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Form **990**

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

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

benefit trust or private foundation)

Open to Public Inspection

	o r the 2012 ca eck if applicable	lendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30 C Name of organization CATHEDRAL HERITAGE FOUNDATION	D-2013	D Employer	identification number
	dress change	CATHEDRAL HERITAGE FOUNDATION		26-0275	248
	me change	Doing Business As			
_	tial return rminated	Number and street (or P O box if mail is not delivered to street address) Room/suit 239 SELBY AVENUE	te	E Telephone (651) 22	
	ended return	City or town, state or country, and ZIP + 4 SAINT PAUL, MN 551021811		(031)22	0 1700
Ap	plication pending			G Gross recei	
		F Name and address of principal officer MARY ANN OKNER 239 SELBY AVENUE	H(a) Is thi affilia	s a group ret tes?	urn for ┌ Yes 🗸 No
		ST PAUL, MN 551021811			cluded? Tyes No
I Ta	x-exempt statu	5			st (see instructions)
J W	ebsite: ► W	WW CATHEDRALSAINTPAUL ORG/CATHEDRAL-HERITAGE-FOU	H(c) Grou	p exemption	number ►
K For	m of organizatio	n	L Year of fo	mation 2007	M State of legal domicile
Da	rt I Sur	nmary	•		MN
		describe the organization's mission or most significant activities			
Activities & Governance	EDUCA THE CA GRANT SPONS	INT PAUL AS A LANDMARK ON THE NATIONAL REGISTER OF HISTO ATIONAL, CULTURAL, AND ARTISTIC ACTIVITIES FOR THE PEOPLE ATHEDRAL HERITAGE FOUNDATION'S PRIMARY ACTIVITIES INCLU IS TO THE CATHEDRAL OF SAINT PAUL PARISH (AS THE PRIMARY OF SORING HISTORIC PRESERVATION OUTREACH AND CULTURAL EVEN This box If the organization discontinued its operations or disposed of the governing body (Part VI, line 1a)	OF MINNES JDE FUND-RA DCCUPANT (ENTS SHOW) f more than 2	OTA AND SI AISING AND OF THE CAT CASING THE	JRROUNDING AREAS CONSEQUENT HEDRAL), AS WELL AS CATHEDRAL
្ន	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)			4 14
		umber of individuals employed in calendar year 2012 (Part V, line 2a) .			5 0
	1	umber of volunteers (estimate if necessary)		· · · —	6 30
		nrelated business revenue from Part VIII, column (C), line 12 related business taxable income from Form 990-T, line 34		<u> </u>	'a 0 ''b 0
	3			r Year	Current Year
_	8 Cont	ributions and grants (Part VIII, line 1h)		219,600	628,314
Revenue	_	ram service revenue (Part VIII, line 2g)		0	
Rev.		stment income (Part VIII, column (A), lines 3, 4, and 7d)		3,099	· · · · · · · · · · · · · · · · · · ·
_	12 Total	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		-14,035 208,664	
		ts and similar amounts paid (Part IX, column (A), lines 1–3)		1,022,811	
	1	fits paid to or for members (Part IX, column (A), line 4)		0	· · · · · · · · · · · · · · · · · · ·
ø		ries, other compensation, employee benefits (Part IX, column (A), lines		0	0
Expenses	5-10 16a Profe	ssional fundraising fees (Part IX, column (A), line 11e)		0	
⊕ E		fundraising expenses (Part IX, column (D), line 25) •41,191			.,
ш		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		78,495	92,299
	18 Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,101,306	1,092,958
	19 Reve	nue less expenses Subtract line 18 from line 12		-892,642	-482,177
Not Assets or Fund Balances				of Current ear	End of Year
See Take	20 Total	assets (Part X, line 16)		1,342,760	863,518
A FE		liabilities (Part X, line 26)		0	
		ssets or fund balances Subtract line 21 from line 20		1,342,760	860,583
Unde my k	r penalties o	nature Block f perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other the knowledge			
	***	***	20	14-04-15	
	Sign	nature of officer		ate	
	1 1 -				
	e _{MAI}	RY ANN OKNER TREASURER			
	e _{MAI}	e or print name and title	ate I a	ol E . F I PTI	in .
Her	e MAI	Print/Type preparer's name CHRIS HENKE Preparer's signature Da	self-	ck If PTI	1008921
Her ——	e MAI	e or print name and title Print/Type preparer's name Preparer's signature Da	self-	ck if PTI employed P0: 's EIN ► 46-32	1008921
	e MAI	Print/Type preparer's name CHRIS HENKE Preparer's signature Da	self-	employed P0:	20328

Par	t III Statement of Program				
	Check if Schedule O contains		uestion in this Part II:	I	
1	Briefly describe the organization's r	nission			
INCI CAT EDU CAT CAT	SCHEDULE O THE PRIMARY MISS: LUDING FUND-RAISING AND GRAN HEDRAL OF SAINT PAUL AS A LAN CATIONAL, CULTURAL, AND ARTI! HEDRAL HERITAGE FOUNDATION' HEDRAL OF SAINT PAUL PARISH (, SERVATION OUTREACH AND CULT	T-MAKING ACTIVI' DMARK ON THE NA' STIC ACTIVITIES FO S PRIMARY ACTIVI AS THE PRIMARY O	TIES TO PRESERVE, TIONAL REGISTER O OR THE PEOPLE OF I TIES INCLUDE FUND CCUPANT OF THE CA	RESTORE, MAINTAIN AND F HISTORIC PLACES, AND MINNESOTA AND SURROUN D-RAISING AND CONSEQUE ATHEDRAL), AS WELL AS SF	ENHANCE THE AS A CENTER FOR NDING AREAS THE ENT GRANTS TO THE
2	Did the organization undertake any the prior Form 990 or 990-EZ? .	significant program s	ervices during the yea	r which were not listed on	
	If "Yes," describe these new service	s on Schedule O			, ,
3	Did the organization cease conducti		nt changes in how it co	onducts, any program	
	If "Yes," describe these changes on	Schedule O			
4	Describe the organization's program expenses Section 501(c)(3) and 50 the total expenses, and revenue, if a	1(c)(4) organization	s are required to repor		
4a	(Code) (Expenses	\$ 996,778	ıncludıng grants of \$	993,183) (Revenue \$)
	DURING FISCAL YEAR 2013, THE FOUNDAT AND DEBT SERVICE THE FOUNDATION ALS THROUGH A PERIODIC NEWSLETTER AND	SO ENGAGED IN COMMUN	ITY-BASED PROGRAMS INT	ENDED TO MAKE THE CASE FOR CA	
41.	(Code) (Expenses	ф.	ıncludıng grants of \$) (Revenue \$	```
4b	(Code) (Expenses	>	including grants or \$) (Revenue \$)
4c	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Other program services (Describe	•			
	(Expenses \$	including grants o	† \$) (Revenue \$)
4e	Total program service expenses ►	996,778	3		

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $\chi^{f E}$	11e		N o
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm 99 0	(2012)

FGI	Statements Regarding Other IRS Fillings and 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 1a 4		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
ь	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 account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5-2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		INO
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 as charitable contributions?	6a		No
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).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
а	If "Yes," indicate the number of Forms 8282 filed during the year	76		NO
a	11 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		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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	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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	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			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
		\longrightarrow	Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14		No
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
L 7	List the States with which a copy of this Form 990 is required to be filed▶MN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►MARK JOHANS 239 SELBY AVENUE SAINT PAUL, MN (651) 357-1325

interest policy, and financial statements available to the public during the tax year

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

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, or 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 related organization compensated any current officer, director, or trustee

	(A) Name and Title	(B) Average hours per week (list	more	than	one	not box		ess	(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other	
(1) VERY REVEREND JOHN UBEL 4 00		any hours for related	and	and a director/trustee)		organızatıon (W- 2/1099-	organızatıons (W- 2/1099-	compensation from the				
NAMES MILLER		below	lividual trustee director	Truste	ICEI	, employee	plose compensated	mer	,	,	and related	
C2 JAMES MILLER		4 00	Х		х				0	0	0	
DOARD MEMBER X												
BOARD MEMBER	(2) JAMES MILLER	1 00	l _x l						ام	0	0	
CHAIR (4) MARY ANN OKNER 10 00	BOARD MEMBER					L						
CHAIR	(3) MARY SCHAFFNER	15 00										
(4) MARY ANN OKNER	CHAIR		X		Х				0	0	0	
TREASURER		10.00										
S JULIE BRADY		10 00	х		Х				0	0	0	
DOARD MEMBER												
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	BOARD MEMBER		_^			L	L					
	(15) ROBERT L LEE	1 00							_	_		
	ROARD MEMBER		X						0	0	0	
	DOARD PIEPIDER	\dashv				\vdash		\vdash				
											Form 990 (2012)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	rerage Position (do not check Repurs per more than one box, unless complek (list person is both an officer from hours and a director/trustee)					(D) Reporta compens from t organizati 2/1099-1	ortable Repo ensation compo m the from zation (W- organiza	(E) Reportable compensation from related organizations (W 2/1099-MISC)	- ((F) Estima mount of compens from t	ted fother ation he	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2333	,	2,2000		relate organiza	ed
												-		
												-		
								<u> </u>						
1b	Sub-Total				•			•						
c	Total from continuation sheet	•			•	•				0		0		0
d 	Total (add lines 1b and 1c) . Total number of individuals (in							- N	ho received			<u> </u>		
_	\$100,000 of reportable compe						a abov	C) W	mo received	more ti	ian			
													Yes	No No
3	Did the organization list any fo					key	emplo	yee	, or highest	compen	sated employee			
_	on line 1a? If "Yes," complete S					•	•	•				3		No
4	For any individual listed on line organization and related organ													
_	individual		•		•	•		•				4		No
5	Did any person listed on line 1 services rendered to the organ											5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	ve highest comp												
	compensation from the organiz	zation Report co (A)	ompens	ation	tor	tne c	aienda	arye	ear ending w	ith or Wi	(B)	on's	tax year (C	
	N	lame and business	address							Des	cription of services		Comper	
												\pm		
												+		
												\neg		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V		Statement of Revenue Check if Schedule O contains a response to any question	in this Part VIII .			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
क क	1a	Federated campaigns 1a				
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b				
Ω, G	С	Fundraising events 1c 134,004				
ifts ar /	d	Related organizations 1d				
mij G	e	Government grants (contributions) 1e				
ons Sil	f	All other contributions, gifts, grants, and 1f 494,310				
int her	•	similar amounts not included above ————————————————————————————————————				
Ģ ţ	g	Noncash contributions included in lines 22,348 1a-1f \$				
Son	h	Total. Add lines 1a-1f	628,314			
		Business Code				
mue	2a					
eve Fe	ь					
Se F	С					
er M	d					
ਔ ⊊	e					
Program Serwde Revenue	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)	1,461			1,461
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	_	(I) Real (II) Personal				
	6a b	Gross rents Less rental				
	_	expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities (ii) Other Gross amount				
	, a	from sales of assets other				
	١.	than inventory Less cost or				
	b	other basis and				
	С	sales expenses Gain or (loss)				
	d	Net gain or (loss)				
ıne	8a	Gross income from fundraising events (not including \$ 134,004				
ਤੇ ਦ		of contributions reported on line 1c)				
ď		See Part IV, line 18				
Other Revenue	b	12,050 Less direct expenses b 31,044				
5	c	Net income or (loss) from fundraising events .	-18,994			-18,994
	9a	Gross income from gaming activities See Part IV, line 19				
	L	a h				
	b c	Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances				
		a				
		Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
	11a	Dusiness Code				
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions				
	l	· · · · · · · · · · · · · · · · · · ·	610,781	0	0	-17,533

Form 990 (2012) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A)					
	Check if Schedule O contains a response to any question in this Part IX								
	ot include amounts reported on lines 6b, o, 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	993,183	993,183						
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	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 section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management	50,000		40,000	10,000				
b	Legal								
C	Accounting	5,160		5,160					
d	Lobbying								
е	Professional fundraising services See Part IV, line 17	7,476			7,476				
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)								
12	Advertising and promotion	19,344			19,344				
13	Office expenses	9,677		5,306	4,371				
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 line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
а	BANK AND CREDIT CARD FE	4,523		4,523					
b	CONCERT SERIES	3,595	3,595						
c									
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	1,092,958	996,778	54,989	41,191				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)								

Form 990 (2012)
Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X $$. $$. $$.			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	509,826	1	229,655
	2	Savings and temporary cash investments	818,042	2	627,361
	3	Pledges and grants receivable, net	14,892	3	6,502
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ş;	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part			
		VI of Schedule D			
	b	Less accumulated depreciation 10b		10 c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,342,760	16	863,518
	17	Accounts payable and accrued expenses	0	17	2,935
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	2,935
<u></u>	 	Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete			_,-30
ě		lines 27 through 29, and lines 33 and 34.			
Fund Balance	27	Unrestricted net assets	138,458	27	325,256
<u>е</u>	28	Temporarily restricted net assets	1,204,302	28	535,327
됟	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and			
Assets or		complete lines 30 through 34.		-	
35	30	Capital stock or trust principal, or current funds		30	
ŠŠ	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	4 0 40 775	32	000 505
Ř	33	Total net assets or fund balances	1,342,760	33	860,583
	34	Total liabilities and net assets/fund balances	1,342,760	34	863,518

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		ϵ	510,781
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,0	92,958
3	Revenue less expenses Subtract line 2 from line 1	3			82,177
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			342,760
5	Net unrealized gains (losses) on investments	5			, 12,700
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			360,583
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	ırate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493105010534

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

CATHEDRAL HERITAGE FOUNDATION

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

									26-02752		
	rt I			blic Charity Sta						structions	
The c	rganı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one b	ox)		
1	Г	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(l	o)(1)(A)(i).		
2	Γ	A scho	school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	\sqcap	A hosp	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Γ	A medi	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
_	_	hospita	nospital's name, city, and stateand stateand stateand stateand stateand stateand stateand stateand state and state are supported in a college or university owned or operated by a governmental unit described in								
5	ı	_	•		-	or universi	ty owned or o	perated by a	a government	al unit desc	cribed in
	_			A)(iv). (Complete P	•						
6	<u> </u>			local government or	_						
7	<u>~</u>			at normally receives			support from	a governme	ntal unit or fr	om the gen	eral public
8	\vdash			on 170(b)(1)(A)(vi). described in sectior			nnlata Dart II	1			
9	<u>'</u>			at normally receives					utions mom	harchin faac	and groce
9	'	_		ities related to its ex					•	-	-
		•		oss investment inco	· ·	=					
		•						•		tax) II o III b t	1511165565
10	_	-	-	janization after June	•			•	-		
10	<u> </u>	_		ganized and operated	•		•		. , . ,		
11	ı			ganized and operated ly supported organiz							
				bes the type of supp						ee section :	os(a)(s). Check
				b						n-functiona	ally integrated
е	\sqcap	By che	cking this b	ox, I certify that the	organization	ıs not conti	rolled directly	or indirectl	y by one or m	nore disqua	lified persons
				on managers and otl	her than one	or more pub	olicly support	ed organızat	ions describe	ed in sectio	n 509(a)(1) or
_			1509(a)(2)			f the TD	C +b - b . b :	T I T	- II T	TTT	
f			rganization this box	received a written de	etermination	from the 1K	S that it is a	iype i, iyp	e II, or Type	III Support	ing organization,
g				2006, has the organi	ızatıon accep	ted any gift	or contribution	on from any	of the		•
-			ng persons?			, -		·			
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	scribed in (ii)		Yes No
		and (III) below, the	governing body of th	ie supported	organızatıoı	n?			11g	
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				11g	
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)
h		Provide	e the follown	ng information about	the supporte	ed organizat	ion(s)				
) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you		(vi) Is t		(vii) A mount of
	suppor ganiza			organization (described on	organızatı col (i) lıst		the organiz		organizati col (i) orga		monetary
OI	yanız	ation		lines 1- 9 above	your gove		ın col (i) o suppor		in the U		support
				or IRC section	docume		Зарроп		"" ""	J	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	1
							1		 		+
											+
Total	1										+

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (d) 2011 (c) 2010 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 778,289 401,595 201,031 219,600 628,314 2,228,829 include any "unusual grants ") 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 778,289 401,595 201,031 219,600 628,314 2,228,829 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 292,837 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 1,935,992 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 778,289 401,595 201,031 219,600 628,314 2,228,829 Amounts from line 4 Gross income from interest, dividends, payments received on 3,367 3,099 1,461 7,927 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 2,236,756 through 10) **12** Gross receipts from related activities, etc (see instructions) 12 60,725 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 86 550 % Public support percentage for 2011 Schedule A, Part II, line 14 15 89 450 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. 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 17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493105010534

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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

Open to Public

mai Revenue	Service F Attach to For	m 990. ► See separate instructions.	Inspection
	the organization _ HERITAGE FOUNDATION		Employer identification number 26-0275248
Part I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		
		(a) Donor advised funds	(b) Funds and other accounts
Total	number at end of year		
Aggre	egate contributions to (during year)		
A ggre	egate grants from (during year)		
Aggre	egate value at end of year		
	he organization inform all donors and donor adviso s are the organization's property, subject to the or	_	nor advised Yes N o
used	he organization inform all grantees, donors, and d only for charitable purposes and not for the benef erring impermissible private benefit?		
art II	Conservation Easements. Complete if	the organization answered "Yes" t	o Form 990, Part IV, line 7.
☐ Pi ☐ Pi ☐ Pi	ose(s) of conservation easements held by the org reservation of land for public use (e g , recreation rotection of natural habitat reservation of open space plete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a	certified historic structure
	ment on the last day of the tax year		
			Held at the End of the Year
	number of conservation easements		2a
	acreage restricted by conservation easements		2b
Numb	ber of conservation easements on a certified histo	oric structure included in (a)	2c
histor	ber of conservation easements included in (c) acc ric structure listed in the National Register		2d
	ber of conservation easements modified, transferr	red, released, extinguished, or terminate	ed by the organization during
the ta	ax year ►		
Numb	ber of states where property subject to conservat	ion easement is located ►	
	the organization have a written policy regarding to the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, and Yes No
Staff : ►	and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments during the year
	unt of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s during the year
		d) - l	- 170/h)/4\/D\/\)
and s	each conservation easement reported on line 2(osection 170(h)(4)(B)(ii)?		☐ Yes ☐ No
balan the o	ort XIII, describe how the organization reports con nce sheet, and include, if applicable, the text of th rganization's accounting for conservation easeme	e footnote to the organization's financial ents	l statements that describes
rt III	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures,	or Other Similar Assets.
works	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ce, provide, in Part XIII, the text of the footnote t	.16 (ASC 958), not to report in its reve its held for public exhibition, education,	or research in furtherance of public
If the works	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ce, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue ets held for public exhibition, education,	statement and balance sheet
(i) _{Re}	evenues included in Form 990, Part VIII, line 1		► \$
(ii) _△	ssets included in Form 990, Part X		► \$
Ifthe	e organization received or held works of art, histor wing amounts required to be reported under SFAS		or financial gain, provide the
Revei	nues included in Form 990, Part VIII, line 1		▶ \$
	·		т <u>— — — — — — — — — — — — — — — — — — —</u>
Asse	ts included in Form 990, Part X		F >

Part	111 Organizations Maintaining Co	<u>llections of Art</u>	<u>:, His</u>	stori	<u>cal Tı</u>	<u>easur</u>	<u>es, or O</u>	<u>ther</u>	Similar As	ssets (c	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the follo	wing that a	ire a s	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Г	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	er the or	ganızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donations	s of ar	rt, his	torical	treasure	es or othei	rsımı	lar		
	assets to be sold to raise funds rather than t		•							│ Yes	┌ No
Par	Part IV, line 9, or reported an an						answere	d "Ye	es" to Form	990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions or	other ass	ets n	ot	┌ Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table		_				
								_	Aı	mount	
с	Beginning balance							1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year						F	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•						☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pro	vided in P	art X	III		Γ
Pa	tt V Endowment Funds. Complete										
1_	Degraping of week belongs	(a)Current year	(Ь)Prior	year	b (c) Two	o years back	(d)⊤	hree years back	(e)Four y	ears back
1a 	Beginning of year balance							<u> </u>			
b	Contributions							 		 	
С	Net investment earnings, gains, and losses							<u> </u>			
d	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs										
g g	End of year balance							 			
_	Provide the estimated percentage of the curr	cont year and halan	co (lur	20.10	colum	n (a)) ho	old ac	<u> </u>			
2	Board designated or quasi-endowment	ent year end baran	ce (iii	ic ry	, coluii	iii (a)) iie	iu as				
a	•										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	are hel	d and ad	ministered	l for t	he	Yes	No
	(i) unrelated organizations								3a	(i) res	140
	(ii) related organizations									(ii)	
b	If "Yes" to 3a(II), are the related organization								3	ВЬ	
4	Describe in Part XIII the intended uses of th	ie organization's en	dowm	nent f	unds						
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa				14-26	1	(-) A		Dan Incombra
	Description of property				a) Cost (asis (inve	estment)	(b) Cost or basis (oth		(c) Accumula depreciatioi		Book value
1a	Land										
b	Buildings		•								
С	Leasehold improvements										
d	Equipment										
	Other										
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colι	ımn (B), line	10(c).)					0

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	n
1	Total revenue, gains, and other support per audited financial statements	1	635,781
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities	1	
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	25,000
3	Subtract line 2e from line 1	3	610,781
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	610,781
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Ret	urn
1	Total expenses and losses per audited financial statements	1	1,117,958
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	25,000
3	Subtract line 2e from line 1	3	1,092,958
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,092,958

Part XIII Supplemental Information

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

I dentifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SEC 501(C)(3) OF THE INTERNAL REVENUE CODE THE FOUNDATION ANNUALLY FILES FORM 990 WITH THE INTERNAL REVENUE SERVICE (IRS) US GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2013 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010

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DLN: 93493105010534

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

CATHEDRAL HERITAGE FOUNDATION

SCHEDULE G

Supplemental Information Regarding

Fundraising or Gaming Activities

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

						26-0275248	
Pa	rt I Fundraising Act	ivities. Complete	e if the oi	rganızatı	on answered "Yes" t	to Form 990, Part IV	, line 17.
a b c d 2a	Indicate whether the organical Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highest to be compensated at least	citations written or oral agre Form 990, Part VII t paid individuals or	ement witl) or entity entities (f	e f g n any indi in connec	Solicitation of non Solicitation of gov Special fundraising vidual (including officer	-government grants ernment grants g events -s, directors, trustees undraising services?	F Yes F No ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
3	List all states in which the o	organization is regis	tered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

Sche	edule	G (Form 990 or 990-EZ) 2012				Page :
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribut			
			(a) Event #1 FESTIVAL OF	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			LIGHTS (event type)	(event type)	(total number)	33. (4),
Revenue	1	Gross receipts	146,054	4		146,054
Ð	2	Less Contributions	134,004	4		134,004
<u>~</u>	3	Gross income (line 1 minus line 2)	12,05	0		12,050
	4	Cash prizes				
မှာ	5	Noncash prizes				
ğ La	6	Rent/facility costs				
Expenses	7	Food and beverages .	16,17	9		16,179
Direct	8	Entertainment				
ā	9	Other direct expenses .	14,86	5		14,865
	10	Direct expense summary Add lin	nes 4 through 9 ın columr	n (d)		(31,044
	11	Net income summary Combine li	ne 3, column (d), and line	e 10	•	-18,994
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	·
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
Çeü	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in coli	umn (d)		
9	Fnt	er the state(s) in which the organize				·
а		the organization licensed to operate				. Fyes F No
b		No," explain				
10a	We	re any of the organization's gaming				
b	If"	Yes," explain				

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

(Form 990)

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

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

OMB No 1545-0047

DLN: 93493105010534

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service **Employer identification number** Name of the organization CATHEDRAL HERITAGE FOUNDATION 26-0275248 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC Code section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıf applıcable valuation non-cash assistance or assistance organization grant cash or government assistance (book, FMV, appraisal, other) (1) CATHEDRAL OF ST 41-0696905 501(C)(3) 993,183 PRESERVATION, PAUL PARISH ORGAN 239 SELBY AVE RESTORATION, AND ST PAUL, MN 55102 **DEBT SERVICE** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

((a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 CATHEDRAL HERITAGE FOUNDATION, TO DATE, HAS ONLY MADE GRANTS TO THE CATHEDRAL OF SAINT PAUL PARISH FOR PRESERVATION AND MAINTENANCE OF THE CATHEDRAL MONUMENT, WHICH IS LOCATED IN SAINT PAUL, MN THE BOARD OF CURATORS HAS ADOPTED GRANT MAKING POLICY AND PROCEDURES THAT REQUIRES THE PARISH, AS THE GRANT RECIPIENT, TO PROVIDE DETAILED PURPOSE AND FINANCIAL INFORMATION REGARDING THE GRANT REQUESTED

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DLN: 93493105010534

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2012

Open to Public Inspection

Name of the organ CATHEDRAL HERITAG								ploye		fication	numbe	r	
	s Benefit Tran						ganıza	tions	only).				
	te if the organizat of disqualified pers		<u>"Yes" on F</u> lationship			25a or 25b, or (c) Descri					10b (d) Corr	ected?	
1 (1) (1)	or albqualifica peri		person and			(4) 5 65611	9 (10) 1	· cranc	74001		res	No	
	ount of tax incurre	ed by organiza	ation mana	gers or dıs	qualified per	sons during the	yearı	ınders	ection				
4958								•	F \$				
3 Enterthe am	ount of tax, if any,	on line 2, ab	ove, reimb	ursea by th	ie organizati	on	• •	•	F \$				
	ns to and/or F)	l 20 F.		0 D	t. T.) / . l	- 26	C & l		
	olete if the organiz iization reported a						rm 99	u, Par	t IV , IIN	e 26, oi	riftne		
(a) Name of	(b) Relationship	(c) Purpose	(d) Loan	to	(e)Origin	al (f) Balance		I n	(h		(i)Wr		
interested with organization person		orioan	of loan or from the organization?		principa amount		dera	default? Approve by board			agreement?		
			T.		4		 			committee?		- Van I N	
			То	From			Yes	No	Yes	No	Yes	No	
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otal	1		▶ \$								7		
	ts or Assistan										<u> </u>		
(a) Name of inte	olete if the orga	<u>nization ans</u> lationship bei			rm 990, Pa of assistance	art IV, line 27.		tonas	(0)	Durnaga	. of 200	ıstance	
person		ted person ar		Aillouile	JI assistanti	e (d) Type o	1 05515	tance	(e)	ruipos	e 01 a55	istance	
		organızatıon											
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Part IV Business Transactions I Complete if the organization			o 205 206 o# 206		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CATHEDRAL OF ST PAUL PARISH	A BOARD MEMBER IS AN OFFICER OF THE CATHEDRAL OF ST PAUL PARISH		THE ORGANIZATION HAS AN ADMINISTRATIVE SERVICE AGREEMENT WITH THE CATHEDRAL OF ST PAUL PARISH THE PRESIDENT OF THE ORGANIZATION, ALSO SERVED AS AN OFFICER OF THE CATHEDRAL OF ST PAUL PARISH		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

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As Filed Data -

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2012

Open to Public Inspection

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Department of the Treasury Internal Revenue Service

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 to provide any additional information.

* Attach to Form 990 or 990-EZ.

Name of the organization CATHEDRAL HERITAGE FOUNDATION

Employer identification number

26-0275248

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE FOUNDATION HAS FIVE MEMBERS ALL WHICH HAVE CERTAIN VOTING RIGHTS
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE FOUNDATION HAVE THE POWER TO APPOINT OR REMOVE THE PRESIDENT OF THE FOUNDATION AS WELL AS APPROVE ELECTION OF BOARD MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS OF THE FOUNDATION APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION, APPROVE CERTAIN AMENDMENTS TO THE BY LAWS, AND APPROVE THE MERGER OR DISSOLUTION OF THE FOUNDATION
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO SUBMISSION OF THE 990 RETURN, THE ENTIRE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE 990 FOR REVIEW THE BOARD OF DIRECTORS IS GIVEN THE OPPORTUNITY TO PROVIDE FEEDBACK O R ASK FOR CLARIFICATION ON ANY ITEMS ON THE 990 ONCE THIS REVIEW IS PERFORMED AND ALL FEE DBACK RECEIVED, THE 990 RETURN IS SUBMITTED TO THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS WILL ABSTAIN FROM VOTING ON MATTERS WERE A CONFLICT OF INTEREST EXISTS
		THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES AND THEREFORE DOES NOT HAVE ANY NEED FOR COMP ENSATION PROCEDURES ALSO, THE ORGANIZATION DOES NOT HAVE A WHISTLEBLOWER POLICY, AS THEY DO NOT HAVE ANY EMPLOYEES HOWEVER, IF THE ORGANIZATION DECIDES TO HIRE EMPLOYEES IN THE F UTURE, THE ORGANIZATION WILL THEN ADOPT A POLICY
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF ITEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST