Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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.

Open to Public

inter	nai Reveni	le Service Information about Form 990 and its instructions is at will	vw.irs.gov/torings	3 0	mspection
<u>A</u>	For the	2013 calendar year, or tax year beginning , 2013, and	ending		, 20
В	Check If	applicable C Name of organization Mater Ecclesiae Fund for Vocations, Inc		D Employ	er identification number
	Address	change Doing Business As	·	<u> </u>	51-0612966
	Name ch	ange Number and street (or P O box if mail is not delivered to street address) Ro	oom/suite	E Telephor	ne number
	Initial reti	um 9243 Old Green Mountain Road		<u> </u>	877-556-6338
	Terminat	ed City or town, state or province, country, and ZIP or foreign postal code		j	
	Amended	return Esmont, VA 22937		G Gross re	eceipts \$ 642,532
	Application	on pending F Name and address of principal officer Corey F Huber, President	H(a) Is this a	group return for	subordinates? Yes Vo
		9239 Old Green Mountain Road, Esmont, VA 22937	H(b) Are al	I subordinates	s included? 🗌 Yes 🔲 No
<u>ı</u>	Tax-exer	npt status	527 If "I	No," attach a	list (see instructions)
J	Website	► fundforvocations.org	H(c) Grou	p exemption	number ► n/a
K	Form of o	rganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of	formation 2006	M State	of legal domicile VA
Р	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities T	he Mater Ecclesia	e Fund for	r Vocations (MEFV)
é	1	awards grants to men and women called to the Catholic priesthood or religious	life, but who are	prevented	from beginning their
au	1	formation by their student loans We make the monthly payments on the loans			
err		Check this box ▶☐ if the organization discontinued its operations or dispo			
Š	1	Number of voting members of the governing body (Part VI, line 1a).		3	4
જ	1	Number of independent voting members of the governing body (Part VI, lin	e 1b)	. 4	3
ies	1	Total number of individuals employed in calendar year 2013 (Part V, line 2a	•	5	2
Activities & Governance	,	Total number of volunteers (estimate if necessary)		. 6	20
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Y	'ear	Current Year
	8	Contributions and grants (Part VIII, line 1h)		421,923	642,249
Jue .	1	Program service revenue (Part VIII, line 2g)		12 1, J 2 J	042,240
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,415	283
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	'	1,413	203
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1	12)	423,338	642,532
	13	Grants and similar amounts paid (Part X, cotum (A) Jines E3D		144,574	177.503
	14	Benefits paid to or for members (Part IX, column (A), line 4)		144,574	177.303
		Salaries, other compensation, employee the fits (Part IX column) (A), times 5-1	0)	70.000	77.500
Expenses	16a	Professional fundraising fees (Part IX, column (A), Gire 11e)	o,	79,866	77,508
en		Total fundraising expenses (Part IX, column (D), line 25)	163 52 E	SCHE	No. 15 1
Ä		Other expenses (Part IX, column (A), lines 11a) Gd, title 24e)	020		
		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		142,118	252,461
	19	Revenue less expenses. Subtract line 18 from line 12		366,558 56,780	507 472
		Nevertue less expenses. Subtract life 10 fforti life 12	Beginning of C		135,060 End of Year
Net Assets or Fund Balances	20	Total assets (Part V. lino 16)			
tsse Bala	21	Total assets (Part X, line 16)	•	160,573	305,311
g ç	22	•		66,759	76,437
		Net assets or fund balances. Subtract line 21 from line 20	L	93,814	228,874
	art II	Signature Block			
tru	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and, , and complete Declaration of preparer (other than officer) is based on all information of which p	d statements, and to reparer has any knov	tne best of n vledae	ny knowledge and belief, it is
			Topulor has any miss		
0:4		fashiring a shirter		AUG 14	57 15, 2019
Sig		Signature of officer	U	alt .	
He	i e	KATHERINE L HUBER TREASURER			
_		Type or print name and title	Date		DTIN
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [
Pr	epare			self-emp	ployed
		- Firm's name	l Eur	m's FIN ▶	

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Phone no

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Part			
	Check if Schedule O contains a response or note to any line in this Part III	<u>····</u>	. 🔽
1	Briefly describe the organization's mission.		
	The mission of the Mater Ecclesiae Fund for Vocations (MEFV) is to increase the number of men and women in the Ca priesthood and religious life by making grants to individuals who have vocations to the priesthood or religious life, bu		·
	prevented from beginning their formation by their pre-existing student loans	t Will al	<u>e</u>
	provided from bogginning story and provided and story an		
2	Did the organization undertake any significant program services during the year which were not listed on the	****	
		Yes	✓ No
_	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?	Yes	☑ No
	If "Yes," describe these changes on Schedule O.	165	V NO
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as meas	sured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 181,235 including grants of \$ 168,548) (Revenue \$		_)
	The MEFV operates the St. Joseph Student Debt Relief Grant Program for men and women with vocations to the Cathelife (i.e., to monasteries or other communities whos members make vows of poverty, chastity and obedience), but who		ious
	prevented from beginning their religious formation due to their pre-existing student loans. In 2013, 22 men and 64 wo		 е
	beneficiaries under this program		
			-
4b	(Code:) (Expenses \$ 9,629 including grants of \$ 8,955) (Revenue \$		_)
	The MEFV operates the St. John Vianney Student Debt Relief Grant Program for men with vocations to the Catholic pr		
	who are prevented from beginning or continuing their priestly formation due to their pre-existing student loans. When		
	their seminary training, they will serve in parish or other priestly ministry. In 2013, eight men were beneficiaries under	this pro	ogram.

4c	(Code:) (Expenses \$ 133,991 including grants of \$) (Revenue \$)
	The MEFV conducts a public education and awareness campaign to inform members of the Catholic faithful about the		- '
	tremendous problem facing men and women who are being called to the Catholic priesthood and / or religious life, be		their
	student debts in 2013, over 250,000 Catholic households were contacted with information about this problem and the	solutio	n
	developed by the MEFV. Additionally, an event was held to make a presentation to the Catholic faithful to alert them to	the	
	burden of student debt to men and women with vocations tot he priesthood and religious life.		·
	······································		
			·
4d	Other program services (Describe in Schedule O.) (Expenses \$		

327,351

Total program service expenses ▶

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art	Checklist of Required Schedules		· · · · · ·	
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	∀	
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 I	3		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	✓	
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		1
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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e	1	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	•	1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a	-	✓
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	✓	
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
	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 IV	16	✓	
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_		1
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 II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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20a 20b

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Part				. ugo
,011	One of the dame of the dame of the minutes of the minutes of the dame of the d		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b	N	/A /A
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a	(1	/A
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	√	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		√
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		1
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		1
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	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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	-	✓

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

37

37

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	Mater Ecclesiae Fund for Vocations, Inc.			
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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	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 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2 a	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 return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	}
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		1
b	If "Yes," enter the name of the foreign country: ► n/a See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	70		<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		V
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?.	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			•
7	gifts were not tax deductible?	6b		ļ
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	_		,
	· · · · · · · · · · · · · · · · · · ·	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	_		,
		7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year	_		,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		✓
J	· · · · · · · · · · · · · · · · · · ·			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	6		4
۵	Sponsoring organizations maintaining donor advised funds.	8	N	7
9	· • • • • • • • • • • • • • • • • • • •	00	,	
a	Did the organization make any taxable distributions under section 4966?	9a 9b	<u> N</u>	7
b 10	· · · · · · · · · · · · · · · · · · ·	90	N	(/l
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12			
a	· · · · · · · · · · · · · · · · · · ·			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b n/a			
11	Section 501(c)(12) organizations. Enter:			
_	Gross income from members or shareholders	1		
J	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	1114	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N	A
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b n/a			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		/ 4

Part			for a	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4		-	
	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 in Schedule O.	}		
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
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	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3_		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	<u>/</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	[.	/
6 7a	Did the organization have members or stockholders?	6		<u> </u>
	one or more members of the governing body?	7a		1
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	✓	<u> </u>
р	Each committee with authority to act on behalf of the governing body?	8b	/ _	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C) _
40-	Did the average time have local characters because a sufficiency	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	Į
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	<u> </u>
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		1
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		1
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			
	organization's exempt status with respect to such arrangements?	16b	N,	4
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Virginia Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only)
-	available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Upon request Other (explain in Schedule O)			-,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	
	Organization: Notherine Huber 0242 Old Creen Mountain Read Ecount VA 22027			

Form 9	aan /	701	31

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

independent Contractors							
Check if Schedule O contains a response or note to any line in this Part VII							П

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

Theck this box if heither the organization no	r any relate	a org	anız	atio	n Ç	ompe	nsa	ited any curren	it officer, airecto	r, or trustee.
				((C)					
(A)	(B)	/do 5	t t		ition	e than o		(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportable	Estimated
	hours per week (list any	<u> </u>	_		_	or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	emp Higt	Former	the	organizations	compensation
	related organizations	nect ju	Ē	ğ	emp	lest	व्	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	0 1	nal		Joy	Com		,		and related
	line)	ste	trus		Ж	pens				organizations
		Ü	8			Highest compensated employee				
(1) Corey F. Huber	20						1			
(1) Corey F. Huber President	† 	1		1				o	o	•
(2) Katherine L. Huber	40									·
Secretary / Treasurer		✓		✓				12,000	0	•
(3) Anne Folan	1									
Director		✓				ļ		0	0	
(4) John Schirger	11									
Director	-	✓	_					0	0	
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										<u> </u>
(13)										
(14)			-							
								i	ı	

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (conti	nued)		
	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos neck ss pe d a d	rson	than out	an tee)	(D) Reportable compensation from	(E) Reportable compensation from	1	(F) stimate nount other	
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	pensa rom the janizat d relat anizati	e tion ted
(15)													
(16)			-										
(17)			-										
(18)													
				_									
(21)			<u> </u>										
(22)													
(23)						-							
(24)				<u> </u>									
(25)						-					-		
1b c	Sub-total	· · · · · · · · · · · · · · · · · · ·	 on A		· .			>	12,000				0
<u>d</u>	Total (add lines 1b and 1c)						abov	► e) w	12,000 ho received m				0
	reportable compensation from the organ	ization ► 0										Υe	es No
3	Did the organization list any former or employee on line 1a? <i>If</i> "Yes," complete							emp	oloyee, or high	nest compensat	ted 3		<i>y</i> 140
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta	ble	con	npe	nsatio				the ich		,
5	Individual										- 1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Section	on B. Independent Contractors	1711 163, 1	comp	1616	361	ieu			such person	• •	· 5		
1	Complete this table for your five highest compensation from the organization Re year.												s tax
	(A) Name and business add	dress							(B) Description of	services	(compe	C) ensatio	on
None													
								-	-				
								t					
2	Total number of independent contractor received more than \$100,000 of compen							o tl	hose listed ab	ove) who			

Form 9	990 (201	3)	i			<u> </u>		Page 9
Par	t VIII							
		Check if Schedule C) contains a res	ponse or note to	(A) Total revenue	Part VIII	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	s . 1a	0				
e ar	b	_ · · · · ·	1b	0	1	1		
ts, (Am	С	Fundraising events	. 1c	0				
ig ë	d	Related organizations		168,461				
Contributions, Gifts, Grants and Other Similar Amounts	f	Government grants (cor All other contributions, g and similar amounts not in	ifts, grants,	0 473,788			ļ	
d dit	g	Noncash contributions include	ded in lines 1a-1f \$	0				
<u>පි</u>	h	Total. Add lines 1a-1	f	▶	642,249			
Program Service Revenue				Business Code				
eve	2a	None		n/a	0	0	0	
8 E	b				0	0	0	
ervi	d				0	0	0	
Š	e				0	0	0	
gra	f	All other program ser	vice revenue .		0	0	0	
P	g	Total. Add lines 2a-2		▶	0			
	3	Investment income	(including divid					
	j	and other similar amo	ounts)	•	283	0	0	283
	4	Income from investmen	it of tax-exempt be	ond proceeds ►	0	0	0	
	5	Royalties	,		0	0	0	
	1 _		(ı) Real	(II) Personal	İ			
	6a	Gross rents .		0			:	
	b	Less: rental expenses	0	0				
	d	Rental income or (loss) Net rental income or		0				
	7a	Gross amount from sales of	(i) Securities	(ii) Other	0	0	0	\
		assets other than inventory	0	0				
	ь	Less: cost or other basis						
		and sales expenses .	0	اه				
	С	Gain or (loss)	0	`0				
_	d	Net gain or (loss) .		>	0	0	0	
Other Revenue	8a	Gross income from fu events (not including \$	0					
her Re		of contributions reported See Part IV, line 18 .	a	0				
ŏ	l .	Less direct expenses						
	C	Net income or (loss) f Gross income from ga		events >	0		0	
	94	•	· · · · a		1			
	b	Less: direct expenses	_	0				
	C	Net income or (loss) f			o	0	0	,
	_	Gross sales of in		, , ,				
		returns and allowance		اه		i		
	b	Less: cost of goods s	sold b	0		İ		
	С	Net income or (loss) f		entory >	o	o	0	
I		Miscellaneous F		Business Code			<u>~</u>	
	11a	None		n/a	0	o	0	c
	b				0	0		
	C				0	0	0	
!	d	All other revenue .		L	0	0	0	
	е	Total. Add lines 11a-			0			·
	12	Total revenue. See ii	nstructions	▶	642,532	0	0	283

Form **990** (2013)

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plata all polymps. Al	l other erganization	must complete col	umn (4)
Secuc	Check if Schedule O contains a respons			s must complete coll	
	of include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	161,888	161,888	-	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	15,615	15,615		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	12 000	12,000	0	0
7	Other salaries and wages	60,000	24,000	0	36,000
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	5,508	2,754	0	2,754
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c d	Accounting	1,750	0	1,750	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	10,000	5,000	0	5,000
12	Advertising and promotion	250	5,000	250	3,000
13	Office expenses SEE SCHEDULE O	172,028	94,512	11,134	66,381
14	Information technology .	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	660	0	0	660
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	o	0
19	Conferences, conventions, and meetings .	8,667	5,582	0	3,086
20	Interest	725	0	725	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	74	0	74	0
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	0	0	0	0
а	Copywriting and design	10,000	6,000	0	4,000
b	Licenses and permits	425	0	425	0
С	Mailing list rental	47,882	0	0	47,882
d		0	0	0	0
е	All other expenses	0	0	0	0
25_	Total functional expenses. Add lines 1 through 24e	507,472	327,151	14,358	165,763
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ✓ if				
	following ŠOP 98-2 (ASC 958-720)	164,922	97,935	0	66,987

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year Cash-non-interest-bearing 134 1 115,409 2 2 Savings and temporary cash investments 151,156 163,528 3 3 Pledges and grants receivable, net 8,800 25,815 4 4 Accounts receivable, net 0 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 0 0 7 Notes and loans receivable, net . . . 0 0 8 Inventories for sale or use 0 0 Prepaid expenses and deferred charges . 9 131 281 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 1,165 **b** Less accumulated depreciation 10b 352 10c 278 11 0 11 Investments—publicly traded securities 0 12 12 Investments—other securities. See Part IV, line 11 0 0 13 13 Investments - program-related. See Part IV, line 11 ol 0 0 14 14 0 15 15 Other assets. See Part IV, line 11 0 0 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 160,573 305,311 Accounts payable and accrued expenses 17 33,332 17 76,437 18 18 Grants payable 0 0 19 Deferred revenue 0 19 0 20 20 0 Tax-exempt bond liabilities . 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 Secured mortgages and notes payable to unrelated third parties . . . 23 23 0 0 Unsecured notes and loans payable to unrelated third parties . . . 0 24 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 33,427 Total liabilities. Add lines 17 through 25 . 26 26 66,759 76,437 Organizations that follow SFAS 117 (ASC 958), check here ▶ 📝 and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 47,620 27 27 Unrestricted net assets . 41,251 28 28 46,194 Temporarily restricted net assets 187,623 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . n/a n/a 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . n/a n/a 32 32 Retained earnings, endowment, accumulated income, or other funds n/a n/a

Form **990** (2013)

228,874

305,311

33

93,814

160,573

Page 12 Form 990 (2013) Reconciliation of Net Assets Part XI Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 642,532 2 Total expenses (must equal Part IX, column (A), line 25) 2 507.472 3 Revenue less expenses Subtract line 2 from line 1 3 135,060 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 93,814 5 5 Net unrealized gains (losses) on investments 0 6 Donated services and use of facilities 6 0 7 Investment expenses 7 0 8 8 Prior period adjustments 0 Other changes in net assets or fund balances (explain in Schedule O) 9 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 228,874 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII Yes No Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2a 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 Were the organization's financial statements audited by an independent accountant? 2b 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 ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Separate basis 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 in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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 in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

the Single Audit Act and OMB Circular A-133?

Y) Form **990** (2013)

За

3b

SCHEDULE A (Form 990 or 990-EZ)

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 2013

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

vaiii e	of the organization						1 5	Employer it	ientificatio	n number
/later	Ecclesiae Fund fo									12966
Par			rity Status (All orga			<u> </u>			nstructio	ons.
The c	-		ation because it is: (Fo							
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).	
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E)					
3			spital service organiza							
4		earch organizatione, city, and state	on operated in conjunc e	ction with	a hospit	al descrit	oed in se	ction 170	0(b)(1)(A)	(iii). Enter the
5		on operated for b)(1)(A)(iv). (Com	the benefit of a collegible plete Part II)	ge or uni	versity ov	wned or	operated	by a go	vernment	tal unit described in
6	A federal, stat	e, or local gover	nment or government	al unit de	scribed ir	section	170(b)(1)(A)(v).		
7			receives a substantia		its suppo	ort from a	governr	mental ur	nit or fron	n the general public
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II)				
9	_ `		receives. (1) more that			-	m contri	butions.	members	ship fees, and gross
			d to its exempt funct							
			ent income and unrel							
	acquired by th	ne organization a	fter June 30, 1975 Se	ee sectio	n 509(a)(2). (Comp	olete Pari	t III.)		
10	☐ An organization	on organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(4).	
11	_	_	nd operated exclusive		-	-			-	or to carry out the
			olicly supported organ							
	509(a)(3). Che	ck the box that	describes the type of	supportin	ig organiz	zation and	d comple	te lines 1	1e throug	gh 11h
	a 🗌 Type I	b Type	II c 🗌 Type III	I-Functio	nally inte	grated	d 🗇 -	Type III-N	Non-funct	tionally integrated
е	• •	• • • • • • • • • • • • • • • • • • • •	that the organization		-	-		• .		• •
			ers and other than one							
	or section 509	-			, , , , ,					
f			a written determination	on from t	the IRS t	hat it is	a Type	I. Type I	II. or Tvp	e III supporting
	_	check this box .								
g	_		he organization accer	oted any	gift or co	ontributio	n from a	ny of the	:	
_	following pers			•	•			•		
	(i) A person v	who directly or i	ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d in (II) ar	nd Yes No
			ody of the supported (•			11g(ı)
	(ii) A famıly m	ember of a person	on described in (i) abo	ve?						11g(ii)
			a person described in		above?					11g(m)
h		•	on about the support					,		90.7
a	Name of supported	(ii) EIN	(iii) Type of organization	1	rganization	(v) Did v	ou notify	(vi)	s the	(vii) Amount of monetary
٠,	organization	(,	(described on lines 1–9	in col (i) lis	sted in your	the organ	nization in	organizat	tion in col	support
		ļ	above or IRC section	governing	document?	COI (I)	of your port?		zed in the S?	
		1	(see instructions))	Yes	No	Yes	No	Yes	No	†
									1	
A)										
— В)										
									ļ.———	
C)										
D)										
E)										
Cotal		1	1	1		1		1	1	1

'EIN: 51-0612966

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						amy ariao.
Secti	on A. Public Support	-1: ::::··· y	<u> </u>				
	dar 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.")	285,482	336,388	315,960	421,923	642,249	2,002,002
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	285,482	336,388	315,960	421,923	642,249	2,002,002
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)			ľ			527,107
6	Public support. Subtract line 5 from line 4						1,474,895
	on B. Total Support			<u> </u>			1,474,033
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	285,482	336,388	315,960	421,923	642,249	2,002,002
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,180	1,344	1,602	1,415	283	5,824
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or			Ì			
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0	. 0	0
11	Total support. Add lines 7 through 10	/aaa inatriisti		L			2,007,826
12	Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	•		or fifth toy w	12	0 n 501(a)(3)
13	organization, check this box and stop he	-	is iirst, secon		-		n 501(c)(5) ► □
Secti	on C. Computation of Public Suppor		<u> </u>	<u>·</u> · · ·		 	
14	Public support percentage for 2013 (line 6			1 column (fl)	· 	14	73.5 %
15	Public support percentage from 2012 Sch		-			15	74.1 %
16a	331/3% support test—2013. If the organization				l line 14 is 33 ¹		
	box and stop here. The organization qua						▶
b	331/3% support test-2012. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 33 ¹ /3%	
	check this box and stop here. The organ	zation qualifies	s as a publicly	supported org	anızatıon		> _
17a	10%-facts-and-circumstances test - 20	013. If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 ıs
	10% or more, and if the organization me						
	Part IV how the organization meets the "f	acts-and-circu	mstances" tes	st. The organiza	ation qualifies	as a publicly si	upported
	organization	•					. ▶ 📋
b	10%-facts-and-circumstances test-20	012. If the orga	ınızatıon did ne	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organizat	tion meets the	"facts-and-ci	rcumstances"	test, check th	is box and st e	op here.
	Explain in Part IV how the organization m		-and-circums	tances" test. T	he organizatio	n qualifies as a	publicly
	supported organization						▶ □
18	Private foundation. If the organization di	d not check a l	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions	· · · ·		<u> </u>		<u> </u>	

Part						to avalifican	lor Dort II
	(Complete only if you checked th						er Part II
Coot:	If the organization fails to qualify	under the te	ests listed bei	ow, please co	omplete Fart	11.)	
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Calen	Gifts, grants, contributions, and membership fees	(a) 2009	(0) 2010	(6) 2011	(0) 2012	(e) 2013	(I) TOTAL
•	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise					_	_
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose . Gross receipts from activities that are not an		 			<u> </u>	
3	unrelated trade or business under section 513						
4							
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf .						
_	·						
5	The value of services or facilities				ļ		
	furnished by a governmental unit to the organization without charge				1		
	_		<u> </u>		<u> </u>		<u> </u>
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		 		 		
7a	received from disqualified persons .						
	· · · · · · · · · · · · · · · · · · ·		 				
þ	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		}				
_							
8	Add lines 7a and 7b		-				
0	line 6.)						
Sacti	on B. Total Support		<u> </u>				
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9		(a) 200 9	(0) 2010	(0) 2011	(u) 2012	(e) 2013	(i) i Otai
_							
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .				}		
L	· •		 				
D	Unrelated business taxable income (less section 511 taxes) from businesses		1				
	acquired after June 30, 1975				ĺ		
_			 				
	Add lines 10a and 10b		 				
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on				,)	
40			 			·	
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
40			-		 		
13	Total support. (Add lines 9, 10c, 11, and 12.)				l		
4.4	First five years. If the Form 990 is for the	0.0400017010	n'e firet secon	d third fourth	or fifth toy w	L ac a contro	n 501(a)(2)
14	organization, check this box and stop her	_			_		
Sooti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · · 			
	Public support percentage for 2013 (line 8			2 column (fl)	· ·	15	%
15 16	• • • • • •			S, Column (ij)		16	
16 Sacti	Public support percentage from 2012 Schon D. Computation of Investment Inc			•	<u> </u>	10 _	
	Investment income percentage for 2013 (I			v line 13 colu	mn (fl)	17	%
17	Investment income percentage for 2013 (investment income percentage from 2012				(1))	18	
18	331/3% support tests—2013. If the organi				 nd line 15 is m		
19a	17 is not more than 33½%, check this box						
_	33 ¹ / ₃ % support tests—2012. If the organiz						_
b	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	_	_			- · · ·	
20	i irato iounidanoni ii the organization di	a not oneon a	SON SIT IIII 6 14	, 100, 01 100, (STOCK THE DOX	<u> </u>	<u>- </u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

ivanie oi	i die organiz	Editori			or identified	
		und for Vocations, Inc.		<u> </u>		0612966
Part			r Advised Funds or Other Similar Fu	nds or	Account	s. All
	Co	omplete if the organization answ	ered "Yes" to Form 990, Part IV, line 6			ΝIN
			(a) Donor advised funds		(b) Funds an	d other accounts
1	Total nun	nber at end of year	None			Vone
2	Aggregat	e contributions to (during year)				
3	Aggregat	e grants from (during year) .				
4	Aggregat	e value at end of year				
5	Did the c	organization inform all donors and	donor advisors in writing that the assets I	neld in	donor adv	rised
	funds are	the organization's property, subjec	t to the organization's exclusive legal contr	ol?		· 🗌 Yes 🗌 No
6	Did the o	rganization inform all grantees, dor	nors, and donor advisors in writing that gra	nt fund	s can be i	used
	only for c	charitable purposes and not for the	benefit of the donor or donor advisor, or	for any	other purp	oose
	conferring	g impermissible private benefit? .				· 🗌 Yes 🗌 No
Part	Co	onservation Easements.				1.
-	— ca	emplete if the organization answer	ered "Yes" to Form 990, Part IV, line 7.			NIA
1			by the organization (check all that apply).			
			recreation or education) Preservation of	of an his	torically in	nportant land area
		ction of natural habitat	☐ Preservation of		-	
	☐ Prese	rvation of open space				
2			tion held a qualified conservation contributi	on in th	e form of	a conservation
	easemen	t on the last day of the tax year.			Heid	at the End of the Tax Year
а	Total nun	nber of conservation easements			2a	None
b	Total acre	eage restricted by conservation eas	ements		2b	
		-	tified historic structure included in (a)	i	2c	
			ed in (c) acquired after 8/17/06, and not	on a		
		tructure listed in the National Regist			2d	
3	Number o	of conservation easements modified	I, transferred, released, extinguished, or ter	minated	by the or	ganization during the
	tax year				•	Ů,
	•		conservation easement is located ▶			
			cy regarding the periodic monitoring, in	spection	n, handlın	g of
		, and enforcement of the conservat		-		·
6	Staff and	volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	n easem	ents durir	ng the year
	>		3,, 3,			
7	Amount of	of expenses incurred in monitoring.	inspecting, and enforcing conservation eas	ements	during the	e vear
•	▶\$, expenses meaned in monitoring,				- ,
8		ch conservation easement reported	on line 2(d) above satisfy the requirements	of secti	on 170(h)(4)(B)
			ports conservation easements in its revenu			
			text of the footnote to the organization's fi			
		ion's accounting for conservation e				
Part			ctions of Art, Historical Treasures, o	r Other	Similar	Assets / .
			ered "Yes" to Form 990, Part IV, line 8.			NIA
			ler SFAS 116 (ASC 958), not to report in it		ue statem	ent and balance sheet
			similar assets held for public exhibition, e			
			f the footnote to its financial statements that			
b	if the ord	nanization elected as permitted un	ider SFAS 116 (ASC 958), to report in its	revenu	e stateme	ent and balance sheet
			similar assets held for public exhibition, e			
		rvice, provide the following amounts				
	•	· •	line 1		. • 9	\$
	(ii) Acces	s included in Form QQA Part Y			. •	
2	If the are	ranization received or held works	of art, historical treasures, or other simila	r asset	s for finar	r
			nder SFAS 116 (ASC 958) relating to these		o ioi iiiai	iolai gaili, provide tile
	•	· ·			.	
			e 1			
b	ASSETS IN	Ciuded in Form 330, Parl A				P

Pari	Organizations Maintaining	Collections of A	Art, His	torical T	reasures,	or Ot	her Similar As:	sets (co	ntinı	ued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	ner reco	rds, chec	k any of the	e follov	ving that are a si	gnificant	use	of its
а	☐ Public exhibition		ď	☐ Loan	or exchang	e progr	rams			
b	☐ Scholarly research		е	Other						
С	☐ Preservation for future generations									
4	Provide a description of the organization XIII.	on's collections a	nd expla	ain how th	ney further	the org	anization's exem	ipt purpo	se ir	n Part
5	During the year, did the organization s assets to be sold to raise funds rather t	han to be maintai						r <u> </u>	<u>s [</u>] No
Part	Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21.		to Forr	n 990, P	art IV, line	9, or r	eported an amo	ount on	Forr	"N/
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or othe			r contributi	ons or	other assets no	_	es [∵] No
b	If "Yes," explain the arrangement in Pai	rt XIII and comple	te the fo	llowing ta	able		Ar	nount		
С	Beginning balance					1c				
d	Additions during the year	. ,			•	1d				
е	Distributions during the year .			•		1e				
f	Ending balance					1f				
2a	Did the organization include an amount	on Form 990, Pa	rt X, line	212	•			☐ Ye	s [No
ь	If "Yes," explain the arrangement in Pai				n has been i	provide	ed in Part XIII .		Ē]
Par										
	Complete if the organization a	answered "Yes"	to Forr	n 990, P	art IV, line	10.				
		(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four	years	back
1a	Beginning of year balance	45,421		47,041	· · · · · · · · · · · · · · · · · · ·	24,956	9,778		<u> </u>	0
b	Contributions	3,727		3,890		28,506	15,955		1	0,000
c	Net investment earnings, gains, and	3,727		3,030		20,300	10,000	<u>' </u>		0,000
•	losses	90		605		670	107	.		220
d	Grants or scholarships	89				7,099	187			230 452
e	Other expenditures for facilities and	8,382		6,115		7,099	964	•		452
·	programs	ا				ا	,	.}		
	Administrative expenses	0		0		0	0	+		0
f	r=			0		0	0.1055			0
g	End of year balance	40,855	4 5 6 6 6	45,421		47,041	24,956	<u> </u>		9,778
2	Provide the estimated percentage of th			e (iine 1g	, column (a))) neid a	15.			
a	Board designated or quasi-endowment	***************************************	2%							
b	Permanent endowment	.0%								
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c				الماموا ورواف					
3a	Are there endowment funds not in the	possession of the	e organi	zation tha	at are neid a	ano ao	ministered for the			
	organization by:								Yes	
	(i) unrelated organizations		•					3a(i)		✓
	1,		•					3a(ii)		✓
b	If "Yes" to 3a(ii), are the related organiz		•					3b	N	<i>IIA</i> _
_ 4	Describe in Part XIII the intended uses		n's endo	wment fu	ınds.					
Part										
	Complete if the organization a	answered "Yes"	to Forr	n 990, P	art IV, line	11a. S	See Form 990, F	Part X, Iı	<u>ne 1</u>	0.
	Description of property	(a) Cost or oth (investme			r other basis ther)		Accumulated epreciation	(d) Bool	< value	e
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		1,165		887			278
e	Other		0		0		0			0
Total	Add lines 1a through 1e (Column (d) mi	est equal Form 00		K column		(6)				270

Schedule D (Form 990) 2013

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" to Fo	urm 990 Part IV line	11h See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives			
(2) Closely-h	reld equity interests			
(3) Other				<u> </u>
(A)		-		
(B)				
(C)				· · · · · · · · · · · · · · · · · · ·
(D)			·	
(E)				
(F)				
(G)				
(H)	Named and Comp 2000 Part V and ID Vice 10) D			
Part VIII	b) must equal Form 990, Part X, col (B) line 12.) ► Investments—Program Related. Complete if the organization answered "Yes" to Fo	orm 990 Part IV line	11c See Form	990 Part X line 13 N
	(a) Description of investment	(b) Book value		hod of valuation
	(4) 2-33 (1) (1)	(4) = 1012.2		-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)	······································			
(8)				
(9)				
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	11d. See Form	990, Part X, line 15. N
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)			_	
(5)				
(6)				
(7)				
_(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		🕨	
Part X	Other Liabilities. Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line	: 11e or 11f. See	Form 990, Part X,
1.	line 25. (a) Description of liability (b) Book value			
(1) Federal in	icome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25)			
	uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization	'e financial etateme	ints that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740). Ch			

Part			Return.	
	Complete if the organization answered "Yes" to Form 990, F			NIA
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:	1 - 1		
а	Net unrealized gains on investments	2a	1	
b	Donated services and use of facilities	2b	4 1	
С	Recoveries of prior year grants	2c	4	
d	Other (Describe in Part XIII.)	2d	4 _	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIII.)	4b	1	
С	Add lines 4a and 4b	•	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	XII Reconciliation of Expenses per Audited Financial Staten		er Retur	n. W
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.		" N/A
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	2a		
b	Prior year adjustments	2b	1	
С	Other losses	2c	1	
d	Other (Describe in Part XIII.)	2d	1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)	5	
	XIII Supplemental Information.			
Provio	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4 Part IV lines 1b and 2b	Part V	line 4: Part X line
2. Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	nformation	i.
<u>_</u> ,		, , , , , , , , , , , , , , , , , , , ,		
D 1/	Line 4. Funds reflected as endowment funds will be used to fund grants to in	dividuals with vocations to r	narticular i	rationous
Part v	Line 47 Funds reflected as endowment funds will be used to fund grants to m	idividuals with vocations to p	Jai (iculai i	engious
	and the second of the second o			
comm	unities, as designated by the donors of the funds.			
Part X	Line 2 The financial statements for the year ended December 31, 2013 have	not been released, but the st	atements'	footnote on
uncert	ain tax positions is expected to read thus			
Uncer	ain Tax Positions. As of December 31, 2013 and 2012, the Fund had no uncert	tain tax positions that qualify	for either	recognition or
disclo	sure in the financial statements. The tax years subject to examination by the t	axing authorities are the yea	rs ended [December 31,
2010 t	nrough 2012.			

Schedule D (For	rm 990) 2013	Page 3
Part XIII	Supplemental Information (continued)	
*		•••••••••••••••••••••••••••••••••••••••
		•••••••••••••••••••••••••••••••••••••••

. SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2013

Open to Public

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

	Revenue Service	► Information	on about Sche	dule F (Form 9	90) and its instructions is at i	www.irs.gov/form	990.	spection
	of the organization							entification number
	Ecclesiae Fund f	for Vocations, In	1C	O	the United Ctates C	1.4		-0612966
Par		I Information), Part IV, line		es Outside 1	the United States. Comp	olete if the organ	ization ansv	verea "Yes" on
1	For grantmak	ers. Does the	organization	maıntain reco	rds to substantiate the am	ount of its grants	and other	
		e grantees' eli stance?			sistance, and the selection	criteria used to	award the	☑Yes ☐No
	grants or assis	stance:		•			•	₩ Tes □NO
2		kers. Describe tside the Unite		the organization	on's procedures for monit	toring the use o	of its grants	s and other
3	Activities per l	Region. (The fo	llowing Part	I, line 3 table c	an be duplicated if addition	nal space is need	ded.)	
	(a) Regio	n	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in	ervice, ic type of	(f) Total expenditures for and investments in region
(1)	Canada		0	0	4 grant recipients	St Joseph & St.	John Viane	9,194
(2)	Europe		0	0	5 grant recipients	St. Joseph grant	program	3,692
(3)	Central America	<u> </u>	O	0	1 grant recipient	St John Vianney	y program	1,129
(4)	Africa		o	0	1 grant recipient	St. John Vianne	y program	1,600
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								· · · · · · · · · · · · · · · · · · ·
(13)						-		
(14)								
(15)								
(16)								
(17)							<u></u>	
3a	Sub-total .							15,615

Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

0

15,615

Schedule F (Form 990) 2013

EIN: 51-0612966 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (g) Amount of non-cash assistance disbursement (f) Manner of cash (e) Amount of cash grant (d) Purpose of grant (c) Region None (b) IRS code section and EIN (if applicable) (a) Name of organization Part II £ (11) (12)(13) (14) (15)(16) <u>6</u> <u>®</u> $\widehat{\mathbf{N}}$ <u>@</u> 3 2 9

Mater Ecclesiae Fund for Vocations, Inc.

Schedule F (Form 990) 2013

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

ო

2

Page 3

Schedule F (Form 990) 2013

EIN: 51-0612966 Schedule F (Form 990) 2013 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. (h) Method of valuation (book, FMV, appraisal, other) n/a n/a n/a n/a e/u (g) Description of non-cash assistance none none none none none 0 0 (f) Amount of non-cash assistance 1,600 Check to Archbishop 7,267 Checks to lenders 1,927 Checks to lenders 3,692 Checks to lenders 1,129 Checks to lender (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. က S (b) Region (4) St. John Vianney Grant Progra Central Aerica Canada Europe (2) St. John Vianney Grant Progra Canada (5) St. John Vianney Grant Progra Africa (1) St. Joseph Grant Program (3) St. Joseph Grant Program (a) Type of grant or assistance Part III (00) Ξ (12) (13) (45) (15) (16) (17) (18) <u></u> 9 ϵ 8

. Mater Ecclesiae Fund for Vocations, Inc.

for Form 5713)

0	1 (1 0111 000) 2010		
Part	V Foreign Forms		
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		

Schedule F (Form 990) 2013

✓ No

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

Part I, Line 2. The MEFV operates the St. Joseph Student Debt Relief Grant Program and the St. John Vianney Debt Relief Grant Program
Which provide assistance to men and women who are prevented by their pre-existing student loans from beginning or continuing their
formation for the Catholic priesthood or religious life Of the 93 men and women served by these programs in 2013, 4 were Canadians,
5 Europeans, 1 African and 1 from Central America.
Applications for the grant programs are accepted in the fall of each year for grants to be awarded the following spring. The application
package includes: (1) an application form providing contact information, together with educational and financial information; (2) narrative
descriptions of the applicant's progress on reducing his or her debt, (3) an essay telling about the applicant's vocation; (4) a letter of
acceptance from the religious community or diocesan formation program the applicant wishes to enter, (5) releases for information needed
in the evaluation of the application and administration of the potential grant, and (6) documentation of all information related to the
applicant's student loans
The application packages are received and reviewed by a committee independent of the MEFV's Board of Directors, which makes its
decisions based on a variety of factors, while working to make as many awards as possible, based on the available funding.
Quarterly reports are required from the religious communities and dioceses where grant recipients are in formation, confirming that they
continue in good standing
Because of the difficulties in obtaining reliable information, special care was taken to assure that the payment to the applicant in Africa.
Instead of payment being made to the grant recipient's lender (which may not have accepted payment in U.S. dollars), payment was made
Instead to the Archbishop of the Diocese for which he would be ordained
Part III, Lines 1 and 3: The St. Joseph Student Debt Relief Grant Program assists men and women with vocations to religious communities
whose members make vows of poverty
Part III, Lines 2, 4 and 5: The St. John Vianney Student Debt Relief Grant Program assist men with vocations to serve as parish priets. These
men do not make vows of poverty.
Part III, Lines 1 through 5 (e): All grant payments are made directly to the lenders or servicers of the grant recipients' student loans. No
payments are made directly to the individual grant recipient. An exception was made in the case of the grant recipient in Africa, where the
grant payment was made to the Archbishop of the diocese on behalf of the grant recipient, as noted above.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection 2013

Employer identification number

OMB No 1545-0047

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%**□ (h) Purpose of grant or assistance ✓ Yes 51-0612966 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN Mater Ecclesiae Fund for Vocations, Inc. 1 (a) Name and address of organization or government Vame of the organization (1) None Parti Part II 9 N <u></u> 5 3 E <u>@</u> <u>0</u> (3) €

Mater Ecclesiae Fund for Vocations, Inc

Schedule I (Form 990) (2013)

Cat No 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Ξ

(12)

Enter total number of other organizations listed in the line 1 table

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

51-0612966

Schedule I (Form 990) (2013)

Page 2 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

	Part III can be duplicated if additional space is needed	space is needed					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
1 St. Jo	1 St. Joseph Student Debt Relief Grant Program	11	157,589	0	n/a	n/a	
2 St. Jol	2 St. John Vianney Student Debt Relief Grant Prog	5	4,299	0	n/a	nla	
ო							
4							1
က							
9							Ma EIN
7							ter Ed V. 51-
Part IV	Supplemental Information. Provide the information		equired in Part I, line	e 2, Part III, column	required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.	cle:
Part I, Line	Part I, Line 2: The MEFV operates the St. Joseph Student Debt Relief Grant Program and the St. John Vianney Student Debt Relief Grant Program. Both programs provide assistance to	Debt Relief Grant P	rogram and the St Jol	nn Vianney Student De	bt Relief Grant Program Bot	h programs provide assistance to	siae Fu 12966

(4) a letter of acceptance from the religious community or diocesan formation program the applicant wishes to enter, (5) releases for information needed in the evaluation of the application Part I, Line 2: The MEFV operates the St. Joseph Student Debt Relief Grant Program and the St. John Vianney Student Debt Relief Grant Program. Both programs provide assistance to men and women who are prevented by their student loans from beginning or continuing their formation for the Catholic priesthood and / or religious life. Applications for the two grant together with educational and financial information; (2) narrative descriptions of the applicant's progress in reducing his or her debt, (3) an essay telling about the applicant's vocation programs are accepted in the fall of each year for grants to be awarded the following spring. The application package includes: (1) an application form providing contact information and administration of the potential grant; and, (6) documentation of all information related to the applicant's student loans

Mater Ecclesiae Fund for Vocations, Inc

The application packages are received and reviewed by a committee independent of the MEFV's Board of Directors, which makes its decisions based on a variety of factors, while working to make as many awards as possible, based on the available funding.

Part III, Line 1. The St. Joseph Student Debt Relief Grant Program assists men and women with vocations to religious communities whose members make vows of poverty.

Quarterly reports are required from the religious communities and dioceses where grant recipients are in formation, confirming that they continue in good standing.

Part III, Line 2. The St. John Vianney Student Debt Relief Grant Program assist men with vocations to serve as parish priests. These men do not make vows of poverty.

Schedule I (Form 990) (2013)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

➤ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Mater	Ecclesiae Fund for Vo	ocations, Inc.								51-0)6129(<u> </u>		
Par		fit Transaction ne organization	is (section 501 answered "Ye	(c)(3) s" on	and sect Form 99	ion 501(c)(4 0, Part IV, I	1) org ine 25	anızatıons only). Sa or 25b, or Foi	rm 99	0-EŻ,	Part \	V, line	40b	
1 (a) Name of disqualified person		person	(b) Relationship between disqualified person and				(c) Description of transaction					(d) Corrected?		
		person	organi			nization		(e) Description of trans					Yes	No
_(1)	None												<u> </u>	ļ
_(2)														
_(3)														
_(4)												<u> </u>		
(5)					_									
(6)														
2	Enter the amount under section 4958		I by the orgar	nizatio 	n manag	•	qualif 		rıng tl	he ye . I	ar ► \$			
3	Enter the amount o	of tax, if any, on	line 2, above,	reimb	oursed by	the organ	zatio	n		1	▶ \$			
Pari	Loans to and	l/or From Inter												
	Complete if the organization r	ne organization reported an amo	answered "Ye ount on Form !	s" on 990, F	Form 990 Part X, line	0-EZ, Part ' e 5, 6, or 2:	V, line 2.	38a or Form 99	90, Pa	rt IV,	line 2	6, or	f the	
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fre	oan to or om the nization?	(e) Ongir principal an		(f) Balance due	(g) In a	default?	by bo	proved pard or pattee?		ritten ment?
				То	From	İ			Yes	No	Yes	No	Yes	No
(1)	None	 												-
(2)	110710													
(3)									 				ļ	
(4)	-	 -	·		 				 		-			
(5)				<u> </u>	+			150000	\vdash	-				
(6)	-													
(7)				· ·	-				\vdash					
(8)									 			 -	<u> </u>	
(9)		 			 				 	 			 	<u> </u>
(10)	-			1					 			<u> </u>		
Total		<u> </u>	L				. ▶	\$				l		l
Part	Grants or As	sistance Beneration	fiting Interest	ed Pe	rsons.		<u> </u>	<u></u>	J				<u> </u>	
(a)) Name of interested perso		ship between inter		(c) Amount	of assistance		(d) Type of assistance	:e	(e) Purpo	se of a	ssistan	ce
(1)	None													
(2)														
(3)														
(4)														
(2) (3) (4) (5) (6) (7)														
(6)														-
(7)				·			,	· · · · · · · · · · · · · · · · · · ·						
(8)						·				-				
(9)													-	
(10)						······································								

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shaper organic rever	zatior
othorina I. Hubor	Officer	12 000	Employee compensation	162	\ \ \ \ \
atherine L. Huber	Officer	12,000	Employee compensation	_	•
				_	
					<u> </u>
					—
					╀
			·		┼╌
V Supplemental Information			<u> </u>		
Provide additional information	on for responses to questions	on Schedule L (see	instructions).		
					- -
	••				
	••				

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Mater Ecclesiae Fund for Vocations, Inc.	51-0612966
Form 990, Part I, Line 16b: In 2013, fundraising costs were partially underwritten by grants restricted f	or donor acquisition totalling \$111,281.
Form 990, Part III, Line 4d: Other program services. The MEFV hosted a dinner meeting to meet and to	o thank men and women in religious
life for their lives of prayer, sacrifice and service to the Church and to the world, as well as to familiari	ze them with the work of the MEFV. The
event was held in conjunction with the Vita Consecrata Institute, a joint project of the Institute on Relig	gious Life and the Notre Dame Graduate
School of Christendom College in Front Royal, Virginia. Approximately 60 men and women in religiou	s life, together with faculty and staff
attended this event.	
Form 990, Part VI, Section A, Line 2: Two of the MEFV's Directors Corey Huber and Katherine Huber	are married to each other
Form 990, Part VI, Section B, Line 11b The complete Form 990 will be sent to each member of the Board	ard of Directors by e-mail a minimum
of two weeks before filing to allow time for review, comments and questions.	
Form 990, Part VI, Section B, Line 12c. Members of the MEFV's Board of Directors each receive a coprequires them to report potential conflicts of interest. Opportunities for conflicts of interest are limited	
for awards. The selections are made by a committee independent of the Board of Directors	
Form 990, Part VI, Section B, Line 15b. Compensation for the one officer receiving compensation was Board members not related to that officer.	discussed and voted on only by
Board members not related to that officer.	
Form 990, Part VI, Section C, Line 19. Form 1023, and all Forms 990-EZ and 990 are available on the N	EFV website fundforvocations.org.
Copies of governing documents, all organization policies and financial statements are available upon	reasonable written request to the
organization Copying charges may apply.	

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► See separate instructions. ▶ Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Mater Ecclesiae Fund for Vocations, Inc

Part I

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990)

OMB No 1545-0047

Open to Public

Employer identification number

51-0612966

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling entity Schedule R (Form 990) 2013 å Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets n/a Private Foundatio Public charity status (if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y Legal domicile (state or foreign country) New York (b) Pnmary activity (b) Pnmary activity Grantmaking For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 9239 Old Green Mountain Road, Esmont, VA 22937 (1) Fraser Family Foundation, Inc (1) None Part II 8 ල **€** Ð. 9 2 <u>(C</u> 9 <u>છ</u> 3 E

Schedule R (Form 990) 2013

Mater Ecclesiae Fund for Vocations, Inc

EIN: 51-0612966

(i) Section 512(b)(13) controlled entity? શ Percentage ownership 3 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? Yes No (h) Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f)
Share of total Yes (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
I Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) (b) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization (1) None Part III Part IV (1) None <u>N</u> ල ଷ ල € E ₹ 3 9 3 9 E

Page 2

2. -

Schedule R (Form 990) 2013

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Page 3

Part V

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 Method of determining amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Yes cash -- balance at end of year Ξ s ÷ 무 9 4 횬 2 <u>e</u> + ₽ **=** 5 = cash During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 0 168,461 (c) Amount involved (b)
Transaction type (a-s) U ى Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Sharing of paid employees with related organization(s) . . Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s). Name of related organization Exchange of assets with related organization(s) Purchase of assets from related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (1) Fraser Family Foundation, Inc. (2) Fraser Family Foundation, Inc. Ε **c** 0 ۵ 5 N නු € 9 9

Mater Ecclesiae Fund for Vocations, Inc

EIN: 51-0612966

Page 4

Schedule R (Form 990) 2013

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

(k)
Percentage
ownership Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets' or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (j) General or managing Yes No (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (h)
Disproportionate
allocations? No Yes (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? Yes No (d)
Predominant Avincome (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign Pnmary activity (a) Name, address, and ElN of entity (1) None ন্ত ල € 9 E 6 (<u>6</u> (13) (44) (12) (15) (16) 9 8 Ξ

Mater Ecclesiae Fund for Vocations, Inc.

Schedule R (Form 990) 2013

EIN: 51-0612966

Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
Part II, Line	1: The Mater Ecclesiae Fund for Vocations, Inc. and the Fraser Family Foundation, Inc. are related organizations by reason of
having two	members of the Board of Directors in common
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