(						
8	=				(vi). (Complete Part II.)				
9		-	-		ction 170(b)(1)(A)(ix) or		-	-	lege
		-	a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
	unive	ersity:							
10	receij suppo	pts from a ort from g	ctivities related to its ross investment inco	s exempt functions, me and unrelated b	3 1/3% of its support fro subject to certain except business taxable income e section 509(a)(2). (Co	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	S
11	An or	rganizatio	n organized and ope	erated exclusively t	o test for public safety.	See <b>sectio</b>	n 509(a)(4	·).	
12	An or	rganizatio	n organized and ope	rated exclusively fo	r the benefit of, to perform	n the funct	tions of, or	to carry out the purpos	ses of
	one c	or more p	ublicly supported org	anizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)(	<b>3).</b> Check
	the be	ox on line	s 12a through 12d th	at describes the typ	be of supporting organization	ation and c	omplete lin	es 12e, 12f, and 12g.	
а	🗌 т	Type I. A s	supporting organizat	ion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by g	iving
	tł	he suppor	ted organization(s) t	he power to regula	rly appoint or elect a maj	ority of the	directors	or trustees of the	
					rt IV, Sections A and B				
b	_		•		controlled in connection		pported or	ganization(s), by havi	าต
					tion vested in the same p				-
			on(s). You must cor					5	
с		-	. ,	-	ganization operated in c	onnection	with and	functionally integrated	with
·		••			ou must complete Part				
d					ng organization operated				tion(s)
ŭ		••	-		generally must satisfy a				. ,
			, 0	0	ete Part IV, Sections A		•		55
•					en determination from the				
е								і, туре ії, туре ії	
4				-	integrated supporting or	gariizatior			
f			r of supported organ		••••				•••
g			ving information abo		<b>o</b> ( <i>i</i>				
	(i) Name	e of supporte	d organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum		instructions)	instructions)
							1		
						Yes	No		
(A)									
(B)									
(-)									
(C)									
(C)									
(ח)									
(D)									

(E) Total

Schedu	le A (Form 990) 2023 CATHOLIC M						Page 2
Part							
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.						
Secti	on B. Total Support					1	
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the o						:)(3)
	organization, check this box and stop her	-			-		
Secti	on C. Computation of Public Support						
14	Public support percentage for 2023 (line 6	6, column (f), d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2022 Sch					15	%
16a	33 1/3% support test - 2023. If the organ	nization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization.			[
b	33 1/3% support test - 2022. If the organ						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 20	<ol><li>If the organ</li></ol>	nization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	cts-and-circum	nstances test. T	he organizatio	on qualifies as	a publicly supp	orted
	organization						[
b	10%-facts-and-circumstances test - 202	22. If the organ	nization did not	check a box o	n line 13, 16a,	16b, or 17a, ar	nd line
	15 is 10% or more, and if the organization	n meets the fac	sts-and-circums	tances test, ch	neck this box a	and stop here. I	Explain
	in Part VI how the organization meets the	facts-and-circ	umstances test	. The organiza	ation qualifies a	as a publicly su	pported
	organization						
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, checl	< this box and s	ee
	instructions						[

Part III

#### (Complete only if you checked the box on line 10 of Part I or if the organization failed to gualify 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) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 13,157 30,617 51,323 66,325 113,276 274,698 Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . 174,654 17,519 61,224 290,112 233,537 777,046 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the 4 organization's benefit and either paid to or expended on its behalf . . . . . 5 The value of services or facilities furnished by a governmental unit to the organization without charge .... 6 **Total.** Add lines 1 through 5 . . . . . 187,811 48,136 112,547 356,437 346,813 1,051,744 7a Amounts included on lines 1, 2, and 3 received from disgualified persons . . **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 8 Public support. (Subtract line 7c from 1,051,744 Section B. Total Support (a) 2019 (b) 2020 Calendar year (or fiscal year beginning in) (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 . . . . . . . 187,811 48,136 1,051,744 112,547 356,437 346,813 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . С Add lines 10a and 10b . . . . . . . . 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . Total support. (Add lines 9, 10c, 11, 13 187,811 48,136 112,547 356,437 346,813 1,051,744 14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f)) 15 100.00 % 16 Public support percentage from 2022 Schedule A, Part III, line 15 ..... 16 100.00 % Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2022 Schedule A, Part III, line 17 ..... 18 0.00 % 19a 33 1/3% support tests - 2023. 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 х b 33 1/3% support tests - 2022. 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 . . . . . **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

1

2

6

7

8

EEA

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

#### CATHOLIC MISSION TRIPS INC. Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

chedu	le A (Form 990) 2023 CATHOLIC MISSION TRIPS INC.		F	age
Part	IV Supporting Organizations (continued)			
			Yes	Ν
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		4		
<b>^</b>	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations			_
			Yes	Ν
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
cti	on D. All Type III Supporting Organizations			
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
-	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
oti		3		
-	on E. Type III Functionally Integrated Supporting Organizations	o inct		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e mst	ucil	)//:
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete <b>line 3</b> below.</i>			

☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

CATHOLIC MISSION TRIDS INC

- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990) 2023

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

2b

3a

3b

Yes No

Page 5

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(exp</i>	
	instructions. All other Type III non-functionally integrated supporting organi	izatio	ons must complete Sect	ions A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			,
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
-	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to	-		
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	-	tograted Type III auppo	rting organization

(see instructions).

Schedule A (Form 990) 2023

Schedu	e A (Form 990) 2023 CATHOLIC MISSION TRIPS IN				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organ	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	·			
4	Distributions for 2023 from				
	Section D, line 7: \$	/			
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	<b>Excess distributions carryover to 2024</b> . Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				
EEA				s	Schedule A (Form 990) 202

Schedule A (F	orm 990) 2023 Page &
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public	

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.
--

ation. Inspection Employer identification number

CATHO	LIC MISSION TRIPS INC.					
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Acco	ounts			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(1	b) Funds and other	accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised				
•	funds are the organization's property, subject to the organization	•			Yes	No
6	Did the organization inform all grantees, donors, and donor a			••••	100	
U	only for charitable purposes and not for the benefit of the do		<b>,</b>			
	conferring impermissible private benefit?				Yes	No
Par			• • • • •	••••	163	
Iai	Complete if the organization answered "Yes" of	an Form 000 Part IV line 7				
4	-					
1	Purpose(s) of conservation easements held by the organiza		ata ni a a llu c in			
	Preservation of land for public use (for example, recreation	· =		•	rea	
	Protection of natural habitat	Preservation of a ce	ertified hist	oric structure		
-	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservatio			
	easement on the last day of the tax year.			Held at the End	d of the	Tax Year
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic str		. 2c			
d	Number of conservation easements included on line 2c, acq					
	on a historic structure listed in the National Register		. 2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization	during the		
	tax year					
4	Number of states where property subject to conservation ea	isement is located				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements i	t holds?		🗌	Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conservation	tion easem	ents during the	year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements	during the yea	r	
8	Does each conservation easement reported on line 2d abov	e satisfy the requirements of section 170(h)(4)	)(B)(i)			
	and section 170(h)(4)(B)(ii)?			🗌	Yes	No
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expense sta	itement and	d balance		
	sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that desc	ribes the			
	organization's accounting for conservation easements					
Par	III Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	her Sim	ilar Assets		
	Complete if the organization answered "Yes" of					
1a	If the organization elected, as permitted under FASB ASC 9		balance sh	eet works		
	of art, historical treasures, or other similar assets held for pu					
	service, provide in Part XIII the text of the footnote to its fina					
b	If the organization elected, as permitted under FASB ASC 9		nce sheet	works of		
-	art, historical treasures, or other similar assets held for public	-				
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
-	following amounts required to be reported under FASB ASC	-	an, provide			
~	Revenue included on Form 990, Part VIII, line 1	•		\$		
a b	Assets included in Form 990, Part X			• • • •		
				- Th		

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

	e D (Form 990) 2023 CATHOLIC MISSION					_	Page <b>2</b>
Par	III Organizations Maintaining Co	llections of Art, His	torical Treasures	, or Othe	er Similar Ass	sets (cc	ontinued)
3	Using the organization's acquisition, accession, a	and other records, check a	ny of the following that i	make signif	ficant use of its		
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exchange p	orogram			
b	Scholarly research	е	Other	-			
c	Preservation for future generations						
4	Provide a description of the organization's collect	tions and explain how they	(further the organization	n's avomnt	numose in Part		
-	XIII.			no exempt			
F		anive denotions of ort histo	rical tracauras, or other	r oimilor			
5	During the year, did the organization solicit or red						
Der	assets to be sold to raise funds rather than to be		organization's collectio	n <u>.</u>	•••••	Yes	No 🗌 No
Par	IV Escrow and Custodial Arrange			•			-
	Complete if the organization ans	swered "Yes" on Forr	n 990, Part IV, line	9, or rep	ported an amo	unt on I	-orm
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian o	r other intermediary for cor	ntributions or other asse	ets not			
	included on Form 990, Part X?					Yes	No 🗌 No
b	If "Yes," explain the arrangement in Part XIII and	I complete the following tak	ole.				
					Amo	unt	
С	Beginning balance			. 1c			
d	Additions during the year						
e	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on Form						No
	-						
b Par	If "Yes," explain the arrangement in Part XIII. Ch V Endowment Funds	leck here if the explanation	mas been provided on		•••••	• • • • •	
Fai		ward "Vee" on Ferr		10			
	Complete if the organization ans					1	
		a) Current year (b) Pri	or year (c) Two year	s back (c	d) Three years back	(e) Four	years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current	vear end balance (line 1g	column (a)) held as:	1		1	
-	Board designated or quasi-endowment	%					
b	Permanent endowment %	/0					
С		a a val 4000/					
	The percentages on lines 2a, 2b, and 2c should e						
3a	Are there endowment funds not in the possession	on of the organization that a	are held and administer	ed for the		Г	
	organization by:						Yes No
	(i) Unrelated organizations?					3a(i)	
	(ii) Related organizations?			• • • • •		3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as required on So	hedule R?			3b	
4	Describe in Part XIII the intended uses of the org	ganization's endowment fu	nds.				
Par	VI Land, Buildings, and Equipme	ent					
	Complete if the organization ans	swered "Yes" on Forr	n 990, Part IV, line	e 11a. Se	e Form 990, P;	Part X, li	ne 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Acc	cumulated	(d) Book	value
		(investment)	(other)	depr	reciation		
1a	Land						
b	Buildings						
c	Leasehold improvements						
		6,176			6,176		
d		0,1/0			0,1/0		
e Tetal	Other						
	Add lines 1a through 1e. (Column (d) must equa	ii Form 990, Part X, line 10	лс, соштп (В)				
EEA					Sched	iule D (Fo	rm 990) 2023

Schedule D (Form 990) 2023

Part VII

#### Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))....

## Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).		

## Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	

# Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Feder	ral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	mn (b) must equal Form 990, Part X, line 25 col. (B	<i>"</i>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . .

Schedu	le D (Form 990) 2023 CATHOLIC MISSION TRIPS INC.		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Retur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments   2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part		per Ret	urn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Open to Public** 

Inspection

23

Department of the Treasury Internal Revenue Service

Name of the organization

CATHOLIC MISSION TRIPS INC.

Employer identification number

## 01. Form 990 governing body review (Part VI, line 11)

FORM 990 WAS GIVEN TO GOVERNING BODY FOR REVIEW AND APPROVED.

#### 02. Governing documents, etc, available to public (Part VI, line 19)

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

#### 03. List of other expenses (Part IX, line 24e)

PROGRAM EXPENSES - VEHICLE EXPENSE - \$2,971.30

PROGRAM EXPENSES - FOOD - \$31,463.61

PROGRAM EXPENSES - HOUSING - \$67,897.33

PROGRAM EXPENSES - T-SHIRTS - \$6,573.65

PROGRAM EXPENSES - CONTRACT SERVICES - \$52,865.79

PROGRAM EXPENSES - SUPPLIES - \$68,676.47

PROGRAM EXPENSES - OTHER - \$11,057.15