

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990 Form

**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)

2011

OMB No 1545-0047

Department of the Tre Internal Revienue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

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<u>A F</u>	or the	2011 calend	dar year, or tax year b	eginning			, 2011, and e	nding			, 20
BC	heck if a	pplicable	C Name of organization	GEORGE VANDERI	BILT FUND	FBO TH	E CATHEDRAL			D E	nployer identification no.
	address d	henge	Doing Business As	OF ALL SOULS						58	-1383271
□ N	lame cha	nge	Number and street (or P	O box if mail is not delivere	d to street address)			Room/s	suite	E Te	elephone number
ī,	nibal retu	m	P. O. DRAWER	5277							•
=	erminate		City or town, state or cou					1			210,360
=			ASHEVILLE, N	=							·
=	mended				<del></del>			,		GG	oss receipts \$
⊔ ^	pplication	n pending	F Name and address of p	onncipal officer				H(a)	Isthusagro	up return for	
			L		<u>-</u>				affiliates?		Yes X No
I T	ax-exemp	pt status. X	501(c)(3) 501(c) (	) <b>(</b> insert no)	4947(a)(1) or	<u>:</u>	527	Н(ъ)			d? Yes No No instructions)
7 A	Vebsite:	► N/A						H(c)			
K F	orm of or	ganization.	Corporation X Trust	Association Other	<b>&gt;</b>	1	L Year of formation 3	954	M State	of legal domi	icile NC
Pai	rt I	Summar	γ								
	$\overline{}$		ribe the organization's	mission or most sign	ificant activities	PRO	IDE SUPPORT	FOR	AN EXEM	PT CHU	RCH
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			oox ▶ ☐ if the organiza								
t ~n Ge?a			roting members of the							3	0
	4	Number of I	ndependent voting mer	mbers of the governi	ng body (Part V	/I, line 1t	)		. <b></b> . [	4	0
'8 c	5	Total number	er of individuals employ	yed in calendar year	2011 (Part V, li	ne 2a)			[	5	0
	6	Total number	er of volunteers (estima	ate if necessary)					[	6	
=			ted business revenue 1	= -						7a	0
(A)			d business taxable inc							7b	0
OF THE PARTY OF	<del>                                     </del>	THE BITTER	o bosiness taxable me	01110 110111 1 01111 0 0 0	1, 1110 04	• • • •	<del> </del>		Prior Year	<del></del>	Current Year
ুকী		0 4-15 41	dd- (Dd-) (U)	E 463			ļ-		FIRST TOPE		CUITER TOUT
230			s and grants (Part VIII								
200			rvice revenue (Part VIII								0
o Š	10	Investment i	income (Part VIII, colui	mn (A), lines 3, 4, an	d 7d)				22,	388	16,250
	11	Other revenue	ue (Part VIII, column (/	A), lines 5, 6d, 8c, 9d	, 10c, and 11e)	)					0
	12	Total revenu	e - add lines 8 through	n 11 (must equal Par	t VIII, column (/	A), line 1	2)		22,	388	16,250
			similar amounts paid						18,	345	17,077
			d to or for members (P						······································		<u> </u>
E		, ,	en compensation, emp				<b>—</b>		3	986	
P											
8			i fundralsing fees (Part			• • • •					0
8			ising expenses (Part I)								<del></del>
8			ses (Part IX, column (							458	6,350
•		-	ses. Add lines 13 17 (			-				789	23,427
	19	Revenue les	s expenses Subtract	line 18 from line 12,					(1	,401)	(7,177)
Net	1							Begirning	of Current Y	30F	End of Year
Assets	20	Total assets	(Part X, line 16)					<u> </u>	532,	074	524,399
or Fund			es (Part X. line 26)				:				
Bal- ances			or fund balances. Subt	• • • • •					532,	074	524,399
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Sigi	n	Signatui	re of officer		`				1 ()	Date	
Her	e	DAVI	D WHILDEN, SENI	OR TRUST OFFI	CER						
		Type or	print name and title		· · · · · · · · · · · · · · · · · · ·						<del></del>
		Print/Type nr	eparer's name	Preparer's sugnature		•	Date	I	Check	d PTIN	
Paid			W KNAPP CPA	Voltas best	Knop	c PA	05-09-2012	- 1	self-employer	! _	01201315
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Use	Only	Firm's addres		DSDOWNE COURT				Phone	no	<b>~</b> ~ =	
		1		ILLE NC 28803	<del></del>			<u> </u>			505-4210
May	the IRS	discuss this	s return with the prepar	rer shown above? (se	ee instructions)			· · · ·			. 🔀 Yes 🗌 No
For F	aperw	vork Reduct	ion Act Notice, see th	ne separate instruct	ions.				E	EA	Form 990 (2011)

Form	990 (2011) GEORGE VANDERBILT FUND FBO THE CATHEDRAL	58-1383271	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u>.</u>
1	Briefly describe the organization's mission:		
	PROVIDE SUPPORT FOR AN EXEMPT CHURCH		
		<del></del>	
		<del></del>	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on the	□ <b>v</b>	₩-
	prior Form 990 or 990-EZ?	Tes	X No
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	Services?services?	☐ Yes	X No
	If "Yes," describe these changes on Schedule O.	[] 103	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount		
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	g. a		
4a	(Code: ) (Expenses \$ 17,077 including grants of \$ 17,077 ) (Revenue	\$	)
	THE FUND PROVIDES FINANCIAL SUPPORT EXCLUSIVELY FOR THE CHOIR, MUSICAL PROGRAM	ds and	
	ACTIVITIES OF THE CATHEDRAL OF ALL SOULS CHURCH, ASHEVILLE, NC AS EXPRESSED BY	THE DONOR	MHEN
	THE FUND WAS ORIGINALLY CREATED.		
			<del></del>
			·····
45	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	Ψ	
		<del></del>	<del></del>
		**************************************	
			·
			<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
		<del></del>	
		<del></del>	<del></del>
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 17,077		
		<del></del>	

Part IV

**Checklist of Required Schedules** 

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 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. 5 X 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 6 X 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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," X 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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," X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b 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 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e 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 . . . . . 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . . . . . . . . . Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investmetnt, and program service activities outisde the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV ........... 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . . . . . . . . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X If "Yes" to line 20a, did the organization attach its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a X Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . . . . 26 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 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV......... X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ........ 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . . . . . . . . . . . . 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? ........... 35a X 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Х 

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

art V	Statements	Regarding	Other IRS	Filings and	d Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	• • •	• • •	
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		v
	account)?			X
b	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-	
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u>X</u>
d	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		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	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?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10	Section 501(c)(7) organizations. Enter:	<u> </u>		
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	•		
b	Gross income from other sources (Do not net amounts due or paid to other sources	İ		
_	against amounts due or received from them.)		į	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		]	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	l		
C	Enter the amount of reserves on hand			ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	Ι.	l

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. Section A. Governing Body and Management No 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 0 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 X Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . . . . . X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . 4 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? X 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. 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X **8**b Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . . . . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Х Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Did the organization have a written whistleblower policy? 13 X 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b Х Other officers or key employees of the organization ............ 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 16a X 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 Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply. Own website ☐ Another's website ▼ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,

1272 HENDERSONVILLE ROAD ASHEVILLE, NC 28803

State the name, physical address, and telephone number of the person who possesses the books and records of the

and financial statements available to the public during the tax year.

organization ▶ BOYS, ARNOLD TRUST CO. (828) 274-1542

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Form 990 (2011)

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

Check this box if neither the organization nor any relation (A)	(B)	1			C)	,		(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	box, u	I t n r s u t s i t	Posi ck mo perso a dire O f f i	on is ector/f	an one both an rustee) H c e i o m g mp l e e o s n y t s e t e d	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) BOYS ARNOLD TRUST COMPANY								1		·
TRUSTEE	1.00		X		<u> </u>			4,116		
(2) JACK PARSONS TREASURER										
THE CATHEDRAL OF ALL SOULS			_	X	_					
(3) REV TODD DONATELLI				ļ						
DEAN-THE CATHEDRAL OF ALL SOULS				X	1					
(4)										
(5)										
(6)										
(7)				-						
(8)					ļ					
(9)							-			
(10)										
(11)										
(12)										
(13)			$oxed{}$							
(14)	1						ļ —			

Pa	rt VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hiç	jhes	st Con	nper	sated Employees	s (continued)			
	` Name and Title	(B) Average hours per week (describe	box,	unles	Pos ack m s pers	son is	nan one both en ustee)		(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	con	(F) stimated mount of other apensation	i
		hours for related organizations in Schedule O)	v t c	nr su ts tt	ffice	Key employee	H cemplomplomplomplomplomplomplomplomplomplo	For Eer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	on ar	from the ganizatio id related janization	d
(15)													
(16)										-			
(17)													<del></del>
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(19)						<del>                                     </del>					<del> </del>		
(20)						ļ							
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(22)											<del> </del>		<del></del>
(23)		<u> </u>											
(24)													
(25)													- <del></del>
1b c	Sub-total	Α		• •	• •	• •	• • •	<b>* * *</b>	4,116	0			0
2	Total number of individuals (including but not limited t	o those liste	d abov	/e) v	vho	rece	erved n	nore	<u> </u>		<u> </u>		
	reportable compensation from the organization									0		(E. 1	
3	Did the organization list any former officer, director or	r trustee, ke	v empl	ove	e. or	hia	hest c	amo	ensated		<u> </u>	Yes	No
	employee on line 1a? If "Yes," complete Schedule J f	or such indiv	<i>r</i> idual	• •		• •					3		X
4	For any individual listed on line 1a, is the sum of repo organization and related organizations greater than \$												
	individual										4		X
5	Did any person listed on line 1a receive or accrue cor	•		-			-						
Sec	for services rendered to the organization? If "Yes," co- tion B. Independent Contractors	mplete Sch	edule .	l for	Suc	n pe	erson	•			5		X
1	Complete this table for your five highest compensated compensation from the organization. Report compens year.	-											
	(A)								(B)			(C)	
	Name and business address	<del></del>							Description of s	a vicas	compi	ensation	
						,							
												<del></del>	
2	Total number of independent contractors (including be received more than \$100,000 of compensation from t		_		iste	d ab	ove) w	'nο					

Part \	VIII	Statement of Revenu	ie					
	`	•			(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a	Τ	1	151414	-	
	Ь	Membership dues		<del></del>				
Contri- butions,	c	Fundraising events						
Gifts,	d	Related organizations			1			
Grants	e	Government grants (contribut						
and Other	f	All other contributions, gifts, g						
Similar		and similar amounts not inclu						
Amounts	g	Noncash contributions include	ed in lines 1a-1f:	\$				
	h	Total. Add lines 1a-1f		>	]			
				Business Code				
	2a				<u> </u>			
D	ь							
Program Service	С							
Revenue	đ							
	e							
	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including and other similar amounts) .			17,884	17,884		
	4	Income from investment of tax						
	5	Royalties		▶				
			(ı) Real	(a) Personal				
	6a	Gross rents			1			:
	ь	Less: rental expenses						
	C	Rental income or (loss)						j
	d	Net rental income or (loss) .			1			
	7a	Gross amount from sales of	(ı) Secunties	(ii) Other				
		assets other than inventory	192,47	6	]			
0		Less: cost or other basis and sales expenses	194,11		<u> </u>			
t		Gain or (loss)	(1,63					41
h e		Net gain or (loss)		······	(1,634	) (1,634	)	
ř	8a	Gross income from fundraising	9					
R		events (not including \$						
e		of contributions reported on lin						
٧	١.	See Part IV, line 18			4	}		
e n	1	Less: direct expenses		L	4			
u		Net income or (loss) from fund	=		<del> </del>		-	
е	ya	Gross income from gaming ac						
	١.	See Part IV, line 19		··	_			
	1	Less: direct expenses		L	4			
	ı	Net income or (loss) from gam	ing activities		ļ		_	
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b		]			
	C	Net income or (loss) from sale	s of inventory		1			
		Miscellaneous Revenue		Business Code				
	11a							
	Ь							
	C							
	d	All other revenue						
	e	Total. Add lines 11a-11d .						
	12	Total revenue. See instruction	ns	▶	16,250	16,250	C	0
				EEA				Form 990 (2011)

# Part IX 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

	Check it Schedule O contains a response to any que	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the United States. See Part IV, line 21.	17,077	17,077		····
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				<del> </del>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	1			
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees				·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	}			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	1		İ	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		-		
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	2,126		2,126	
d	Lobbying				
8	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees	4,116		4,116	
g	Other	6		6	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			-	
17	Travel	······································			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest.				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If		l		
	line 24e amount exceeds 10% of line 25, column	ļ	}		
	(A) amount, list line 24e expenses on Schedule O.)	1			
_	FOREIGN TAXES WITHHELD	102		102	
a	EVALUM ARMED MITHURENA	102		+42	<del></del>
b					
C					
d	0.0			<del></del>	<del> </del>
0	All other expenses	03 407	17 077	6 350	0
25	Total functional expenses. Add lines 1 through 24e .	23,427	17,077	6,350	· · · · · · · · · · · · · · · · · · ·
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs		l		
	from a combined educational campaign and		İ		
	fundraising solicitation Check here  if		[		
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 82,488 2 4,578 2 3 3 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing A employers and sponsoring organizations of section 501(c)(9) voluntary s 6 7 7 Notes and loans receivable, net ................. 8 8 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D . . . . | 10a Less: accumulated depreciation . . . . . . . . . . 10b 10c b 356,914 278,660 11 11 92,358 241,161 12 12 13 Investments - program-related. See Part IV, line 11....... 13 14 14 314 15 15 532,074 524,399 16 16 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties ..... 23 23 24 24 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 0 0 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete NF lines 27 through 29, and lines 33 and 34. u 27 27 n 28 28 d 29 В Organizations that do not follow SFAS 117, check here > X and а ı complete lines 30 through 34. а 532,074 30 524,399 30 n 31 31 Paid-in or capital surplus, or land, building, or equipment fund ...... Retained earnings, endowment, accumulated income, or other funds . . . . . . . 32 32 532,074 33 524,399 33 532,074 524,399 Total liabilities and net assets/fund balances ...... 34 34

<u>Par</u>	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI	• • • • •	<u></u>	<u>. 🗆</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		16	250			
2	Total expenses (must equal Part IX, column (A), line 25)	· · · · · · · · · · · · · · · · · · ·		427			
3	Revenue less expenses. Subtract line 2 from line 1		<del></del>	177)			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		532,				
5	<del></del>						
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,						
0				007			
Dor		· · · · · · · ·	524,				
rar	<del></del>			_			
	Check if Schedule O contains a response to any question in this Part XII	• • • • •		<u>- [</u>			
	Annual to the state of the stat		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.						
	Were the organization's financial statements compiled or reviewed by an independent accountant?	``\		X			
		2b		X			
C	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		<u></u>			
	If the organization changed either its oversight process or selection process during the tax year, explain in			Ì			
	Schedule O.						
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Зь					
	FFA	Form	990 (	2011)			

Page 12

GEORGE VANDERBILT FUND FBO THE CATHEDRAL

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

2011

Open to Public Inspection

GEO:	RGE	VANDERBILT FU	ND FBO THE	CATHEDRAL					58-1	383271	
Pa	rt I	Reason for	<b>Public Charit</b>	y Status (All organiz	ations mus	t complete	e this part.	See inst	uctions.		
The	orgai	ization is not a priva	te foundation beca	ause it is: (For lines 1 th	rough 11, d	heck only	one box.)				
1		A church, convention	n of churches, or a	association of churches	described	in section	170(b)(1)	A)(i).			
2		A school described	in section 170(b)(	(1)(A)(ii). (Attach Sched	ule E.)						
3		A hospital or a coop	erative hospital se	ervice organization desc	ribed in sec	tion 170(	b)(1)(A)(iii	<b>)</b> .			
4				ated in conjunction with					(A)(iii). En	ter the hos	spital's name,
		city, and state:		·							,
5	П	An organization ope	rated for the bene	fit of a college or univer	sity owned	or operate	d by a gov	emmenta	unit desc	ribed in	
		section 170(b)(1)(A	N(iv). (Complete P	Part II.)	•	•					
6	$\Box$	A federal, state, or i	ocal government o	or governmental unit des	cribed in s	ection 170	MAKIKAN	v).			
7	ñ			a substantial part of its				=	the gener	al public	
		described in section	•	•	••	ŭ			•	•	
8	$\Box$			n 170(b)(1)(A)(vi). (Cor	nplete Part	II.)					
9	ī	<u>-</u>		s: (1) more than 33 1/3%	•	•	ontribution	s. membe	rship fees	and gross	S
	<u> </u>	-		cempt functions - subjec	• •			•	•	•	
		*		and unrelated busines		-					
				e 30, 1975. See section		-		, , , , , , , , , , , ,			
10	$\Box$	An organization organization	anized and operate	ed exclusively to test for	public safe	ety. See se	ection 509	(a)(4).			
11	X			ed exclusively for the be		-		- •• -	carry out th	ne	
		purposes of one or	more publicly supp	orted organizations des	cribed in se	ection 509	(a)(1) or se	ection 509	(a)(2). See	section	
				es the type of supporting							
		a 🗍 Type I	ь 🗓 Тур	ell c	Type III	-Functiona	ally integrat	ed	d	Type	III-Other
е	X	By checking this box	x, I certify that the	organization is not cont	rolled direc	tly or indin	ectly by on	e or more	disqualifie	d	
		persons other than t	foundation manage	ers and other than one o	or more put	licly supp	orted organ	nizations o	lescribed i	n section	
		509(a)(1) or section	509(a)(2).								
f	•	If the organization re	eceived a written d	letermination from the IF	RS that it is	a Type I,	Type II, or	Type III s	upporting		
		organization, check	this box								[
g		Since August 17, 20	006, has the organ	zation accepted any gif	t or contrib	ution from	any of the				
		following persons?									
		(i) A person who	directly or indirectly	y controls, either alone o	or together	with perso	ns describ	ed in (ii)			Yes No
		and (iii) below,	the governing bod	ly of the supported orga	nization?		• • • • • ·				11g(i) X
		(ii) A family memb	er of a person des	scribed in (i) above?							11g(ii) X
		(iii) A 35% controll	ed entity of a perso	on described in (i) or (ii)	above? .		<b></b> .				11g(iii) X
h		Provide the following	g information abou	t the supported organization	ation(s).						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	_	(v) Did yo	-	(44)		(viii) Amount of
		G gainzaion		(described on lines 1-9 above or IRC section	governing d	•	the organi		(i) organiz		support
				(see instructions) )			supp	ort?	US	37	
					Yes	No	Yes	No	Yes	No	
(A)				}			1	1			
	CA!	THEDRAL OF		<u> </u>	<u> </u>	<u> </u>					0
(B)				1.	1	}		,	1		_
	SOT	ль ————————	56-0547505	1	X	<b> </b>	X		X	ļ	17,077
(C)			}	1	1	İ	}		}		
		· · · ·	<u> </u>		<del> </del>		ļ				
(D)				1			1	1			
						<u></u>	<b> </b>				
(E)			}				]		]		
				ļ	<del> </del>	<b>}</b>	<b> </b>		<b></b>		
Tata			1	1	1	1	]				17 077
. ~~~			•		4						

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

#### 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. ► See separate instructions.

2011

OMB No 1545-0047

**Open to Public** 

Inspection Name of the organization Employer identification number GEORGE VANDERBILT FUND FBO THE CATHEDRAL 58-1383271 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Aggregate contributions to (during year) . . . . . Aggregate grants from (during year) . . . . . . 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total acreage restricted by conservation easements............... b c Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register ....................... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization dunng 3 the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Sched	<u></u>	FUND FBO THE CAT			58-138			Page 2
Pa	rt III Organizations Maintaining C	ollections of Art, His	torical Treasures	or Oth	ner Similar A	ssets	(continu	req)
3	Using the organization's acquisition, accession, a	nd other records, check any	of the following that a	re a sign	ificant use of its			
	collection items (check all that apply):							
а	Public exhibition	d Loan or excha	inge programs					
b	Scholarly research	e 🗌 Other						
C	Preservation for future generations							
4	Provide a description of the organization's collect	ons and explain how they f	urther the organization	s exemp	t purpose in			
	Part XIV.							
5	During the year, did the organization solicit or rec	eive donations of art, histori	cal treasures, or other	similar				
	assets to be sold to raise funds rather than to be	naintained as part of the or	ganization's collection'	?		[	Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang	ements. Complete if or	ganization answered "	Yes" to F	orm 990,			
	Part IV, line 9, or reported an amount	on Form 990, Part X, line 2	l <b>.</b>					
1a	Is the organization an agent, trustee, custodian o	other intermediary for conf	ributions or other asse	ts not			· ·	
	included on Form 990, Part X?					[	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV and	complete the following table	<b>e</b> :					
					A	mount		
C	Beginning balance			1c				
đ	Additions during the year			1d				
е	• •			1e				
f	Ending balance			. 1f	<u> </u>			
2a	Did the organization include an amount on Form						Yes	No
	If "Yes," explain the arrangement in Part XIV.	,						
	rt V Endowment Funds. Complete if	he organization answered '	Yes" to Form 990. Par	t IV. line	10.	<del></del>		
			or year (c) Two year		(d) Three years bac	k (e)	Four years	back
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·						
b	Contributions						······································	
-	Net investment earnings, gains, and losses						<del></del>	
d	Grants or scholarships				· · · · · · · · · · · · · · · · · · ·			<del></del>
e	Other expenditures for facilities						<del></del>	
·	and programs							
•	Administrative expenses							
	End of year balance							
g 2	Provide the estimated percentage of the current y	ear end halance (line 1g. c	olumn (a)) held as:			- 1		
	Board designated or quasi-endowment	w with the second secon	Julian (a)) new as.					
a	Permanent endowment > %	······································						
D	<del></del>	%						
С	Temporarily restricted endowment	<del></del>						
•	The percentages in lines 2a, 2b, and 2c should en		hald and administration	d for the				
3a	Are there endowment funds not in the possession	of the organization that an	e neid and administere	a tot tile			Yes	- I No
	organization by:					<u> </u>		No
	(i) unrelated organizations	• • • • • • • • • • • • •	• • • • • • • • • •	• • • • •	• • • • • • •	<u> </u>	a(i)	+
_	(ii) related organizations			• • • • •			2(ii)	₩
b	If "Yes" to 3a(ii), are the related organizations list	•			• • • • • • •	٠ اـ	3b	<u></u>
4	Describe in Part XIV the intended uses of the org			<del></del>			<del></del>	
Pa	rt VI Land, Buildings, and Equipm		1	<del></del>				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)		Accumulated apreciation	<b>(d)</b>	Book value	•
		. (WWOCTTOON!)	r DERSE (CHORE)	. ~				

b Buildings .....

c Leasehold improvements .....

Part VII	Investments - Other Securities	. See Form 990, Part X, line 12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial o	lerivatives	••	
	ld equity interests	••	<u> </u>
(3) Other			
(A) FIXED		237,072	Cost
<del></del>	ES EMERGING MARKETS	4,089	Cost
(C)			
(D) (E)			
(F)			
(G)	····		
(H)			······································
(1)			,
	b) must equal Form 990, Part X, col (B) line 12)	<b>241,161</b>	
Part VIII	Investments - Program Related	. See Form 990, Part X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)		<del></del>	
(8)			
(9)			<u>, , , , , , , , , , , , , , , , , , , </u>
(10)			
	b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>	
Part IX	Other Assets. See Form 990, Part X	, line 15.	
		(a) Description	(b) Book value
(1)	<u></u>	, , , , , , , , , , , , , , , , , , , ,	
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
	nn (b) must equal Form 990, Part X, col. (B)	line 15.)	
Part X	Other Liabilities. See Form 990, Par	t X, line 25.	
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
(11)			
TOTAL (COMMIN)	(b) must equal Form 990, Part X, col (B) line 25)		

Sched	ale D (Form 990) 2011 GEORGE VANDERBILT FUND FBO THE CATHEDRAL	58-1383271	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
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:		<del></del>
а	Net unrealized gains on investments		
b	Donated services and use of facilities	7	
C	Recoveries of prior year grants	7	
ď	Other (Describe in Part XIV.)	7	
- e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV.)	-	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
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:		
a	Donated services and use of facilities		
b	Prior year adjustments	7	
C	Other losses	7	
d	Other (Describe in Part XIV)		
е	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:		<del></del>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV.)	7	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information	<del></del>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1	0	· · · · · · · · · · · · · · · · · · ·
and 2	2b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete	•	
	part to provide any additional information.		
			<del></del>
			· · · · · · · · · · · · · · · · · · ·

GEORGE VANDERBILT FUND FBO THE CATHEDRAL

58-1383271

SCHEDULE		Gra	Grants and Other	Assistance to	d Other Assistance to Organizations,	ń		OMB No 1545-0047
(Form 990)		Gove	Governments, and Individuals in the United States	idividuals in t	he United Stat	tes		2014
		Complete	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	swered "Yes" to Fon	m 990, Part IV, Ilne 2	l or 22.	P	Open to Public
Internal Revenue Service			•	► Attach to Form 990.				Inspection
Name of the organization							Employer identification number	umber
GEORGE VANDERBILT FUND FBO THE CATHEDRAL	FUND FBO THE	CATHEDRAL					58-1383271	•
Part I General Inf	ormation on Gran	General Information on Grants and Assistance						
1 Does the organizati	on maintain records t	Does the organization maintain records to substantiate the amount of the		istance, the grantees'	grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and		
the selection criteria	the selection criteria used to award the grants or assistance?	rants or assistance?	•		•		•	· X Yes
30	the organization's pro	scedures for monitoring	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	in the United States.				
Part II Grants and to Form 990	Other Assistance ), Part IV, line 21, fo	Grants and Other Assistance to Governments and Orga to Form 990, Part IV, line 21, for any recipient that received	ind Organizations in received more than \$	the United States 5,000. Check this	. Complete if the or box if no one recipie	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.	res" \$5,000.	
Part II can b	e duplicated if add	Part II can be duplicated if additional space is needed	ded		•	•		<b>□</b>
(a) Name and eddress of organization or government	organization ent	(b) EIN	144 65	(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
THE CATHEDRAL 9 SWAN STREET	OF ALL SOULS 28803	56-0547504	501 (C) 3	17,077				SEE PART IV
(2)								
(3)								
(4)								
(9)								
(9)								
(2)								
(8)								
(8)								
(10)								
(11)								
(12)								The state of the s
2 Enter total number 3 Enter total number	of section 501(c)(3) a of other organizations	Enter total number of section 501(c)(3) and government organizations list Enter total number of other organizations listed in the line 1 table	zations listed in the line 1 table	1 table			• •	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice, see th	ne Instructions for Fo	rm 990.		EA		8	Schedule I (Form 890) (2011)

ì

## **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

2011

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ. Inspection Name of the organization

Open to Public

GEORGE VANDERBILT FUND FBO THE CATHEDRAL	58-1383271
01. Governing body meeting documentation (Part VI, line 8a)	
FORM 990, PART VI, SECTION A, LINE 8A: THE FUND'S GOVERNING BODY DID NOT HO	LD ANY MEETINGS
DURING 2011.	
02. Committee meeting documentation (Part VI, line 8b)	
FORM 990, PART VI, SECTION A, LINE 8B: THE FUND DOES NOT HAVE ANY COMMITTEES	S WITH
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.	
03. Form 990 governing body review (Part VI, line 11)	
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WILL BE PROVIDED TO BOYS ARE	NOLD TRUST
COMPANY VIA	· · · · · · · · · · · · · · · · · · ·
HAND DELIVERY FOR REVIEW PRIOR TO FILING.	
04. Governing documents, etc, available to public (Part VI, line 19)	
FORM 990, PART VI, SECTION C, LINE 19: THE FUND'S GOVERNING DOCUMENTS ARE MA	ADE AVAILABLE
UPON REQUEST.	
	· · · · · · · · · · · · · · · · · · ·

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 OMB No 1545-0047 Open to Public Direct controlling Inspection Employer identification number Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had 2011 entity Direct controlling entity  $oldsymbol{arepsilon}$ 58-1383271 End-of-year assets **©** Public charity status (if section 501(c)(3)) Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) **©** Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. н Total income ਉ Exempt Code section Related Organizations and Unrelated Partnerships € 501 (C) 3 Attach to Form 990. See separate instructions. Legal domicile (state or foreign country) Legal domicile (state or foreign country) <u>ပ</u> S Primary activity one or more related tax-exempt organizations during the tax year.) Primary activity CHURCH For Paperwork Reduction Act Notice, see the instructions for Form 990. GEORGE VANDERBILT FUND FBO THE CATHEDRAL (1) THE CATHEDRAL OF ALL SOULS, 56-0547505 Name, address, and EIN of disregarded entity Name, address, and EIN of related organization 9 SWAN STREET, ASHEVILLE, 28803 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part Part II E 12 9 13 9 e e 13 9 3 9 **©** 8

Yes No

Page 2

GEORGE VANDERBILT FUND FBO THE CATHEDRAL

Schedule R (Form 980) 2011

Percentage ownership Percentage ownership Ξ 宝 identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 General or managing partner? Yes No end-of-year assets 9 Share of <u>6</u> 58-1383271 amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI Share of total income ટ્ટ Disproportionate allocations? Ξ **X**68 line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Type of entity (C corp, S corp, Share of end-of-year or trust) ◉ 9 because it had one or more related organizations treated as a partnership during the tax year.) Direct controlling entity Share of total income ਉ Legal domicite foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) (0) Primary activity Direct controlling entity € (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of Part IV Part III 9 E 100 1 9 18 € 2 ଚ 3 9 2 9 E

Schedule R (Form 990) 2011

EEA

Schedule R (Form 990) 2011

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

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.

(8)	(p)	(c)	( <del>p</del> )	(0)	(4)	(a)	(F)	9	9	8
Name, address, and EiN of entity	Primary activity	Legal domicite	Predominant	Area	Share of	Share of	Disproportional	8	General or	Percentage
		(state or foreign country)	Income (related, unrelated, excluded from tax under		total income	end-of-year assets	ellocations?		managing partner?	ownership
			section 512-514)		·•		Yes No		Yes	
(1)										
(2)										
(3)										
(4)										
(9)										
(8)										
(1)										
(8)										
(6)							,			
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(11)										
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(14)										
(16)										
(16)										
					EEA				Schedule R (Form 990) 2011	m 990) 2011