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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection**A** For the **2008** calendar year, or tax year beginning **07/01, 2008**, and ending **06/30/2009**

| | | | | |
|--|--|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization CDA CHARITABLE AND EDUCATIONAL FUND | | D Employer identification number 84-1167295 |
| | | Number and street (or P O box, if mail is not delivered to street address) Room/suite | | E Telephone number (303) 740-6900 |
| | | 3690 SOUTH YOSEMITE STREET | | |
| | | City or town, state or country, and ZIP + 4 DENVER, CO 80237-1808 | | F Group Exemption Number . . . ▶ |

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

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ WWW.CDAONLINE.ORG**J** Organization type (check only one) - ☒ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ **77,151.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

| | | | |
|--|--|-----------------|----------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 77,151. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5 a Gross amount from sale of assets other than inventory 5a | | |
| | b Less cost or other basis and sales expenses 5b | | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c | | |
| | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) 6a | | |
| b Less direct expenses other than fundraising expenses 6b | | | |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c | | | |
| 7 a Gross sales of inventory, less returns and allowances 7a | | | |
| b Less cost of goods sold 7b | | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c | | | |
| 8 Other revenue (describe ▶ _____) 8 | | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 | | 77,151. | |
| Expenses | 10 Grants and similar amounts paid (attach schedule) 10 | 42,500. | |
| | 11 Benefits paid to or for members 11 | | |
| | 12 Salaries, other compensation, and employee benefits 12 | NONE | |
| | 13 Professional fees and other payments to independent contractors 13 | 3,510. | |
| | 14 Occupancy, rent, utilities, and maintenance 14 | | |
| | 15 Printing, publications, postage, and shipping 15 | | |
| | 16 Other expenses (describe ▶ _____) 16 | 115,098. | |
| | 17 Total expenses. Add lines 10 through 16 17 | 161,108. | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 | -83,957. | |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 | 271,394. | |
| | 20 Other changes in net assets or fund balances (attach explanation) 20 | | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 | 187,437. | |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

| | | (A) Beginning of year | (B) End of year |
|-----------|--|-----------------------|--------------------|
| 22 | Cash, savings, and investments STMT 3 | 158,580. | 22 124,545. |
| 23 | Land and buildings | 50,434. | 23 64,241. |
| 24 | Other assets (describe ▶ STMT 4) | 62,792. | 24 NONE |
| 25 | Total assets | 271,806. | 25 188,786. |
| 26 | Total liabilities (describe ▶ STMT 5) | 412. | 26 1,349. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 271,394. | 27 187,437. |

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

| | Yes | No |
|--|-----|------|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | X |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 34 | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | 35a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | 36 | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a NONE | | |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations. Enter | | |
| a Initiation fees and capital contributions included on line 9 | 39a | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ NONE, section 4912 ▶ NONE, section 4955 ▶ NONE | | |
| b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I | 40b | X |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | NONE |
| d Enter amount of tax on line 40c reimbursed by the organization | | NONE |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | X |
| 41 List the states with which a copy of this return is filed. ▶ | | |
| 42a The books are in care of ▶ PAM BROCKHAUS Telephone no. ▶ 303-740-6900 | | |
| Located at ▶ 3690 SOUTH YOSEMITE STREET DENVER, CO ZIP + 4 ▶ 80237-1808 | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | X |
| If "Yes," enter the name of the foreign country ▶ | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ? | 42c | X |
| If "Yes," enter the name of the foreign country ▶ | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | X |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | X |

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **46** ☐ Yes ☒ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** ☐ Yes ☒ No
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . **48** ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ Yes ☒ No
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors receiving over \$100,000 ▶ | | NONE |

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EHRHARDT KEEFE STEINER & HOTTMAN PC

EIN

84-0869721

Phone no

303-740-9400

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

Form 990-EZ (2008)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 25,364. | 21,080. | 34,920. | 259,557. | 77,151. | 418,072. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1-3 | 25,364 | 21,080. | 34,920. | 259,557. | 77,151. | 418,072. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 418,072. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4. | 25,364. | 21,080. | 34,920. | 259,557. | 77,151. | 418,072. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | NONE | 1,859. | 1,859. | 2,552. | NONE | 6,270. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 424,342. |
| 12 Gross receipts from related activities, etc. (See instructions) | | | | | 12 | 21,519. |

13 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 this box and stop here ☐

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.52 % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 96.68 % |
| 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. | 18 | % |
| 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support tests - 2007. 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 <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

| RECIPIENT NAME AND ADDRESS ----- | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT ----- | PURPOSE OF GRANT OR CONTRIBUTION ----- | AMOUNT ----- |
|--|---|---|------------------|
| GRANTS PAID | | | |
| INNER CITY HEALTH CENTER 3800 YORK STREET DENVER, CO 80205 | NONE EXEMPT | TO SUPPORT EXEMPT PURPOSE | 10,000. |
| UNIVERSITY OF COLORADO 13065 EAST 17TH AVENUE AURORA, CO 80045 | NONE EXEMPT | TO SUPPORT EXEMPT PURPOSE | 10,000. |
| VARIOUS CONTRIBUTIONS OF \$5,000 OR LESS | NONE EXEMPT | TO SUPPORT EXEMPT PURPOSE | 22,500. |
| | | TOTAL CONTRIBUTIONS PAID | 42,500. ===== |

FORM 990EZ, PART I - OTHER EXPENSES
=====

| | |
|---------------------------|----------|
| ADMINISTRATIVE COSTS | 505. |
| PROGRAM EXPENSE | 5,544. |
| COLORADO MISSION OF MERCY | 109,049. |
| | ----- |
| TOTAL | 115,098. |
| | ===== |

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS
=====

| DESCRIPTION ----- | BEGINNING OF YEAR ----- | END OF YEAR ----- |
|----------------------|-------------------------------|-------------------------|
| CASH | 158,580. | 124,545. |
| TOTALS | 158,580. | 124,545. |

=====

FORM 990EZ, PART II - OTHER ASSETS
=====

| DESCRIPTION ----- | BEGINNING OF YEAR ----- | END OF YEAR ----- |
|--------------------------------------|-------------------------------|-------------------------|
| ACCOUNTS RECEIVABLE | 565. | NONE |
| PREPAID EXPENSES OR DEFERRED CHARGES | 4,740. | NONE |
| DUE TO CDA | 54,537. | NONE |
| UNDEPOSITED FUNDS | 2,950. | NONE |
| TOTALS | 62,792. | NONE |

=====

FORM 990EZ, PART II - TOTAL LIABILITIES
=====

| DESCRIPTION ----- | BEGINNING OF YEAR ----- | END OF YEAR ----- |
|----------------------|-------------------------------|-------------------------|
| ACCOUNTS PAYABLE | 412. | NONE |
| DUE FROM CDA | NONE | 1,349. |
| TOTALS | 412. | 1,349. |

=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROMOTE CONTINUING
DENTAL EDUCATION FOR MEMBERS AND TO SUPPORT PROGRAMS THAT PROVIDE
CONTINUING DENTAL EDUCATION OPPORTUNITIES.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT. AND OTHER ALLOWANCES |
|---|--|--------------|---|--|
| ----- | ----- | ----- | ----- | ----- |
| DR D KLEKAMP 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| JOHN ORDAHL 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| TIFFANY MANSANO 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | STUDENT REPRESENTATIVE 1. | NONE | NONE | NONE |
| PASCO W SCARPELLA 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | VICE PRESIDENT 1. | NONE | NONE | NONE |
| JERRY SAVORY 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| CAL UTKE | TRUSTEE 1. | NONE | NONE | NONE |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT. AND OTHER ALLOWANCES |
|---|--|--------------|---|--|
| ----- | ----- | ----- | ----- | ----- |
| 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | | | | |
| DR D LURYE 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | PRESIDENT ELECT 1. | NONE | NONE | NONE |
| DR J SALCETTI 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | PAST PRESIDENT 1. | NONE | NONE | NONE |
| DR J HURST 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | PRESIDENT 1. | NONE | NONE | NONE |
| DR K SESSA 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | SPEAKER OF THE HOUSE 1. | NONE | NONE | NONE |
| DR R MORROW 3690 SOUTH YOSEMITE STREET SUITE 100 | TRUSTEE 1. | NONE | NONE | NONE |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS ----- | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION ----- | COMPENSATION ----- | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ----- | EXPENSE ACCT. AND OTHER ALLOWANCES ----- |
|--|---|-----------------------|--|---|
| DENVER, CO 80237-1808 | | | | |
| DR R YARDUMIAN 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| DR T PIXLEY 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | SECRETARY 1. | NONE | NONE | NONE |
| DR K PETERS 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TREASURER 1. | NONE | NONE | NONE |
| DR B WEST 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| DR R SCHULTZ 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES
=====

| NAME AND ADDRESS ----- | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION ----- | COMPENSATION ----- | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ----- | EXPENSE ACCT. AND OTHER ALLOWANCES ----- |
|--|---|-----------------------|--|---|
| DR R BENKE 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| DR D NOCK 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| DR JOHN SIEGMUND 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| FRED THRASH 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| DR S HADLEY 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| DR C KELLEY | TRUSTEE 1. | NONE | NONE | NONE |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT. AND OTHER ALLOWANCES |
|---|--|--------------|---|--|
| ----- | ----- | ----- | ----- | ----- |
| 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | | | | |
| DR S KAUFMANN 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| DR J SCHOEMAKER 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| DR T KNELLER 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| DR J KHADEMI 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| DR T ECKLES 3690 SOUTH YOSEMITE STREET SUITE 100 | TRUSTEE 1. | NONE | NONE | NONE |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES
=====

| NAME AND ADDRESS ----- | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION ----- | COMPENSATION ----- | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ----- | EXPENSE ACCT. AND OTHER ALLOWANCES ----- |
|---|---|-----------------------|--|---|
| DENVER, CO 80237-1808 | | | | |
| DR R SANTI 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| DR M MADISON 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | TRUSTEE 1. | NONE | NONE | NONE |
| MR G CUMMINS 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | EXECUTIVE DIRECTOR 1. | NONE | NONE | NONE |
| MR JIM YOUNG 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | EXECUTIVE DIRECTOR 1. | NONE | NONE | NONE |
| PAM BROCKHAUS 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808 | FINANCE DIRECTOR 1. | NONE | NONE | NONE |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT. AND OTHER ALLOWANCES |
|------------------|--|--------------|---|--|
|------------------|--|--------------|---|--|

GRAND TOTALS

| | | |
|------|------|------|
| NONE | NONE | NONE |
|------|------|------|

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

| | | | |
|--|--|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization CDA CHARITABLE AND EDUCATIONAL FUND | | Employer identification number 84-1167295 |
| | Number, street, and room or suite no. If a P O box, see instructions. 3690 SOUTH YOSEMITE STREET | | |
| | SUITE 100 | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80237-1808 | | |

Check type of return to be filed (file a separate application for each return)

| | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **PAM BROCKHAUS**

Telephone No ► **303 740-6900**

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year _____ or
 ► ☒ tax year beginning **07/01, 2008**, and ending **06/30, 2009**

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|--|-----------|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c | \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)**COPY**