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Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2011

Openylor Public of line pection

<u>A</u>	For the 2	.011 calen	dar year, or t	ax year begiı	nning		, 201 1	l, and endir			,	
В	Check if app	olicable	С			_			D	Employe	r Identification f	lumber
	Addres	s change	CATHEDRA	L CARMEI	FOUND	ATION				23-7	024913	
	Name	change	848 ST.	JOHN STE	REET				Ε	Telephon	e number	
	Initial r	-	LAFAYETT	E, LA 70)501					337-	235-5577	7
	Termin		l						<u> </u>		230 00.	
	\vdash		i	ما	•	ė	879,752.					
	\vdash	led return	F.: .							Gross red		
	Applica	ation pending		ddress of princip	ai onicer.				H(a) is this a gr H(b) Are all affi			Yes X No
_			SAME AS		 				1 ' '		see instructions)	Yes No
<u>!</u>		npt status	X 501(c)(3)	501(c) ((insert no.)	4947(a)(1) o	or 527				
J	Websit	e: • N/							H(c) Group exe			
K		rganization	X Corporation	Trust	Association	Other ►		Year of Forma	tion 1969	M St	ate of legal domi	cile LA
<u>:P</u>	art I.	Summai	у									
	1 Bri	efly descri	be the organi	zation's miss	sion or mos	t significant	activities: _F	UNDING	SUPPORT	TO CA	THEDRAL	CARMEL
•	EI	EMENTA	RY_SCHOO	I								
2	l											
Ě		. _										
Š	2 Ch	eck this bo	ox ► 🗍 if th	ie organizatio	on discontir	nued its opei	rations or disj	posed of mo	ore than 25%	of its n	et assets.	
9	3 Nu		oting members							L	3	32
6	4 Nu		dependent vo	-	_					-	4	32
Ž	5 Tot		r of individuals				Part V, line 2	a) .		ļ.	5	0
Activities & Governance	6 lot		r of volunteers							-	6	15
	70 101		ed business re					•		· · -	7a	0.
<u>~</u>	b Net	unrelated	business tax	cable income			34	10 			7b	
2012				5	: 1h) [2]	MAR.	8 2012	S-0S(Prio	r Year		rrent Year
@ 4 2	8 Coi		and grants (, I	`}	d d' FAIT	6		93,21	19.	93,914.
	9 Pro		vice revenue (<u> </u>	·	기∝[ļ,	211,29	50	39,785.
APR Rev	10 Inv	estment ir	ncome (Part V	/III, column (A), lines 3,		EM.LIT			$\frac{211,23}{20,72}$		11,311.
4	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).									325, 23		145,010.
		12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)										
SCAMNED Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4)										79.	215,000.
뿔	14 Bei											
Ź.,	15 Sal		er compensat				umn (A), line	s 5-10).	•			
S	16a Pro	fessional	fundraising fe	es (Part IX,	column (A)	, line 11e)						
	. b Tot	al fundra	sing expenses	s (Part IX, co	lumn (D), I	ıne 25) ►		830.	122			
Se D	17 Oth		ses (Part IX, o			_				60,30	00.	44,250.
		-	es. Add lines	• •		-				89,4		259,250.
		•	s expenses. S	-	-		(, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			235,75		-114,240.
8		veriue less	expenses. o	abtract inte	io nom mic	, 12	•••		Beginning of			nd of Year
2	20 Tot	al accate	(Part X, line 1	16)						393,56		1,236,264.
	20 Tot		es (Part X, line					• •		538,76		595,707.
3	!		•	•				•				
- F			fund balance	es. Subtract I	ine 21 from	i line 20		 	<u> </u>	754,79	91.	640,557.
	art II 🛣 🤉			 	 	· · · · · ·	<u> </u>		<u> </u>			
Ur	der penalties mplete Decla	of perjury, I o	leclare that I have arer (other than of	examined this re	turn, including	accompanying s	chedules and stater has any know	tements, and to ledge	the best of my k	nowledge a	and belief, it is tr	ue, correct, and
-		b (C)							- T		11.	
_		24	mthy	1/5	~ `				Date	-317-	} 	
Si	gn	Signafu	e of officer							1	•	
H	ere	2	mathar.	_ 6 2	لتمصيع	<u>~~ V</u>	ice	resid	<u></u>			
			print name and to	itie							Lexis	
		1	oreparer's name		Preparer's S	nature /	7	Date		eck	if PTIN	
	aid	THERES	SE B. LEB		10	VV		3/06/	/12 sel	1-employed	P002	38225
	eparer	Firm's name	• ► JEAN	NE BILLE	AUD, A	P.A.C.						
U	se Only	Firm's addr	ess ► 900	SOUTH CO	LLEGE R	OAD, SU	ITE 203		Fır	m's EIN 🕨	72-0834	935
		<u>L</u>	LAFA	YETTE, L	A 70503				Ph	one no		3-6315
M	ay the IRS	discuss th	nis return with	the prepare	r shown ab	ove? (see in	structions)				. Х у	res No
			Reduction Act					TE	EA0113L 08/18/	11	F	orm 990 (2011)

	n 990 (2011) CATHEDRAL CARMEL FOUNDATION	23-702	4913		Page 2
Pai	計制修 Statement of Program Service Accomplishments				
	Check if Schedule O contains a response to any question in this Part III				$-\square$
1	Briefly describe the organization's mission: FUNDING SUPPORT TO CATHEDRAL CARMEL ELEMENTARY SCHOOL.				
			·		
2	Did the organization undertake any significant program services during the year which were not listed of	n the prior		-	
	Form 990 or 990-EZ?		Yes	X	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 se	ervices?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the organization's program service accomplishments for each of its three largest program sensection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported.	vices, as mea mount of grai	sured by nts and a	expen llocation	ses. ons to
42	a (Code: Care State) (Expenses \$ 216,655. including grants of \$) (f	Revenue \$)
	PHYSICAL PLANT IMPROVEMENTS TO CATHEDRAL CARMEL ELEMENTARY SCHOO				
		- 			
			. 		
			. 		
4 b	(Code:) (Expenses \$) (Figure 1) (Expenses \$)	Revenue \$_)
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			- 		
			. 		
	c (Code:) (Expenses \$ including grants of \$) (F	Payanua ¢			
40	(Code:) (Expenses \$) (r	revenue 5_			 ′
			·		
					~
					~
40	Other program services (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	e Total program service expenses ▶ 216,655.				

Rait W Checklist of Required Schedules

			Tes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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		Х
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		
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; 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		х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	c 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.	11 c		х
	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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	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, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		_x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
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	∕ X	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	\vdash	<u>X</u>
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) CATHEDRAL CARMEL FOUNDATION

[Part IV - Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL	2 1	х	
2 2	Did the organization report more than \$5,000 of grants and 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		х
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? <i>If 'Yes,' complete Schedule J</i>	23		x
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		Х
ŧ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.	26		Х
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		X
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).			
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30_		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 ((2011)

Partiva Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V.				. П
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors	s and reportable gaming			
·	(gambling) winnings to prize winners?	· · · ·	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
	ments, filed for the calendar year ending with or within the year covered by this return		0		
ь	If at least one is reported on line 2a, did the organization file all required federal employment		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in:	·			
	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	 	<u> X</u>
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fire	or other authority over, a	4a	ļ l	х
h	If 'Yes,' enter the name of the foreign country:	naticial accounty:	7.0		ŵ
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fi	inancial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	•	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		. 5c		
	· · · · · · · · · · · · · · · · · · ·				
	Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?		6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such co not tax deductible? \dots	entributions or gifts were	6Ь		 =======
7	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 paservices provided to the payor?	artly for goods and	7a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	• • • • • • • • • • • • • • • • • • • •	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for where Form 8282?		7c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		71		X
g	If the organization received a contribution of qualified intellectual property, did the organization as required?	on file Form 8899	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C ?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	ng organizations. Did the ave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.			-	
-	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		. 9ь		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ı		'	
		11 a			
	-9,	116			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
		12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule	e U.			
		13b			
		13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	 	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	14b		

Form 990 (2011) CATHEDRAL CARMEL FOUNDATION 23-7024913 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 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. 1 a b Enter the number of voting members included in line 1a, above, who are independent 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 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? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? SEE SCHEDULE O .. 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?. . 8a X 8Ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official ... 15a SEE SCHEDULE .O X **b** Other officers of key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a **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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SARAH HYDE 848 ST. JOHN ST. LAFAYETTE LA 70501 (337) 235-5577

Form 990 (2011) CATHEDRAL	CARMEL	FOUNDATION
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23-7024913

Page **7**

Part-VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
(A) Name and title	(B) Average hours per week	Position (do not check more the unless person is both and a director/tr				box, cer	(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation			
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
(1) BERNARD DUMOND PRESIDENT	0	x						0.	0.	0.		
(2) CYNTHIA SONNIER VICE PRESIDENT	0	X						0.	0.	0.		
(3) BRETT BROUSSARD TREASURER	0	х						0.	0.			
(4) LANETTE HEBERT SECRETARY	0	X						0.	0.	0.		
_(5)												
_(6)												
_(7)												
_(9)												
(10)												
(11)												
(12)												
(13)		-						····				
(14)												

Martivilla Section A. Officers, Directors, Trust	ees, I	∖ey T	Ln			es,	and	d Highest Con	pensated Emp	loyees (cont)
(A) Name and title	(B) Average hours per	offic	, unle	Pos theck ss pe	rson Irrecto	is bot or/trus	h an itee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (describ e hours for related organi- zations in Sch O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
									* P	
<u>(18)</u>										
(9)										
(20)									_	
(21)									· · ·	
(22)										
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							> > >	0. 0. 0.	0. 0. 0.	0. 0. 0.
2 Total number of individuals (including but not limited from the organization ► 0	d to the	se l	stec	ab.	ove)	who	o re	ceived more than	\$100,000 of report	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	ndıvıdu	al	_							Yes No 3 X
4 For any individual listed on line 1a, is the sum of re- the organization and related organizations greater the such individual	han \$1!	e co: 50,00	90?	insa If 'Y	'es'	and com	oth <i>plet</i>	er compensation e Schedule J for	from 	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of	ompen: complet	satio	n fro	om a lule	any <i>J fo</i>	unre r <i>su</i> c	late ch p	ed organization or erson	individual	5 X
1 Complete this table for your five highest compensate	ed inde	pen	dent	cor	ntrac	tors	tha	it received more th	nan \$100.000 of	
compensation from the organization Report compete (A)	nsation	for	the o	cale	ndai	yea	ar er	nding with or withing (B)	n the organization	's tax year. (C)
Name and business address	s 							Description of	of services	Compensation
										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		IImi	ted	to th	ose	list	ed a	above) who receive	ea more than	1.5

	rt VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	93,914.	,	- '		•
A SM	g Noncash contributions included in lns 1a-1f: \$_h Total. Add lines 1a-1f		93,914.	1		·
	11 Total: Add lines 1a-11	Business Code	33,314.			
ROGRAM SERVICE REVEN	b c d e f All other program service revenue					
_			<u> </u>			
	 3 Investment income (including dividends other similar amounts). 4 Income from investment of tax-exempt 5 Royalties 	, ►	33,575.			33,575.
	6a Gross rents b Less: rental expenses c Rental income or (loss)	(ii) Personal				
	d Net rental income or (loss) .	·		· · · · · · · · · · · · · · · · · · ·		
	7a Gross amount from sales of assets other than inventory (i) Securities 723,219.	(ii) Other				
	b Less: cost or other basis and sales expenses 717,009. c Gain or (loss) 6,210.				- -	
	c Gain or (loss) 6, 210. d Net gain or (loss)	<u> </u>	6,210.	6,210.		
IUE	8a Gross income from fundraising events (not including \$		0,210.	0,210.		1,
OTHER REVENU	of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b					
٥	c Net income or (loss) from fundraising ev	vents.	11,311.			
	9a Gross income from gaming activities. See Part IV, line 19				-	
	b Less: direct expenses . b		1	 		
	c Net income or (loss) from gaming activi	lies		<u> </u>	<u>. </u>	
	10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b					-
	c Net income or (loss) from sales of inver					· · · · · · · · · · · · · · · · · · ·
	Miscellaneous Revenue	Business Code		·		
	11ab					
į	d All other revenue					
	e Total. Add lines 11a-11d	. >		,	<u> </u>	
	12 Total revenue. See instructions .	▶	145,010.	6,210.	0.	33,575.

RantilX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX											
	not include amounts reported on lines 7b, 8b, 9b, 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	215,000.	215,000.								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	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)	0.	0.	0.	0.						
7	Other salaries and wages										
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
	Management										
	Legal										
	: Accounting	3,696.		3,696.							
	Lobbying	37030.									
	Professional fundraising services See Part IV, line 17										
	Investment management fees	10,174.	<u> </u>	10,174.							
	Other	10,114.	· · · · · · · · · · · · · · · · · · ·	10,114.	· · · · · · · · · · · · · · · · · · ·						
_	Advertising and promotion	830.			830.						
	Office expenses	219.		219.	050.						
13	· ·	2,042.		2,042.							
14	Information technology	2,042.		2,042.							
15	Royalties										
16	Occupancy										
17	· ·										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
	Conferences, conventions, and meetings				<u></u>						
20	Interest	25,008.		25,008.							
21	Payments to affiliates				<u></u>						
22	Depreciation, depletion, and amortization										
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.)										
я	PAVERS - CAPITAL CAMPAIGN EXP	1,155.	1,155.								
	MISCELLANEOUS	721.	500.	221.	· · · · · · · · · · · · · · · · · · ·						
	POSTAGE AND SHIPPING	188.		188.	····						
	DUES AND SUBSCRIPTIONS	130.		130.							
	All other expenses	87.		87.							
	Total functional expenses. Add lines 1 through 24e	259,250.	216,655.	41,765.	830.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	237/200.	210,000.	.27.00.	550.						
	Check here ► if following SOP 98-2 (ASC 958-720)										

					(A) Beginning of year		(B) End of year
Τ	1	Cash - non-interest-bearing			68,378.	1	79,373
	2	Savings and temporary cash investments .		. [47,747.	2	46,040
1	3	Pledges and grants receivable, net				3	
1	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	rs, trus II of S	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contisponsoring organizations of section 501(c)(9) volunta organizations (see instructions).	ed und ibuting ry emp	fer section 4958(f)(1)), g employers and ployees' beneficiary		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		` . ` 		8	
	9	Prepaid expenses and deferred charges			 	9	
1	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	10,482.		İ	
		Less: accumulated depreciation	10а	10,482.		10.0)
١,	11	Investments — publicly traded securities	ניטון		1,264,220.	10 c	1,097,492
1	12	Investments – other securities. See Part IV. line 11		·· ··	1,204,220.	12	1,031,432
- 1	13	Investments – program-related. See Part IV, line 11				13	
	14	Intangible assets	•	·		14	
	15	Other assets See Part IV, line 11	•	· · ·	13,220.	15	13,359
	16	Total assets. Add lines 1 through 15 (must equal line	24\	' ''' '	1,393,565.	16	1,236,264
	17	Accounts payable and accrued expenses	34)		1,393,363.	17	1,230,204
1	18	Grants payable		·		18	
1	_	Deferred revenue		· . · . · · · · · · · · · · · · · · · ·		19	
2	20	Tax-exempt bond liabilities				20	
12	21	Escrow or custodial account liability. Complete Part I	V of S	chedule D		21	
2	22	Payables to current and former officers, directors, truininghest compensated employees, and disqualified per of Schedule L.	stees.	kev emplovees.		22	
1 2	23	Secured mortgages and notes payable to unrelated the	urd pai	rties	638,768.	23	595,707
1		Unsecured notes and loans payable to unrelated third	•	-	03077001	24	0,50,7107
1 -		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	,	←		25	
1 2		Total liabilities. Add lines 17 through 25			638,768.	26	595,707
T		Organizations that follow SFAS 117, check here ▶	X an	d complete lines			
		27 through 29 and lines 33 and 34.				1 1	
2	27	Unrestricted net assets.			1,297,348.	27	1,138,201
2	28	Temporarily restricted net assets			-590,298.	28	-543,684
2	29	Permanently restricted net assets .		[47,747.	29	46,040
		Organizations that do not follow SFAS 117, check he	re ►	and complete			
		lines 30 through 34.					
3	80	Capital stock or trust principal, or current funds				30	
3		Paid-in or capital surplus, or land, building, or equipm	ent fui		÷	31	
3	12	Retained earnings, endowment, accumulated income,	or oth	er funds		32	
3		Total net assets or fund balances		Γ	754,797.	33	640,557
	4	Total liabilities and net assets/fund balances		<u> -</u>	1,393,565.	34	1,236,264

TEEA0111L 07/06/11

For	m 990 (2011) CATHEDRAL CARMEL FOUNDATION	23-7024913		Pa	ige 12
Pa	rt XI : Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI	·			\Box
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	45,0	<u> 10.</u>
2	Total expenses (must equal Part IX, column (A), line 25).	2		<u>59,2</u>	
3	Revenue less expenses. Subtract line 2 from line 1	. 3	-1	14,2	<u> 240.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	54,7	<u> 197.</u>
5	Other changes in net assets or fund balances (explain in Schedule O).	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6	40,5	57 <u>.</u>
Pa	rt'XII. Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII .				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	b Were the organization's financial statements audited by an independent accountant?		2ь		X
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	it of the audit,	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		数		
1	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:	sissued on a			
	X Separate basis Consolidated basis Both consolidated and separate basis	ļ		想象	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	3a		Х
-	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the	e required audıt	36		

BAA

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

OMB No 1545-0047

Employer identification number

	_	DRAL CARMEL F								<u> </u>			
Par	1	Reason for Pub	lic Charity Status	(All organizations	must o	comple	te this	part.)	See i	nstruct	ions.		
The o	rga	nization is not a priv	ate foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1	\Box	A church, conventio	n of churches or asso	ciation of churches des	cribed in	section	n 170(b)	(IXAXI)).				
2	П			(ii). (Attach Schedule I									
3	Н			e organization describe	-	ction 17	D/bYTY/	ViiiV					
4	Н			in conjunction with a h					0/bY1Y/	WiiD Fr	nter the ho	soital's	
	ш	name, city, and stat	= :						-(-X·X-	•,,,. =.		- -	
5			rated for the benefit o	f a college or university	owned	or oper	ated by	a gove	nmenta	unit de	scribed in s	section	
6				overnmental unit descri									
7		in section 170(b)(1)	(A)(vi). (Complete Par	•	•	_	vernme	ntai uni	t or from	the ger	nerai public	aescrii	bea
8	닏	· ·		70(b)(1)(A)(vi). (Comple		•							
9		from activities relate	ed to its exempt function) more than 33-1/3% of ons — subject to certair s taxable income (less mplete Part III.)	n except	ions, an	id (2) no	more 1	han 33-	1/3% of	its support	from a	ross
10	\Box	An organization orga	anized and operated e	exclusively to test for pu	iblic safe	ety See	section	1 509(a)	(4).				
11	_	more publicly suppo	rted organizations des	exclusively for the benefication 509(a strong and complete lines)(1) or s	section 5	i09(a)(2	ctions of	of, or ca section !	rry out tl 509(a)(3)	he purpose L. Check th	s of one	e or hat
		a Type I	b X Type II	c Type III	l – Fund	ctionally	integra	ted		d \square	Type III -	- Other	
е		By checking this boy other than foundation section 509(a)(2).	k, I certify that the org in managers and other	anization is not controll r than one or more pub	led directlicly sup	tly or in ported o	directly organiza	by one tions de	or more escribed	disquali in section	ified persor on 509(a)(1	ns) or	
f		, , , ,	eceived a written deter	rmination from the IRS	that is a	a Type I	Type II	or Typ	e III sup	porting	organizatio	n,	
g		Since August 17, 20	06, has the organizati	on accepted any gift of	r contrib	ution fro	om any	of the fo	ollowing	persons	i?	, ,	
		<i>(</i>)	d41 d 41		441				د. ک سالم			Yes	No
		A person who below, the gov	erning body of the sup	ontrols, either alone or oported organization?	together		ersons u	escribe	a in (ii)	and (III)	11 g (i)		X
		(ii) A family memb	per of a person describ	oed in (i) above? .							11 g (ii)		<u>X</u>
		(iii) A 35% controll	ed entity of a person (described in (i) or (ii) a	bove?						11 g (iii)		X
h		Provide the following	g information about the	e supported organizatio	n(s)							-	
					(vil) Amour	nt of suppo	ort						
					Yes	No	Yes	No	Yes	No			
	CA	THEDRAL CARME											
<u>A)</u>		······································	72-6000271	SCHOOL		X.	<u> X</u> /	<u> </u>	Χ -		2	15,00	00.
]	,							
B)			-							 -∤			
C)										ŀ			
- /													
D)													
-\													
<u>E)</u>			To the second second second second second	The second second second	Sale entire	- 125W	-	A Sund		6629E			
otal			A THE STATE OF			1					2	15,00	00.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			· ·				
Cale begi	endar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).							
	Total support. Add lines 7							
	Gross receipts from related activ				•	. [12]		
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)▶∏	
	tion C. Computation of Pul	·		- 11lu (6)		144		
	Public support percentage for 20	•		ie 11, column (1))	• • •	. 14	<u>%</u>	
	15 Public support percentage from 2010 Schedule A, Part II, line 14							
b	b 33-1/3% support test — 2010. 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							
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	test, check this	box and stop her	e. Explain ın Part	IV how	
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	ınd-cırcumstances	s' test, check this	box and stop her	e. Explain in Part	IV how the	
	Private foundation, If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,				
BAA					Scl	nedule A (Form 99	90 or 990-EZ) 2011	

Part II Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sac	tion A Public Support	isted below, pleas	se complete i ait			·	
	tion A. Public Support	4,000	# \ ccc	T	(5.500		40.7
	dar year (or fiscal yr beginning in) S Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŧ	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						
	Public support (Subtract line 7c from line 6)				ANALY STATES	能夠教	
	tion B. Total Support			T			
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
c	Add lines 10a and 10b		-				
	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 Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) ▶ □
Sec	tion C. Computation of Pu		ercentage	·			
	Public support percentage for 20			ne 13, column (f))		15	
	Public support percentage from	•	•	,	,	. 16	8
	tion D. Computation of Inv			e			
_	Investment income percentage f				mn (f)) .	17	*
		•		=	```	18	*
19 a	33-1/3% support tests – 2011. If is not more than 33-1/3%, check	the organization this box and sto	did not check the p here. The organ	e box on line 14, a nization qualifies a	as a publicly supp	e than 33-1/3%, a orted organization	nd line 17
b	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	the organization the check this box a	did not check a band stop here. Th	oox on line 14 or lie organization qu	ine 19a, and line alifies as a public	16 is more than 3 ly supported orga	3-1/3%, and nization . ► □
20	Private foundation. If the organi						►Ħ

Schedule A	(Form 990 or	990-EZ) 2011	CATHED	RAL CARM	EL FOUN	DATION		23-70249	013	Page 4
Pantiv	Supplement Part II, line (See instruc	tal Informa 17a or 17b	tion. Com ; and Part	plete this p III, line 12	part to pro 2. Also co	ovide the ex mplete this	planations repart for any	equired by Pa additional info	rt II, line ormation.	10;
							_			
	· 				· 					
									-	
	·		~		· 				·	
							· 			-
		-					. 			
	- 									
	. 				. 				 -	
					·					
										- -
		· 								
							-			

SCHEDULE ·G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

CATHEDRAL CARMEL FOUNDATION 23-7024913									
Part Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part									
Indicate whether the organization raised funds through any of the following activities. Check all that apply a X Mail solicitations b Internet and email solicitations c Phone solicitations g X Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r	nount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No				-		
1									
2									
3									
4									
5									
6									
7		İ							
8									
9									
10									
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing									

23	1-1	7 N	2	1	Q	1	3	

Page 2

Ŗã	řt{II]÷	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gro	event contribution	nswered 'Yes' to Fo s and gross income	orm 990, Part IV, li e on Form 990-EZ,	ne 18, or reported lines 1 and 6b.			
RE		<u> </u>	(a) Event #1 FUND RAISER (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))			
RE>#2UE	1	Gross receipts	29,044.			29,044.			
Ě	2	Less: Charitable contributions							
	3	Gross income (line 1 minus line 2) .	29,044.			29,044.			
	4	Cash prizes .							
	5	Noncash prizes							
DIRECT	6	Rent/facility costs	10,855.			10,855.			
	7	Food and beverages .							
X P F	8	Entertainment							
EXPENSES	9	Other direct expenses	6,878.	<u> </u>		6,878.			
S	10				•	17,733.			
Pai	ी ११ संशोधि	Net income summary. Combine line 3, co Gaming. Complete if the organiza		s' to Form 990 Par	t IV line 10 or rer	11,311.			
		\$15,000 on Form 990-EZ, line 6a.	inion answered Te.		114, 1116 15, 01 16,				
RE>E2DE			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
Ē	1	Gross revenue .							
E	2	Cash prizes							
RE	3	Non-cash prizes							
D-RECT	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor .	Yes%	Yes%	Yes %	*			
	7 Direct expense summary Add lines 2 through 5 in column (d).								
	8	Net gaming income summary Combine li	nes 1, column (d) and	line 7	.				
а									
		e any of the organization's gaming license es,' explain:	s revoked, suspended	or terminated during the	tax year?	Yes No			
BAA			TEEA3702L 0	1/24/12	Schedule G (For	m 990 or 990-EZ) 2011			

Schedule G (Form 990 or 990-E	Z) 2011 CATHEDRAL C	ARMEL FOUNDATION	23-7024913	Page 3
11 Does the organization oper	ate gaming activities with	nonmembers?	· · · Yes	No
12 Is the organization a grante administer charitable gamin	or, beneficiary or trustee ong?	of a trust or a member of a partnershi		No
13 Indicate the percentage of	gaming activity operated (n:	1 1	
a The organization's facility	· · · · · · · · · · · · · · · · · · ·		13a	ક્ષ
				용
14 Enter the name and address	is of the person who prep	ares the organization's gaming/specia	al events books and records:	
Name ►				
Address ►				
15a Does the organization have	a contact with a third par	ty from whom the organization receiv	ves gaming revenue? Yes	No
b If 'Yes,' enter the amount of	of gaming revenue receive	d by the organization ► \$		
of gaming revenue retained	I by the third party ► \$_			
c If 'Yes,' enter name and ad	dress of the third party:			
Name •				
Address ►				ĺ
16 Gaming manager information	on:			
Name •	·			
Gaming manager compens	ation ► \$			
Description of services prov	rided ▶			
Director/officer	Employee	Independent contrac	tor	
17 Mandatory distributions				
a Is the organization required		charitable distributions from the gam	ing proceeds to retain the	No
state gaming license? b Enter the amount of distribition			Yes pt organizations or spent in the	∐ NO
organization's own exempt	activities during the tax ye	ear > \$		
RartiVa Supplemental In columns (iii) and	formation. Complete (v), and Part III, line	this part to provide the explars 9, 9b, 10b, 15b, 15c, 16, and rmation (see instructions).	nations required by Part I, line d 17b, as applicable. Also com	2b, plete
		· · · · · · · · · · · · · · · · · · ·		
		···		·
BAA		TEEA3703L 05/20/11	Schedule G (Form 990 or 99	0-EZ) 2011

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attatch to Form 990.

OMB No 1545-0047 2011

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	3. 32.	•

≗ □

X Yes Employer Identification number 23-7024913 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I. General Information on Grants and Assistance CATHEDRAL CARMEL FOUNDATION Name of the organization

Part II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	for any recipient	that received m	iore than \$5,000. C	heck this box if no	one recipient rec	eived more than	\$5,000.
י מין זו למון טל מעטוולמולים או אות אומיים אים ויי ויי מין זו למון אים מעטוולמון אים אים אים אים אים אים אים אים	audition iai space	nanaan si					A
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
π							CONTRIBUTION TO
CATHEDRAI. CARMEI. SCHOOL							ELEMENTARY
(2) 848 ST. JOHN ST.							CAPITAL
<u>IAFAYETTE, IA_70501</u>	72-6000271 501 (C)	501 (C) (3)	215,000.	0.			IMPROVEMENTS
(3)							
(4)							
!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!							
(<u>a</u>)							
(9)							
ω							
(B)							
	3) and government o	rganizations listed	in the line 1 table			A	1
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table					0

Schedule I (Form 990) (2011)

TEEA3901L 06/01/11

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

Schedule I (Form 990) (2011) CATHEDRAL CARMEL FOUNDATION

Part III. 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.

Page 2

BAA

Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

CATHEDRAL CARMEL FOUNDATION	23-7024913
FORM 990, PART VI. LINE 6 - EXPLANATION OF CLASSES OF MI	EMBERS OR SHAREHOLDER
THE_ORGANIZATION_IS_COMPRISED_OF_APPROXIMATELY_32	FOUNDATION MEMBERS WHO ARE ALSO
BOARD_MEMBERS	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
A COPY OF FORM 990 IS SENT TO ALL BOARD OF DIRECT	ORS OFFICERS FOR APPROVAL PRIOR TO
FILING.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APP	ROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE
THE ORGANIZATION SHARES THE FOUNDATION DIRECTOR W	ITH THE SUPPORTING ELEMENTARY
SCHOOL. THE BOARD OF DIRECTORS OF THE FOUNDATION	IN CONJUNCTION WITH THE SCHOOL
BOARD REVIEWED AND APPROVED THE HIRING OF THE FOU	NDATION DIRECTOR. THE COMPENSATION
OF THE FOUNDATION DIRECTOR IS FUNDED BY THE SUPPO	RTING ELEMENTARY SCHOOL SINCE THE
MAJORITY OF HER SERVICES ARE BENEFITED BY THE SUP	PORTING SCHOOL. THE GOVERNING
DOCUMENTS ARE MADE AVAILABLE, WHEN NECESSARY, TO	FOUNDATION MEMBERS. THE FINANCIAL
STATEMENTS ARE PROVIDED TO ALL PARENTS AND ALUMNI	OF THE SUPPORTING SCHOOL.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUME	NTS PUBLICLY AVAILABLE
UPON REQUEST, DOCUMENTS ARE AVAILABLE TO PUBLIC.	

2011	FEDERAL WORKSHEETS				PAGE 1
CLIENT 6192	CATHEDRAL CARMEL FOUNDATION			23-7024913	
FORM 990, PART IX, LINE 24E OTHER EXPENSES					
	_	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES DEDICATION EXPENSES MEMBERSHIP DRIVE	_	87.		87.	
	TOTAL §	87.	\$ 0.	\$ 87.	\$ 0.
					·