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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginning , 2009, and endi	ng	·	
В	Check if a	applicable		С		D Employer Identifi	cation Number
	Addi	ress change	Please use IRS label	INTERNATIONAL CATERERS ASSOCIATION		26-00009	30
	Nam	ne change	or print or type.	EDUCATIONAL FOUNDATION		E Telephone numbe	r
	Initia	al return	See specific	C/O FRANK PULEO - 860 BAY STREET			
	\vdash	mination	Instruc- tions.	STATEN ISLAND, NY 10304			
	\mathbf{H}	ended return	""			G Gross receipts \$	17,085.
	-	lication pending	F Name a	and address of principal officer	H(a) Is this	a group return for affilia	
		incation pending	ı	As C Above	1	l affiliates included?	Yes No
_	Tay	exempt statu			If 'No,'	' attach a list (see instr	uctions)
'_ _				ATER.ORG/ICAED.PHP	-		
<u>ж</u>						exemption number	
	rt I	Summa	Corpora	ation Trust Association Other LYear of Form	ation	M State of leg	gal domicile
1 0				ganization's mission or most significant activities: TO RAIS	Z MONEY	FOR CONTIL	ILLINC
		CATERING			- MOMET	-LOK-CONTIL	10 T ING
ဥ	_	CVITING	<u> EDUCE</u>	<u>T10N.</u>			
Activities & Governance	_						
Š	2 0	Check this bo	x ►	if the organization discontinued its operations or disposed of m	ore than 2	25% of its assets	
Ğ				bers of the governing body (Part VI, line 1a)		3	25
وم م				t voting members of the governing body (Part VI, line 1b)		. 4	0
ij	5 T	Total number	r of emplo	yees (Part V, line 2a)		5	0
ਓ				eers (estimate if necessary)		6	0
⋖		_		pusiness revenue from Part VIII, column (C), line 12		7a	0.
_	b N	<u>let unrelated</u>	business	taxable income from Form 990-T, line 34		7 b	0.
					F	Prior Year	Current Year
ō				ts (Part VIII, line 1h)		83,499.	15,770.
Revenue				ue (Part VIII, line 2g)			
ě				art VIII, column (A), lines 3, 4, and 7d)		1,508.	1,315.
_				II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		05 007	17 005
				nes 8 through 11 (must equal Part VIII, column (A), line 12)		85,007.	17,085.
				ounts paid (Part IX, column (A), lines 1-3)		1,796.	
	1	-		members (Part IX, column (A), line 4)			
S S	1			nsation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a F	Professional	fundraisir	g fees (Part IX, column (A), line 11e)			
ă				nses (Part IX, colump (D), line 25)	_		
ш	1 7 (Other expens	ses (Part	X, column (A), lines 11a-1 (6) 11245 V		67,780.	8,761.
	18 T	Total expens	es Add Iı	nes 13-17 (must equal Bart IX, column (A), line 25)		69,576.	8,761.
	19 F	Revenue less	s expense	s Subtract line 18 from the NAR 1 7 2010		15,431.	8,324.
8 8				S Subtract line to industrie MAR 1 / Zurin	Begi	nning of Year	End of Year
Net Assets or Fund Balancos	20 T	Total assets	(Part X, Ii	ne 16)		74,871.	83,194.
\$ P	21 T	Total liabilitie	s (Part X	, line 26) OGDEN, UI		0.	0.
Ş	22 N	Vet assets or	r fund bala	ances. Subtract line 21 from line 20		74,871.	83,194.
Pa	rt II		ure Blo		<u>'</u>		
		Under penaltie	es of perjuply,	I declare that I have examined this return, including accompanying schedules and si Declaration of pergare (other than officer) is based on all information of which pre	tatements, an	d to the best of my know	wledge and belief, it is
		true, correct, a	and compete	Declaration of prepare (other than officer) is based on all information of which pre	parer has any	/ knowledge	•
Sig	gn	 ►		ankfula		3-5-	10
He	re	Signature	of officer		D	ate	
		► FRAN	K PULE	σ U	Trea	surer	
		Type or p	rint name an	d title			
			-	Date		JIICUN II I (SAE	parer's identifying number instructions)
Pa		Preparer's				self- employed ►	•
Pro		signature	► MIC	HAEL R. SANTINO, CPA Muhael avaluro 2/4	7/10	P0	0318293
pa Us	rer's	Firm's name (or Mar	k A. Coller, CPA	·		
On		yours if self- employed),		Seguine Avenue		EIN ► 13-360)5988
J .,		address, and ZIP + 4		ten Island, NY 10309		Phone no ► (718	
May	the IR	S discuss th		with the preparer shown above? (see instructions)			X Yes No
_				rwork Reduction Act Notice, see the separate instructions.		TEEA0113L 12/29/0	
			-	•			` '\

	n 990 (2009) INTERNATIONAL CATERERS ASSOCIATION	26-000093	<u> </u>		Page 2
	rt III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission. TO RAISE MONEY FOR CONTINUING CATERING EDUCATION.				
2	Did the organization undertake any significant program services during the year which were not listed on t	he prior	_		
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O				
3	3, 3 , 1 3	ces?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services I and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	by expenses Se allocations to ot	ction 5 hers, t	501(c) he tot	(3) al
4:	a (Code:) (Expenses \$7,453. including grants of \$) (ROUTE OF MEMBERS MORE EDUCATIONAL BENEFITS. TO PROVIDE SCHOLARSHIED DESERVING CATERERS, ENABLING THEM TO ATTEND THE ICA'S EDUCATIONAL REDUCED RATES.	CONFERENCE		7,0	85.)
		 -			
41	b (Code) (Expenses \$ including grants of \$) (R	evenue \$)

4	c (Code) (Expenses \$ including grants of \$) (R	evenue \$	-)
4	d Other program services. (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ► 7, 453.				

Part IV Checklist 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes' ? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
	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	,		
•	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			
	PDid 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			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	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? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain a separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		<u>X</u>
	A Was the organization included in a consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	DIDID DID DID THE ORGANIZATION HAVE AGGREGATE REVENUES OF EXPENSES OF MORE THAN \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>	15		X
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, Part III	16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
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		Х
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	10		v
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X

F	Form 990 (2009) INTERNATIONAL CATERERS ASSOCIATION	26-0000930	<u>) </u>	P	age 4
П	Part IV Checklist of Required Schedules (continued)				
_				Yes	No
	21 Did the organization report more than \$5,000 of grants and other assistance to governments and organiunited States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	zations in the	21		_ X
	22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	States on Part	22		Х
	23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organ and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' Schedule J		23		X
	24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$ as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b complete Schedule K. If 'No, 'go to question 25	100,000 through 24d and	24a		Х
	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 y any tax-exempt bonds?	ear to defease	24c	_	
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		24d		
	25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction disqualified person during the year? If 'Yes,' complete Schedule L, Part L	tion with a	25a		<u> </u>
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Y Schedule L, Part I		25b		Х
	26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated em disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule	ployee, or e <i>L, Part II</i>	26		х
	27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, si contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes, Schedule L, Part III	' complete	27		х
	28 Was the organization a party to a business transation with one of the following parties, directly or indire Schedule L, Part IV instructions for definitions of 'direct' and 'indirect' and applicable filing thresholds, c and exceptions).	ctly (see onditions,		. 1. ii	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	. [28a		Х

b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV **c** An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If 'Yes,' complete Schedule L, Part IV* Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule MDid the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II

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

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 235

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36

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

Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19? 38

38_		X
37		X
36		х
35	· · · · · ·	х
34		Х
33		Х
32		X

28b

28c

29

30

31

BAA

Form **990** (2009

INTERNATIONAL CATERERS ASSOCIATION 26-0000930 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 Information Returns Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1_b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 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 0 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь 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 **b** If 'Yes,' enter the name of the foreign country: **b** See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?. 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c X d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f Х

9 Sponsoring organizations maintaining donor advised funds.	
a Did the organization make any taxable distributions under section 4966?	
b Did the organization make any distribution to a donor, donor advisor, or related person?	[
10 Section 501(c)(7) organizations. Enter	
a 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	10Ь
11 Section 501(c)(12) organizations. Enter:	
a Gross income from other members or shareholders	11a

h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

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

b Gross income from other sources (Do not net amounts due or paid to other sources against 12

g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

	amounts due of received from them)	110		l I	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie	of Forr	n 1041?	12a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			

BAA

holdings at any time during the year?

7g

7h

8

9a

9b

X X

26-0000930 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No						
1 a	a Enter the number of voting members of the governing body 1a 25									
ı	b Enter the number of voting members that are independent			1						
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?									
3	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?									
4	4 Did the organization make any significant changes to its organizational documents									
	since the prior Form 990 was filed? .			X						
5 Did the organization become aware during the year of a material diversion of the organization's assets?										
6	Does the organization have members or stockholders?.	6		X						
7 8	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х						
ŧ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
á	a The governing body?	8a		X						
ŧ	b Each committee with authority to act on behalf of the governing body? .	8b		X						
9	Is there any officer, director or 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	:	х						
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal	_		<u> </u>						
Reve	enue Code)									
			Yes	No						
10 a	a Does the organization have local chapters, branches, or affiliates?	10a		_X						
ı	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b								
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 See Schedule O	11		Х						
12 a	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х							
ŀ	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X						
(c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		Х						
13	Does the organization have a written whistleblower policy?	13		X						
14	Does the organization have a written document retention and destruction policy?	14		X						
15	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:	Ŷ.								
	a The organization's CEO, Executive Director, or top management official?	15a		X						
ŀ	b Other officers of key employees of the organization?	15b		X						
	Describe the process in Schedule O (see instructions)									
16 a	a 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		X						
ŀ	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt									
5^-	status with respect to such arrangements?	16b								
	List the states with which a copy of this Form 990 is required to be filed None									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as	– – - vailabl	e for	– – – public						
	Inspection. Indicate how you make these available Check all that apply Own website Upon request			-						
19		cy, an	d fina	ncıal						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organic	ınızatı	on:							
- 1	FRANK PULEO, TREASURER 860 BAY STREET STATEN ISLAND NY 10304 718-448-4252									

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 organizations's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of 'key employees.'

X Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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0.

 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.

(A)				(c)			(D)	(E)	(F)
Name and Title See Schedule 0	Average hours per week	P Individual trustee or director	institutional trustee	(check Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ALLAN ELIAS										
Trustee	0	X						0.	0.	0.
LOUIS GUENIOTTrustee	0	Х						0.	0.	0.
NILS JOHANASSON										
Trustee	0	Х				<u></u>		0.	0.	0.
LARRY LEVY						,				
Trustee	0	Х			_			0.	0.	0.
DAN MAST	_									
Trustee	0	Х						0.	0.	0.
DAVID MCDOUGAL										
Trustee	0	X						0.	0.	0.
BRUCE POTTER										<u>.</u>
Trustee	0	Х						0.	0.	0.
ED SHAMAS		,								
Trustee MILES THEURICH	0	Х	-	_	\vdash			0.	0.	0.
Trustee	┨ 。	Х						0.		0
D. ALLEN WINT	 	_^	<u> </u>	-		<u> </u>		Ų.	0.	0.
Trustee	┨ 。	x						0.	0.	•
MARA ROUTH	 			<u> </u>	 			U.	0.	0.
Secretary	1 0	х						0.	0.	0
WILLIAM HORAN	1 -		-	\vdash	 	<u> </u>	\vdash	<u> </u>	0.	0.
Trustee	1 0	х						0.	0.	0.
LON LANE	 				\vdash			0.	0.	0.
Chairman	1 0	Х						0.	0.	0.
OLGA LEMBESIS	-						-	<u> </u>	.	<u></u>
Trustee	1 0	х						0.	0.	0.
DEBRA LYKKEMARK	+	<u> </u>	\vdash				-	 	0.	
Trustee	1 0	X						0.	0.	0.
		1 44		L			L	<u>. </u>	0.	υ.

BAA

JACK MILAN Trustee

LARRY GREEN Trustee

TEEA0107L 11/10/09

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0

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X

Form 990 (2009)

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Part VII Section A. Officers, Directors, Trus (A)	(B)	\ey	En			es,	an			
` Name and Title	Average	Posi	ition (c) k all t	hat a	pply)	(D) Reportable	(E)	(F)
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GINGER KRAMER Trustee	0	х						0.	0.	0
JAN ROCCO Trustee	0	х						0.	0.	0
COLLEEN WALKER Trustee	0	х						0.	0.	0
FRANK PULEO Treasurer	0			Х				0.	0.	0
JOHN MANGELOS Chairman	0			х				0.	0.	0
		ļ								
		ļ								
								<u> </u>		
1 b Total							>	0.	0.	0
2 Total number of individuals (including but not limited from the organization ► 0	d to tho	se In	sted	abo	ove)	who	rec	ceived more than	\$100,000 in reporta	
 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of re the organization and related organizations greater thindividual 	ndividua portable	l e cor	nne	nsat	ıon	and	othe	er compensation t	rom .	3 X 4 X
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atio for	n fro sucl	om a h pe	any rsor	unre 1	late	d organization for	services	5 X
Complete this table for your five highest compensat compensation from the organization.	ed inde	pend	dent	con	trac	tors	thai	t received more th	nan \$100,000 of	
(A) Name and business addres	s							(B) Description o	of Services	(C) Compensation
		-								
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımıl	ted t	to th	ose	liste	ed a	bove) who receive	ed more than	·····

	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f: h Total. Add lines 1a-1f	0. 15,770.			
PROGRAM SERVICE REVENUE	Business Code 2 a b c d e f All other program service revenue g Total. Add lines 2a-2f				
	 Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds Royalties 	1,315.			1,315.
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory		About and		
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	>	*		
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events		Comments of the comments of th		
	9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities				\$ 5
	10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	-	3 to 10 to 1		
	b c d All other revenue e Total. Add lines 11a-11d	>	we commence while one of the our		
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9 10c, and 11e	^c ,► 17,085.	0.	0.	1,315.

Part IX | Statement of Functional Expenses

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

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

Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			, , ,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				* 3 ** 1
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			* 1 1 1	
5	Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.1	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees)				
	Management		· · · · · · · · · · · · · · · · · · ·		
	Legal				
	Accounting	1,308.		1,308.	
	Lobbying			V 987 a	
	Prof fundraising svcs See Part IV, In 17		·	11 11 X X X X X X X X X X X X X X X X X	
	Investment management fees				
	Other	250	250		
12 13	Advertising and promotion	250.	250.		
14	Office expenses 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	2,803.	2,803.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
•	SCHOLARSHIPS	4,400.	4,400.	- 3 /	<u> </u>
	BANK FEES	4,400.	4,400.		
-					·
•	`				 ,,,,,
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,761.	7,453.	1,308.	0.
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation		·	1	Form 990 (2009)
					()

Balance Sheet

Part X

(A) (B) End of year Beginning of year 24,362 1 31,384. 1 Cash - non-interest-bearing 2 50,508 Savings and temporary cash investments 51,810. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10 c 11 11 Investments - publicly-traded securities . . 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 15 Other assets See Part IV, line 11 74,871. 83,194 16 Total assets Add lines 1 through 15 (must equal line 34). 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities, Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 0. 26 0 Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 74,871 32 83,194 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 74,871. 33 83,194 34 Total liabilities and net assets/fund balances 74,871. 83,194

BAA Form 990 (2009)

Form 990 (2009) INTERNATIONAL CATERERS ASSOCIATION	26-0000930	Р	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other	mada w		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2	a	Х
b Were the organization's financial statements audited by an independent accountant?	. 2	b	Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?		c	
If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we d consolidated basis, separate basis, or both		d	
separate basis consolidated basis both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?		а	X
b If 'Yes,' did the organization undergo the required audit or audits?		b	

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 **2009**

Open to Public Inspection

EDUCATIONAL CATERERS ASSOCIATION EDUCATIONAL FOUNDATION							26-000930						
Part I Reason for Public Charity Status (All organizations must complete this pa						nart \							
									<u> </u>	i struct	10113		
1	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).												
2	\vdash	•		A)(ii). (Attach Schedule I		Section	1 170(0)	(') () ()	·•				
3	-			e organization described	-	on 170/i	-V1VΔV	:::\					
4	\vdash		•	ed in conjunction with a h		•		•	0/6/11//	Wiii Er	stor the ho	coutal's	_
4	_	ne, city, and sta		a in conjunction with a n	iospitai t	rescribe	u III Sec	don 17	v(n)(i)(v	()(III) CI	iter the no	spitais	•
5	☐ An o	organization op		of a college or university	owned	or opera	ated by	a gover	nmental	unit des	cribed in	sectio	n
6				governmental unit descri									
7	岩'm s	ection 170(b)(1	(Complete P	· ·		_	vernme	ntal uni	t or from	the gen	neral public	desc	rıbed
8	∐ A co	mmunity trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	l.)							
9	from inve	activities relate stment income	d to its exempt function	more than 33-1/3 % of its is – subject to certain excess taxable income (less complete Part III)	eptions, a	and (2) r	o more t	han 33-	1/3 % of	its suppo	ort from aro	SS	after
10	An e	organization or	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	ı 509(a)	(4).				
11	mor	e publicly supp	orted organizations o	exclusively for the benef described in section 509(zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2) See	of, or car section	ry out th 509(a)(3	ne purpose). Check t	s of or he box	ne or k that
	аГ	Type I	b Type II			_		ed		d \square	Type III-	Other	r
е	a												
f	If th		received a written det	ermination from the IRS	that is a	Type I,	Type II	or Typ	e III sup	porting c	organizatio	n, ·	
g	Sind	e August 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	7		
												Yes	No
	(i)	a person who	directly or indirectly	controls, either alone or	together	with pe	rsons de	escribed	d in (ii) a	and (III)			
	(11)			upported organization?.					• • •		11 g (i)	-	
	(ii)	-	nber of a person desc	**		•					11 g (ii)		
	(iii)			described in (i) or (ii) a		•					11 g (iii)	<u>'</u>	L
<u>h</u>				the supported organization	Ī				Γ				
(i) Name of Supported Organization Organizat						nt of Su	oport						
					Yes	No	Yes	No	Yes	No			
						<u> </u>							-
							<u> </u>						
										j			
	-												
		 											
				ļ	 	_	<u> </u>	<u> </u>	ļ				

Par	t II Support Schedule for				(b)(1)(A)(iv) ar	id 170(b)(1)(A)((vi)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Pari	<u>t I) </u>	 		
Calendar year (or fiscal year beginning in) ►		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	49,222.	71,460.	68,000.	83,499.	15,770.	287,951.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				,		0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-through 3	49,222.	71,460.	68,000.	83,499.	15,770.	287,951.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported	•	**************************************	**************************************	WAARA 6	¥* ,	
	organization) included on line 1	ŕ	• •		* *	, "	
	that exceeds 2% of the amount shown on line 11, column (f)	<i>j "</i> "	4 y . >	·	* / *		0.
6	Public support. Subtract line 5 from line 4	· .	î * i	* :	2° × 3		287,951.
Sec	tion B. Total Support						
Calendar year (or fiscal year beginning in) ►		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	49,222.	71,460.	68,000.	83,499.	15,770.	287,951.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	34.	80.	1,815.	1,508.	1,315.	4,752.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10	e: } ,		· `. #	,	Y 1. *	292,703.
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12	0.
	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
	tion C. Computation of Pu			. 11			00.44
14	Public support percentage for 20	• ,	• • • • • • • • • • • • • • • • • • • •	ne II, column (f)		14	98.4%
	15 Public support percentage from 2008 Schedule A, Part II, line 14 16 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the 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 — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.						
t	b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.						
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a	a, or 17b, check t	his box and see in	structions -
BAA					Sc	chedule A (Form 99	90 or 990-EZ) 2009

INTERNATIONAL CATERERS ASSOCIATION 26-0000930 Schedule A (Form 990 or 990-EZ) 2009 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) Section A. Public Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 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 amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) ۰. ک Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19 a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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-E	EZ) 2009	INTERNATIONAL	CATERERS	ASSOCIATION	26-0000930	Page 4
Part IV	Supplemental I Part II, line 17a	nformation or 17b;	on. Complete this or Part III, line 12	part to prov Provide an	ide the explanat	tion required by Part II, line al information. See instruc	e 10; tions.
•					 -		
		. – – – –					
							
							
	- -						
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	-						
							
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					-		
			_ 				

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

► Attach to Form 990.

Name of the organization INTERNATIONAL CATERERS ASSOCIATION	Employer identification number
EDUCATIONAL FOUNDATION	26-0000930
Form 990, Part VI, Line 10 - Form 990 Review Process	
No_review_was_or_will_be_conducted	·
	·
	·
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