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Filing Relief VCP

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning APR 1, 2009 and ending MAR 31, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: THE CATHEDRAL CHOIR. D Employer identification number: 22-2489860. E Telephone number: 201-891-0326. F Group Exemption Number. G Accounting method: X Cash. H Check if the organization is not required to attach Schedule B. I Website: www.cathedralchoir.org. J Tax-exempt status: 501(c)(3). K Check if the organization is not a section 509(a)(3) supporting organization. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts: \$ 37360.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

Website: www.cathedralchoir.org
Tax-exempt status: 501(c)(3)
Check if the organization is not a section 509(a)(3) supporting organization

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts: if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 37360.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten 'RU' and 'RECEIVED' stamp. Revenue total: 18058. Expenses total: 17500. Net assets total: 21743.

Part II Balance Sheets

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 21185. Total liabilities: 0. Net assets: 21185.

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Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ NJ		
42a	The organization's books are in care of ▶ NANCY PEARSON Telephone no. ▶ 201-804-0224 Located at ▶ 373 2ND AVENUE, LYNDHURST, NJ ZIP + 4 ▶ 07071		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44			X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45			X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: *John E King* Signature of officer Date: 8-13-10

JOHN E. KING PRESIDENT Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Brad S. Hoogstra* Date: 08/10/10 Check if self-employed: Preparer's identifying number (See instr.):

Firm's name (or yours if self-employed), address and ZIP + 4: Brad S. Hoogstra, CPA PC 150 River Road Suite I-4A Montville, New Jersey 07045

EIN: Phone no:

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			29448.	34804.	37360.	101612.
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			29448.	34804.	37360.	101612.
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						101612.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4			29448.	34804.	37360.	101612.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						101612.
12 Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees 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 organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
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						
c 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						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Form 990-EZ

Cash Grants and Allocations

Statement 1

<u>Class of Activity/Grantee's Name and Address</u>	<u>Grantee's Relationship</u>	<u>Amount</u>
PROMOTE EDUCATION EASTERN CHRISTIAN SCHOOL ASSOCIATION 50 OAKWOOD AVENUE NORTH HALEDON, NJ 07500	NONE	3500.
PROMOTE EDUCATION HAWTHORNE CHRISTIAN ACADEMY 2000 RT 208N HAWTHORNE, NJ 07506	NONE	3500.
PROMOTE EDUCATION NETHERLANDS REFORMED CHRISTIAN SCHOOL 164 JACKSONVILLE ROAD POMPTON PLAINS, NJ 07444	NONE	3500.
PROMOTE EDUCATION TRINITY CHRISTIAN SCHOOL 160 CHANGEBRIDGE ROAD MONTVILLE, NJ 07045	NONE	3500.
PROMOTE EDUCATION NORTH JERSEY HOME SCHOOL ASSOCIATION 411 BOULEVARD APT 118 HASBROUCK HEIGHTS, NJ 07601	NONE	3500.
Total Included on Form 990-EZ, Line 10		<u>17500.</u>

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 2

- A) Did the organization, during the year, receive any funds,
directly or indirectly, to pay premiums on a personal
benefit contract? [] Yes [X] No
- B) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No
-
-

PROVIDE ONE CONCERT IN DECEMBER TO PERFORM HANDEL'S MESSIAH

Voluntary Compliance Program Checklist for Small Tax-Exempt Organizations Eligible to File Form 990-EZ

Use this checklist to ensure you provide all of the necessary information to qualify for the Voluntary Compliance Program for small tax-exempt organizations eligible to file Form 990-EZ

Step 1: Contact information

Provide the following contact information

Organization's Name The Cathedral Choir EIN 22-2489860
Mailing Address 21 Madison Heights Wyckoff, NJ 07481
Officer or Representative signing on behalf of organization John King
Phone number of person listed above 201-891-0326
Alternate phone number of person listed above _____
Best time to reach the person listed above 9am

Step 2. Current and Prior Returns

- Enclose complete returns for tax years 2007, 2008 and 2009
- Check the box confirming you are filing returns for each of the three years
- Check the box indicating whether you are filing Form 990-EZ (or Form 990, even though you are eligible to file Form 990-EZ)

2007 I am attaching Form 990-EZ Form 990
 2008 I am attaching Form 990-EZ Form 990
 2009 I am attaching Form 990-EZ Form 990

All forms must be complete. Failure to file three complete returns will result in a rejection of your submission.

Step 3: Compliance Fee

- Check the box representing the appropriate amount of the compliance fee based on your organization's gross receipts on its 2009 annual return.
- Enclose a check payable to U.S. Treasury in the appropriate amount indicated below.
 - 2009 annual return gross receipts are \$100,000 or less payment is \$100
 - 2009 annual return gross receipts are from \$100,001 up to \$200,000
payment is \$200
 - 2009 annual return gross receipts are from \$200,001 up to \$499,999
payment is \$500

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Name of Organization: The Cathedral Choir EIN: 22-2489860

Step 4: Signature

I am enclosing a check for the compliance fee payable to U S Treasury in the amount indicated above, and I understand that this compliance fee is in lieu only of taxes, penalties and interest that otherwise would be incurred by reason of the non-filing of my annual information returns required under section 6033 of the Internal Revenue Code, and does not affect liability for other taxes, including but not limited to income and employment taxes. I acknowledge that the Internal Revenue Service will deposit my check immediately, but that depositing the check does not constitute acceptance of my organization's VCP submission. I also acknowledge that my organization will not receive a refund from the IRS (unless this VCP submission is rejected) nor receive any Federal tax benefit (other than participation in this VCP) on account of such payment.

Signature John E King Dated 8-13-, 2010
Title President

Step 5: Mailing Information

Please submit the completed annual information returns, a check made payable to the U S Treasury, and this checklist, signed by an officer or representative of the organization, to:

Internal Revenue Service
M/S 1114
P O Box 12610
Ogden, UT 84412