

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



**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)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginni	ng	, 2009	, and endin	g		,				
		applicable		C			-		Employ	er Identifi	cation Number			
	Addr	ress change	Please use IRS label	CA GROCERS A	ASSOC EDUC	FOUNDATION	•		68-0	02647	45			
	$\vdash$	ie change	or print or type.	1415 L STREE				E	Telepho					
	-	_	See specific	SACRAMENTO,					(91)	6) 44	8-3545			
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	$\vdash$	nination	tions.					. ا		_	0.05	401		
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	Appl	lication pending	1	and address of principal of	fficer			H(a) is this a g			₩ 1	X No		
	_			AS C ABOVE	<del></del>			H(b) Are all aff	inates inci lach a list		uctions) Yes	No No		
<u> </u>	Tax-e	exempt statu	ıs  X   501	(c) (3 ) <b>◄</b> (ıı	nsert no.)	4947(a)(1) or	527	., .		`	ŕ			
J	Webs	site: ► CA	GROCER	RS.COM/FOUNDA	TION.ASP			H(c) Group exc	emption nu	ımber 🟲				
K	Form o	of organization	X Corpora	ation Trust A	Association Other	- L	Year of Format	ion 1991	M s	state of leg	gal domicile CA			
Pa	rt I	Summa												
				ganization's missior	or most significa	ent activities F	ROMOTE	EDUCATI	ON, R	ESEAF	RCH AND			
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Achilles & Governance	_	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<del>2-1</del> 0 13	. 240-2-1-1-1-1										
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ě.	2 0	heck this bo	1× ► [	if the organization	discontinued its o	perations or dis	nosed of mo	re than 259	of its	assets		. – – –		
ŏ				bers of the governi		•	, , , , , , , , , , , , , , , , , , ,		i	3		8		
<b>್</b>				nt voting members of			ne 1b)			4		8		
ڪ				yees (Part V, line 2						5		0		
3	6 T	otal number	of volunt	teers (estimate if ne	ecessary)					6		0		
	7a ⊺	otal gross u	nrelated b	business revenue fr	om Part VIII, colu	mn (C), line 12				7a		0.		
ලා	bΝ	Net unrelated	business	s taxable income fro	om Form 990 <sub>-</sub> T, li	пе 34				7 b		0.		
EVI								Pri	or Year		Current Ye	ear		
$\leq$	8 (	Contributions	and gran	nts (Part VIII, line 11	h)				673,3	197.		637.		
7		Program service revenue (Part VIII, line 2g)												
⊘š ē		-		art VIII, column (A),		d)			54,0	00.	29,	529.		
<u>ij</u>				III, column (A), line					•		89,	116.		
<u>z</u>	i .		nes 8 through 11 (r		727,3	197.	625,	282.						
4				ounts paid (Part) IX					939,9	72.	389,	461.		
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				IX. column (A), line				1,	059,2	91.	123,	424.		
	18 7	Fotal expens	es Add l	nes 19-1) Imust eq	ual Part IX, colur	nn (A), line 25)		2,	939,2	35.	582,	<u>985.</u>		
	19 F	Revenue less	expense	Subtract line 18	from line 12			-2,	211,8	38.	42,	297.		
8 8		-						Beginn	ing of Y	ear	End of Ye	ar		
Assets or 1 Belances	20 7	Total assets	(Part X. Iı	ine 16)					059,2		1,120,			
48		Total liabilitie							70,2			064.		
ž.			•	ances Subtract line	21 from line 20				988,9		1,028,			
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1.6										, , ,	1			
		true, correct.	es of perjury, and complete	l declare that I have exam Declaration of preparer	nined this return, includ (other than officer) is b	ing accompanying sc sed on all informatio	nedules and stat n of which prepa	rements, and to arer has any kn				i IS		
c:				$\overline{}$	- A-	$ \geq $		1	51	12/	/ >			
Sig He	JII	Signature	of officer		<del>- \( \</del>			Date						
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			LD FON					PRESII	JENT 8	x CEO	<del></del>			
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Α.	•			1	10	·	Date	Chec self-		(see	parer's identifying r e instructions)	unioei		
Pa		Preparer's	. /	V/1 11 to 11	11.11/1/11		1	emp	loyed 🏲	Ш				
Pro	e- rer's	signature		nous &	VUV	<del>-</del>	4/08/1	0	'A					
pa Us		Firm's name (or DAMORE HAMRIC & SCHNEIDER INC.												
Or		yours if self employed). ► 2856 ARDEN WAY, SUITE 200						EIN	► N	/A				
-	,	address, and ZIP + 4	SAC	RAMENTO, CA	95825-1379	Pho	Phone no ► (916) 481-2856							
Ma	v the IF	RS discuss th		with the preparer s	hown above? (see	e instructions)					X Yes	No		

Form **990** (2009)

<u>Form</u>	990 (2009) CA GROCERS ASSOC EDUC FOUNDATION	68-0264/45	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
•	PROMOTE EDUCATION, RESEARCH AND COMMUNITY SERVICE IN THE GROCERY I	NDUSTRY.	
2	Did the organization undertake any significant program services during the year which were not listed on t		
	Form 990 or 990-EZ?	Yes [	X] No
3	If 'Yes,' describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program servi	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 Section 501 allocations to others, the	(c)(3) total
4 a	(Code	evenue \$ 313	,760.)
	PROVIDE SCHOLARSHIPS AND TUITION REIMBURSEMENT FOR EMPLOYEES OF TH		
4 t	(Code) (Expenses \$ including grants of \$) (R	tevenue \$	)
40	: (Code) (Expenses \$ including grants of \$) (R	Revenue \$	)
40	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4	e Total program service expenses ► 499, 527.		

Page 3

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 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 similar funds or 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_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		x
10	, , , , , , , , , , , , , , , , , , , ,	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
•	<ul> <li>Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule         D, Part VI</li> </ul>			
•	<ul> <li>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</li> </ul>			
•	<ul> <li>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</li> </ul>			
	<ul> <li>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</li> </ul>			
•	• 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 separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Χ_	
12	A Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	<b>b</b> Did the organization have aggregate revenues or 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		Х
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, Part II	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		<u>x</u>
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	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	
	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  Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X
20	Did the organization operate one or more hospitals: If Tes, complete Schedule II		L	1 41

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Form 990 (2009) CA GROCERS ASSOC EDUC FOUNDATION
Part IV Checklist of Required Schedules (continued)

			7.	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
ŀ	o 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		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
١	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	<b>a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х_
	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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29		29_	-	X
30	contributions? If 'Yes,' complete Schedule M	30		X
31		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	-	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>x</u>
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		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	
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Form **990** (2009)

Statements Regarding Other IRS Filings and Tax Compliance Part V No Yes 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 1a 3 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 Х 10 (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 Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 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 X **b** 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 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 X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6ь 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 X provided to the payor? 7a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7Ы Х c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X **7**f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against

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amounts due or received from them.)

Form 990 (2009)

12 a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

11 b

**Governing Body and Management** 

Section A.

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No				
1 a	a Enter the number of voting members of the governing body	3		-				
	Enter the number of voting members that are independent  1b	3						
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1						
2	officer, director, trustee or key employee?	2		<u>X</u>				
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		X				
4	Did the organization make any significant changes to its organizational documents	4		X				
	since the prior Form 990 was filed?			Х				
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?								
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
ŧ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X				
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	Χ					
	b Each committee with authority to act on behalf of the governing body?	86	Х					
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 Interna	ī						
	enue Code )							
			Yes	No				
10	a Does the organization have local chapters, branches, or affiliates?	10 a		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?	10b						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х					
11.	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O							
12	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х					
ı	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х				
(	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		Χ_				
13	Does the organization have a written whistleblower policy?	13	Х					
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?							
	a The organization's CEO, Executive Director, or top management official	15a		X				
	<b>b</b> Other officers of key employees of the organization	15 b		X				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)							
16	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				
ا	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							
	status with respect to such arrangements?	16b	L	Ц				
	ction C. Disclosures							
	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available Check all that apply	ivailab	le tor	public				
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public SEE SCHEDULE O			ancial				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the ore RONALD FONG 1415 L STREET SACRAMENTO CA 95814 (916) 448-3545	janızal 	tion 					

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Form 990 (2009)

## 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 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.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did no	t comper	sate a	ny (	curre	ent	officer	, dır	ector, or trustee		
(A)	(B)			(	c)			(D)	(E)	(F)
Name and Title	Average hours				_	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BRAD ASKELAND										
TRUSTEE	11	X						0.	0.	0.
JOHN NIEMAN TRUSTEE	1	х						0.	0.	0.
JACQUIE SLOBOM										
TRUSTEE	1	Х						0.	0.	0.
CHRIS CLARK										
SECRETARY/TREAS	1	X			<u> </u>			0.	0.	0.
RAY FAGER		<sub>v</sub>						_		•
TRUSTEE BOB LING	1	Х	┝		-	<del> </del>		0.	0.	0.
TRUSTEE	1	х						0.	0.	0.
GEORGE FRAHM	<u> </u>	<u> </u>							•	
TRUSTEE	1	X				ł		0.	0.	0.
PAM POGGI										
ACTING CHAIR	1	Х						0.	0.	0.
RONALD FONG										
PRESIDENT & CEO	40		ļ	X				0.	_0.	0.
	_									
										· · · · · · · · · · · · · · · · · · ·
	<u>-</u>	_			_					<del> </del>
		<del> </del>			_				<u> </u>	
	<del> </del>		<u> </u>		├_	ļ	<u> </u>			

TEEA0107L 11/10/09

Part VII   Section A. Officers, Directors, Trust	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)											
(A)	(B)			((	c)	•		(D)	(E)		(F)	
Name and Title					all t	hat a	_	Reportable compensation from	Reportable compensation from		stimated	
	nours per week	Indiv	Insti	Officer	æ	Highest compensatemployee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com	pensaturom the	
		rect	tutio	er	emp	lest o	ner	(11-2/1033-111100)	(11-21033-11100)	org	anizatio id relate	
	•	or to	nstitutional trustee		employee	e on					anization	
		stee	ruste		l <sup>o</sup>	l ĕ						
•			e			ated						
					_	_						
									!			
			Ш		_	<u> </u>	_					
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	<b>!</b>											
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				-		l					-	
						<del>                                     </del>	-	-				
	i											
		l .										
						L.						
1 b Total							<b>•</b>	0.	0.			0.
2 Total number of individuals (including but not limite	d to tho	se li	sted	l ab	ove)	) wh	o re	ceived more than	\$100,000 in reporta	able co	npens	sation
from the organization   0												
											Yes	No
3 Did the organization list any <b>former</b> officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust	ee,	key	emp	oloy	ee,	or h	ghest compensat	ed employee		ļ	
										3		X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable	100	mpe	nsa	tion	and	d oth	er compensation	from			
individual	пан фіз	0,00	,,,,	,, ,	62	COII	ipiei	e Scriedale 3 loi .	Sucri	4		X
5 Did any person listed on line 1a receive or accrue of	ompans	atio	n fra	nm :	anv	unr	olate	ed organization fo	r services			
rendered to the organization? If 'Yes,' complete Sci	hedule J	l for	suc	h pe	erso	n		o organization to	30141003	5		Х
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	ntra	ctors	s tha	it received more t	han \$100,000 of			
								<u> </u>				
(A) Name and business address  (B) Description of Services Cor								Compe	C) Insatir	n		
Name and business address	<u>.                                    </u>				_			Description	DI OCIVICOS	ООПІРС	113411	<del></del>
										•		_
						_						
2 Total number of independent contractors (including	but not	lımı	ted	to th	10S6	e list	ted a	above) who receiv	ed more than			
\$100,000 in compensation from the organization								.,				

Par	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	to 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	506,637.			
PROGRAM SERVICE REVENUE	Business Code  2 a  b  c  d  e  f All other program service revenue  g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss)	29,529.			29,529.
	d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  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 \$\frac{159,540}{159,540}\$.  of contributions reported on line 1c).  See Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  9a Gross income from gaming activities.  See Part IV, line 19				89,116.
	b Less: direct expenses c Net income or (loss) from gaming activities  10a 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				
	b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	<del></del>	0.	0.	118,645.

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 1	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	389,461.	389,461.		
3	Grants and other assistance to governments,* organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	70,100.	59,500.	10,600.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				·
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
ŧ	Legal	900.		900.	
•	: Accounting	4,950.		4,950.	
	l Lobbying	<del></del>			<del></del>
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
-	) Other				
12	Advertising and promotion				
13	Office expenses	13,327.	13,000.	327.	
14	Information technology	1,250.		1,250.	<del></del>
15	Royalties				
16	Occupancy	59,000.		59,000.	
17	Travel	5,083.	4,257.	826.	
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				<u>.                                    </u>
22					
	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	2,458.		2,458.	1
	below)	21 540	21 540		· · · · · · · · · · · · · · · · · · ·
	SERVICE FEE FOR PROGRAM	31,549.	31,549.	004	<del></del>
	PRINTING AND PUBLICATIONS	1,957.	1,063.	894.	
	POSTAGE AND SHIPPING	988.	697.	291.	<del></del>
	A AWARDS & GIFTS	474.	<del></del>	474.	
	E TELEPHONE	473.	<del></del>	473.	
	All other expenses	1,015.	400 527	1,015.	
	Total functional expenses. Add lines 1 through 24f	582,985.	499,527.	83,458.	0.
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
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Par	<u>n,x</u>	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing.			22,783.	1	25,902.
	2	Savings and temporary cash investments			974,225.	2	1,001,418.
	3	Pledges and grants receivable, net	56,000.	3	74,500.		
	4	Accounts receivable, net	2,600.	4	1,850.		
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part		5			
	6	Receivables from other disqualified persons (as defin	ed und	ler section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Com		6			
A S E T S	7	Notes and loans receivable, net				7	
Ĕ	8	Inventories for sale or use				8	
s	9	Prepaid expenses and deferred charges			3,683.	9	16,350.
	10 a	Land, buildings, and equipment, cost or other basis	10 a	9,000.			i
		Complete Part VI of Schedule D	`			   <b>-</b> -	
	Ь	Less: accumulated depreciation.	10b	9,000.		10 c	
		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	
		Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets Add lines 1 through 15 (must equal line	34)		1,059,291.	16	1,120,020.
	17	Accounts payable and accrued expenses			2,646.	17	3,254.
	18	Grants payable		18			
.	19	Deferred revenue			67,650.	19	87,810.
ו	20	Tax-exempt bond liabilities				20	
B	21	Escrow or custodial account liability Complete Part				21	
ABILITIES	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, rsons	key employees, Complete Part II			
<u>i</u>		of Schedule L				22	
š	23	Secured mortgages and notes payable to unrelated the	nird pa	rties		23	
	24	Unsecured notes and loans payable to unrelated third	l partie	s		24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	11		70,296.	26	91,064.
Ĕ		Organizations that follow SFAS 117, check here	X ar	nd complete lines			
		27 through 29 and lines 33 and 34.		į			
ŠΙ	27	Unrestricted net assets			910,928.		935,456.
7 1	28	Temporarily restricted net assets			78,067.	28	93,500.
	29	Permanently restricted net assets			29		
R		Organizations that do not follow SFAS 117, check he	ere 🟲	and complete			
E UZD		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equip				31	
Ă	32	Retained earnings, endowment, accumulated income	ner funds		32	1 222 275	
BALANCES	33	Total net assets or fund balances.			988, 995.	33	1,028,956.
<u> </u>	34	Total liabilities and net assets/fund balances			1,059,291.	34	1,120,020.

 \$ 34 Total liabilities and net assets/fund balances
 1,059,291.
 34
 1,120,020.

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 Form 990 (2009)

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Form 990 (2009)

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#### SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization Employer identification number CA GROCERS ASSOC EDUC FOUNDATION 68-0264745 Reason for Public Charity Status (All organizations must complete this part.) See instructions 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 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after q June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization. check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 q (iii)

	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	s the ion in col I in your rning ment?	(v) Did you notify the organization in col (i) of your support?		(vi) I organızatı (i) organız U S	s the ion in col zed in the S ?	(vii) Amount of Support
				Yes	No	Yes	No	Yes	No	
<u> </u>				<u> </u>		<u> </u> 				
				<del> </del>						•
			<del>-</del>	ļ						<u> </u>
				<u> </u>						
_		<u> </u>		ļ						
tal										

Par	Support Schedule for	-			(D)(I)(A)(IV) an	ia i / U(b)(	I)(A)(	(VI)		
Sec	(Complete only if you check tion A. Public Support	ed the box on line	: 5, 7, 01 6 01 Fa							
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')									
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
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						-			
4	Total. Add lines 1-through 3			<u></u>						
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	<b>Public support.</b> Subtract line 5 from line 4									
Sec	tion B. Total Support	-				1				
Cale begi	alendar year (or fiscal year eginning in)         (a) 2005         (b) 2006         (c) 2007         (d) 2008         (e) 2009         (f) Total year						(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	<b>Total support.</b> Add lines 7 through 10									
12	Gross receipts from related activ	rities, etc (see in:	structions)				12			
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section	501(c)	(3)		
	tion C. Computation of Pu									
14 15	Public support percentage for 20 Public support percentage from		•	ne 11, column (f)			14 15	<u>%</u> %		
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	not check the b	ox on line 13, and organization	d the line 14 is 33	3-1/3 % or m	nore, c	heck this box		
t	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a put	not check a box blicly supported o	on line 13, or 16 organization	a, and line 15 is 3	3-1/3% or n	nore, c	theck this box		
17 <i>a</i>	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.									
	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.									
	Private foundation. If the organi	zation did not che	ck a box on line	, 13, 16a, 16b, 17						
BAA					Sc	пепие 🕰 (Н	arm 49	90 or 990-EZ) 2009		

# 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)

<u> </u>	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	287,580.	322,921.	381,509.	502,727.	506,637.	2,001,374.
2	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	purpose Gross receipts from activities that are not an unrelated trade or business under section 513	272,762.	186,650.	273,200.	411,389.	359,315.	1,503,316.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	560,342.	509,571.	654,709.	914,116.	865,952.	3,504,690.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	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	0.	0.	0.	0.	0.	0.
c	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						
	7c from line 6.)						3,504,690.
Sec	tion B. Total Support				•		
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
9	Amounts from line 6	560,342.	509,571.	654,709.	914,116.	865,952.	3,504,690.
10 a	d Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form				50 710		
	similar sources	21 764	33 525	12 711		20 620 1	170 2/10
t		21,764.	33,525.	43,711.	50,719.	29,529.	179,248.
	similar sources  Unrelated business taxable income (less section 511 taxes) from businesses	21,764.	33,525. 33,525.	43,711.	50,719.	29,529.	
11	similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is						0. 179,248. 0.
11	similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  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)  Total support. (add Ins 9, 10c, 11, and 12)	21,764.	33,525.	43,711.	50,719.	29,529.	0. 179,248. 0. 3,683,938.
11	similar sources  O Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  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)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990	21,764.	33,525.	43,711.	50,719.	29,529.	0. 179,248. 0. 3,683,938.
11 12 13 14	similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b  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)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	21,764.	33,525.	43,711.	50,719.	29,529.	0. 179,248. 0. 3,683,938.
11 12 13 14 Sec	Similar sources  Ounrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. 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)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	21,764.  Is for the organizatop here  blic Support P	33,525. ation's first, secon	43,711.	50,719.	29, 529.	0. 179,248. 0. 3,683,938. (3) ► □
11 12 13 14 Sec 15	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b 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)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and extion C. Computation of Pul Public support percentage for 20	21,764.  Is for the organization here  blic Support P  09 (line 8, column	33,525.  ation's first, secon  ercentage  n (f) divided by line	43,711.	50,719.	29, 529. a section 501(c)	0. 179,248. 0. 0. 3,683,938. (3) ► □
11 12 13 14 Sec 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b 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)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage from 200 public support percentage from	us for the organizatop here blic Support P 09 (line 8, column 2008 Schedule A,	ation's first, secon ercentage n (f) divided by line Part III, line 15	43,711.  d, third, fourth, one 13, column (f).	50,719.	29, 529.	0. 179,248. 0. 3,683,938. (3) ► □
11 12 13 14 Sec 15 16 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b 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)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and the support of the support of Public support percentage from 20. Public support percentage from tition D. Computation of Invitation 1.	21,764.  Is for the organization here  blic Support P  109 (line 8, column 2008 Schedule A, estment Incor	ation's first, seconercentage of (f) divided by line Part III, line 15 one Percentage	43,711.  d, third, fourth, one 13, column (f))	50,719.	29, 529.  a section 501(c)	0. 179,248. 0. 0. 3,683,938. (3) ► □ 95.1% 95.1%
11 12 13 14 Sec 15 16 Sec 17	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b 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)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from the support income percentage from Investment Income Investme	21,764.  Is for the organization here  blic Support P  109 (line 8, column  2008 Schedule A,  estment Incomor 2009 (line 10c,	ation's first, seconercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided	d, third, fourth, one 13, column (f).	50,719.	29, 529.  29, 529.  15 16	0. 179,248. 0. 0. 3,683,938. (3) ► □ 95.1% 95.1% 4.9%
11 12 13 14 Sec 15 16 Sec 17 18	Similar sources  Ounrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  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)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from the strength of Investment income percentage for Investment Income Investment	21,764.  Is for the organized stop here  blic Support Properties and the column control of the column colum	ation's first, seconercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line	d, third, fourth, one 13, column (f)).	50,719. or fifth tax year as	29, 529.  29, 529.  a section 501(c)  15  16  17  18	0. 179,248. 0. 3,683,938. (3) ► □  95.1%  95.1%  4.9%  4.9%
11 12 13 14 Sec 15 16 Sec 17 18	Similar sources  Ounrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  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)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from the strength of Investment income percentage for Investment Income Investment	21,764.  Is for the organized stop here  blic Support Properties and the column control of the column colum	ation's first, seconercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line	d, third, fourth, one 13, column (f)).	50,719. or fifth tax year as	29, 529.  29, 529.  a section 501(c)  15  16  17  18	0. 179,248. 0. 3,683,938. (3) ► □  95.1%  95.1%  4.9%  4.9%
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b 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)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from the support income percentage from Investment Income Investme	21,764.  Is for the organizatop here  blic Support P  109 (line 8, column  2008 Schedule A,  estment Incomor 2009 (line 10c,  rom 2008 Schedule  organization did not ox and stop here  the organization did	ation's first, seconercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line check the box on line The organization d not check a box	d, third, fourth, of the 13, column (f).  I by line 13, column 17 ne 14, and line 15 qualifies as a pure on line 14 or 196	or fifth tax year as more than 33-1/3 iblicly supported ca, and line 16 is n	29, 529.  29, 529.  15 16  17 18 %, and line 17 is no organization nore than 33-1/3%	0. 179,248. 0. 0. 3,683,938. (3) ► □ 95.1% 95.1% 4.9% 4.9% 4.9%

Schedule /	A (Form	990 or	990-E	EZ) 200	09 CA	GROCERS	ASSOC	EDUC	FOU	INDA'	CION	68-0264745	Page <b>4</b>
Part IV	Supp	oleme	ntal i	nforn	nation	Complete	this part	to pro	ovide	the	explan	ations required by Part II, onal information. See ins	line 10;
	Part	II, line	e I/a	or I	b; and	Part III, II	ne 12. P	rovide	any	othe	r addıtı	onal information. See ins	tructions.
							<del>-</del> -						
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#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

**Open to Public** Inspection

Employer Identification number

CA GROCERS ASSOC EDUC FOUNDATION 68-0264745 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other Nο purpose conferring impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 4 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

b Assets included in Form 990, Part X

a Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

Schedule <b>D</b> (Form 990) 2009 CA GF	OCERS ASSOC F	DUC FOUNDATIO	ON.	68-0264	1745 Page <b>2</b>
Part III Organizations Maintai					
3 Using the organization's acquisition items (check all that apply)	on accession and oth	ner records, check ar	y of the following tha	t are a significant use	of its collection
a Public exhibition		<b>d</b> Loan or ex	change programs		
<b>b</b> Scholarly research		e Other			
c Preservation for future gener	ations				-
4 Provide a description of the organ Part XIV	nization's collections	and explain how the	y further the organiza	tion's exempt purposi	e in
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive ather than to be mail	donations of art, his	torical treasures, or c e organization's collec	ther similar	Yes No
Part IV Escrow and Custodia 9, or reported an amount	Arrangements (unt on Form 990)	Complete if orgai Part X. line 21.	nization answered	l 'Yes' to Form 99	0, Part IV, line
1a is the organization an agent, trus included on Form 990, Part X?			contributions or other	assets not	☐Yes ☐No
<b>b</b> If 'Yes,' explain the arrangement	in Part VIV and com	nlata tha fallawing to	phlo	L	Ties Mo
bili ies, explain the arrangement	III Fait AIV and com	piete the following to	ible.		Amount
c Beginning balance				1c	Amount
<b>d</b> Additions during the year				1 d	
e Distributions during the year				1e	<del> </del>
f Ending balance				1f	
2a Did the organization include an a	mount on Form 990	Part Y line 212		L-''-	Yes No
<b>b</b> If 'Yes,' explain the arrangement		rare X, line 21		L	
Part V Endowment Funds Con		ation answered "	Yes' to Form 990	Part IV line 10	
Tart V   Endowment and Con	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	(a) carrent year	(b) Thor your	(c) Two years back	(d) Thice years back	(c) Tour years back
<b>b</b> Contributions					
<b>b</b> Continuations	<del></del>	<del></del>			
c Net Investment earnings, gains, and losses			·		
<b>d</b> Grants or scholarships					
<ul> <li>Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses					
<b>g</b> End of year balance					
2 Provide the estimated percentage	e of the year end bal	ance held as			
a Board designated or quasi-endow	vment ►_	8			
<b>b</b> Permanent endowment ►	*	<del></del>			
c Term endowment ►	<u> </u>				
3a Are there endowment funds not i	n the possession of t	he organization that	are held and adminis	tered for the	

organization by:

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(II), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds.

		162	110
3	a(i)		
3	a(ii)		
	3h		

Part VI Investments—Land, Building	<b>is, and Equipment.</b> See	Form 990, Part X,	line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land				
<b>b</b> Buildings	[			
c Leasehold improvements			,	
<b>d</b> Equipment				
e Other		9,000.	9,000.	0.
Total. Add lines 1a through 1e (Column (d) mu	ıst equal Form 990, Part X, c	olumn (B), line 10(c).)	•	0.

BAA

Schedule **D** (Form 990) 2009

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

Sche	dule D (Form 990) 2009 CA GROCERS ASSOC EDUC FOUNDATION	68-0264745	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		625,282.
2	Total expenses (Form 990, Part IX, column (A), line 25).		582,985.
3	Excess or (deficit) for the year Subtract line 2 from line 1		42,297.
4	Net unrealized gains (losses) on investments		-2,336.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		-2,336.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		39,961.
Par	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	893,145.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a -2,33	36.	
	Donated services and use of facilities 2b	$\neg$	
	Recoveries of prior year grants 2c	<b>-</b>	
	Other (Describe in Part XIV) SEE PART XIV 2d 270,19	9.	
	Add lines 2a through 2d.	2e	267,863.
	Subtract line 2e from line 1	3	625,282.
1	Amounts included on Form 990, Part VIII, line 12, but not on line 1		020,202.
٦,	Investments expenses not included on Form 990, Part VIII, line 7b.		
	O Other (Describe in Part XIV)	<del></del>	
	: Add lines 4a and 4b	4c	
		5	625,282.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  † XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses		023,202.
		1	853,184.
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.		033,104.
2			
		$\dashv$ :	
		$\dashv$ !	
	COther losses 2c	<del></del>	
	d Other (Describe in Part XIV) SEE PART XIV 270,19		270 100
	Add lines 2a through 2d	2e	270,199.
	Subtract line 2e from line 1	3	582,985.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	<del> </del>	
	Add lines 4a and 4b	4c	500 005
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	582,985.
Pai	t XIV   Supplemental Information		
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this mation.	t IV, lines 1b and 2 s part to provide a	2b; Part V, ny additional
		<del>-</del>	
BAA	TEEA3304L 02/02/10	Schedule <b>D</b> (F	orm 990) 2009

Schedule D	(Form 990) 2009	CA GROCERS ASS Information (cont	SOC EDUC FOUN	NDATION		68-0264745	Page 5
Part XIV	Supplemental	Information (cont	tınued)		<del></del>	<del></del>	
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#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization						Employer identifica	ition number
CA GROCERS ASSOC EDUC FOU	INDATION					68-026474	5
Part I Fundraising Activities. Comp	lete if the orgar uired to comple	nization ar ete this pa	nswered 'Y rt.	es' to Form 990, Part I	V, line	17.	
1 Indicate whether the organization	raised funds thi	rough any	of the foll	owing activities Check	all that	apply	
Mail solicitations		,		Solicitation of non-			
Internet and email solicitations	:			Solicitation of gove	-	_	
Phone solicitations	•			Special fundraising		-	
<b>—</b>				Special fulldraising	events		
In-person solicitations  2a Did the organization have written or	or oral agrooms	ant with an	w individu	al (moludina officare di	ractors	trustage or kou	•
employees listed in Form 990, Par	t VII) or entity	in connect	ion with p	rofessional fundraising	services	s?	Yes X No
<b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent ne organization	tities (fund	Iraisers) p	ursuant to agreements	under w	hich the fundra	iser is to be
		Ī			(v) Ar	nount paid to	
(i) Name of individual	(ii) Activity		fundraiser dy or control	(iv) Gross receipts	(or	retained by) aiser listed in	(vi) Amount paid to (or retained by)
or entity (fundraiser)		of contr	ibutions?	from activity	Turiui	col (i)	organization
		Yes	No				
		103	NO				
<u></u>							
				– –			
							<u> </u>
		<u> </u>					
Total			▶		<u></u>		0.
<ol><li>List all states in which the organiz or licensing.</li></ol>	ation is register	red or lice	nsed to so	licit funds or has been	notified	it is exempt fro	m registration
-							
	- <b>-</b>						
	- <b>-</b>						
	- <b>-</b>						

Par		Fundraising Events. Complete if			rm 990 Part IV Ju		Г	aye z
ı ar		reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with o	gross receipts grea	ter than S		
R E			(a) Event #1  GOLF TOURNAMEN  (event type)	(b) Event #2  HALL OF FAME A  (event type)	(c) Other Events 1 (total number)	(d) Tota (Add col. ( col	a) thro	ts ough
REVERUE	1	Gross receipts	257,300.	248,440.	13,115.	5	18,8	55.
Ĕ	2	Less: Charitable contributions	61,000.	98,540.		1	59,5	40.
	3	Gross income (line 1 minus line 2)	196,300.	149,900.	13,115.	3	59,3	15.
	4	Cash prizes		<u> </u>				
	5	Noncash prizes						
D I RECT	6	Rent/facility costs	49,340.				49,3	40.
	7	Food and beverages						
EXPENSES	8	Entertainment						
N S E	9	Other direct expenses	111,794.	109,065.		2	20,8	<u>59.</u>
5	10	Direct expense summary Add lines 4- ti	hrough 9 in column (d)		<b>&gt;</b>		70,1	
	11	Net income summary Combine lines 3, of	column (d) and line 10				89,1	
Par	t III	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	oorted mo	re th	an
HCZH<			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	gamıı (a) thro (c)	ng ough
Ĕ —	1	Gross revenue						
D X	2	Cash prizes						
D-RECT BXPEZSES	3	Non-cash prizes			<del></del>			
S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes% No	Yes%			
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)		•			
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7	•		VEC	-110
9	Ente	er the state(s) in which the organization of	perates gaming activitie	es			YES	NO
		ne organization licensed to operate gaming lo,' explain	g activities in each of th	nese states?		9a	_	
_								
		e any of the organization's gaming license 'es,' explain	es revoked, suspended	or terminated during the	e tax year?	10a		
11	 Doe	s the organization operate gaming activiti	es with nonmembers?			11		
12	ls th	ne organization a grantor, beneficiary or tr ninister charitable gaming?	ustee of a trust or a me	ember of a partnership o	or other entity formed to	0 12		

Schedule G (Form 990 or 990-EZ) 2009 UA GROUERS ASSOC EDUC FOUNDAT	TION 68-0264/45 F	2age <b>3</b>
•		NO
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a %	
<b>b</b> An outside facility	[13b] %	'
14 Enter the name and address of the person who prepares the organization's gami	ng/special events books and records	1 ;
Name: ►		,
Address		1
15a Does the organization have a contact with a third party from whom the organization b If 'Yes,' enter the amount of gaming revenue received by the organization \$		
of gaming revenue retained by the third party \$		
<b>c</b> If 'Yes,' enter name and address of the third party.		,
Name		
Address		
16 Gaming manager information		
Name •		,
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independen	nt contractor	
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from state gaming license?	17a	<u> </u> '
<b>b</b> Enter the amount of distributions required under state law to be distributed to other	her exempt organizations or spent in the	.
organization's own exempt activities during the tax year: 🕨 \$		
<b>BAA</b> TEEA3703L 02/05/10	Schedule <b>G</b> (Form 990 or 990-EZ	2009 (2

 $-\bullet = 0, -\bullet$ 

# SCHEDULE I

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

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

2009

0.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Department of the Treasury Internal Revenue Service

× % X (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 68-0264745 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Part I General Information on Grants and Assistance (b) EIN CA GROCERS ASSOC EDUC FOUNDATION 11111 1 (a) Name and address of organization or government 11111 11111 1 1 1 1 1 Name of the organization 1111 1111 Part II

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Page 2 68-0264745 CA GROCERS ASSOC EDUC FOUNDATION Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22... Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
CAREER DEVELOPMENT GRANTS	411	83, 644.			
DONOR FUNDED SCHOLARSHIPS	18	15,750.			
FOUNDATION FUNDED SCHOLARSHIPS	e.	4,000.			
LEGACY SCHOLARSHIPS	14	14,500.			
NOP GRANTS	1	1,567.			
PIGGYBACK SCHOLARSHIPS	228	270,000.			
Part IV   Supplemental Information. Complete this part to provide the information required	olete this part to pr	ovide the informat	⊑	Part I, line 2, and any oth	any other additional information.
	! ! ! ! !		           		
	! ! ! ! ! !	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	           	! ! !	             		
				: 1 1 1 1 1 1 1 1 1	

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Schedule I (Form 990) 2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

CA GROCERS ASSOC EDUC FOUNDATION

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

68-0264745

Schedule R (Form 990) (2009) (F)
Direct controlling entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A (E)
Public charity status (if section 501(c)(3)) **(E)** End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Exempt Code section (**D)** Total income 501 (C) (6) TEEA5001L 02/05/10 (C) Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) CAPUBLIC RELATIONS AND EDUC IN GROC COLLECTS INFO, BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity Primary activity INDUST (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity CALIFORNIA GROCERS ASSOCIATION 1415 L STREET, SUITE 450 <u>CA\_95814</u> SACRAMENTO 94-0361110 Part II

Page 2 68-0264745

Schedule R (Form 990) 2009 CA GROCERS ASSOC EDUC FOUNDATION

| Part III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 · Decause it had one or more related organizations treated as a partnership during the tax year.)

(A) (B) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or	(C) (D) Legal Direct Omicile controlling entity (state or	Predominant income (related, unrelated, form formation)	(A) (B) (C) (D) Primary Activity domicile controlling entity organization (state or controlling entity organization (C) (D) Predominant (F) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(G) Share of end-of-year assets	(H) Disproportionate allocations	Code V-UBI Ge amount in box mass 20 of Schedule	(J) General or managing partner?	ral or nging
		country)		sections 512-514)			Yes No	(Form 1065)	Yes	Š
							<u> </u>			
			-							
		_								
 		_						_		•
	1									

nt IV,	(H) Percentage ownership					
es' to Form 990, Pa	(G) Share of end-of-year assets					
ation answered 'Yes tax year.)	(B) (C) (D) Type of entity Activity Legal domicile Corp. S corp, S corp, S corp, S corp, S country) (C) (D) (E) (F) (F) (C) (F) (F) (C) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
e if the organizations	(E) Type of entity (C corp, S corp, or trust)					
rust (Complete corporation or	(D) Direct controlling entity					
rporation or T	(C) Legal domicile (state or foreign country)					
axable as a Co	(B) Primary Activity					•
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(A) Name, address, and EIN of related organization					

Schedule R (Form 990) (2009)

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Page 3

68-0264745

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	왿
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV		1		;
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		- a	1	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 b		×
c Gift, grant, or capital contribution from other organization(s)		10		×
<b>d</b> Loans or loan quarantees to or for other organization(s)		<b>1</b> 9		×
e Loans or loan quarantees by other organization(s)				×
f Sale of assets to other organization(s)		1		×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		1 h		×
i Lease of facilities, equipment, or other assets to other organization(s)		ij		×
i Lease of facilities, equipment, or other assets from other organization(s)		;=	×	
k Performance of services or membership or fundraising solicitations for other organization(s)		ž		×
l Performance of services or membership or fundraising solicitations by other organization(s)		11	×	
m Sharing of facilities, equipment, mailing lists, or other assets		1 m		×
n Sharing of paid employees		1n		×
o Reimbursement paid to other organization for expenses		10	×	
p Reimbursement paid by other organization for expenses		<del>1</del>	1	×
<b>a</b> Other transfer of cash or property to other organization(s)		, 0		×
r Other transfer of cash or property from other organization(s)		=		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction thresho	splo		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	) nvolve	-p
(1) CALIFORNIA GROCERS ASSOCIATION	ט		59, (	59, 000.
(2) CALIFORNIA GROCERS ASSOCIATION	1		60,394	394.
(3) CALIFORNIA GROCERS ASSOCIATION	0		70,606.	506.
(4)				
(5)				
(9)				
BAA TEEA5003L 02/05/10	Schedule <b>R</b> (Form 990) (2009)	R (Form 9	?) (06	(6002

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity (State o cou	(B) Primary activity	C) domicile ir foreign ntry)	(D) Icule Are all partners section 501(c)(3) Organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
			Yes No		Yes No		Yes	ę
				•				
					_			
						-		
							•	
				_				
			-					
*								
ВАА		TEEA5004L 02/05/10				Schedule <b>R</b> (Form 990) (2009)	) (066 u	(5002)

# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

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 CA GROCERS ASSOC EDUC FOUNDATION	Employer identification number 68-0264745
FORM 990, PART VI. LINE 11 - FORM 990 REVIEW PROCESS	
_ A COPY OF THE FORM 990 IS PROVIDED FOR FINANCE COMMITTEE REVIEW	N. THE FINANCE
COMMITTEE IS A SUB-GROUP OF THE BOARD OF DIRECTORS AUTHORIZED	O PERFORM THIS
FUNCTION	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
ALL GOVERNING DOCUMENTS ARE AVAILABLE TO DIRECTORS AND MEMBERS	OF THIS ORGANIZATION.
TAX RETURNS ARE AVAILABLE TO THE PUBLIC THROUGH GUIDESTAR.COM.	THIS ORGANIZATION
DOES NOT MAKE ANY OTHER GOVERNING DOCUMENTS AVAILABLE TO THE PU	JBLIC.
	·

2009

## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

**CLIENT 0803306** 

**CA GROCERS ASSOC EDUC FOUNDATION** 

68-0264745

4/08/10

01:48PM

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

FUNDRAISING EVENT EXPENSES

TOTAL \$ 270,199. \$ 270,199.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

FUNDRAISING EVENT EXPENSES

TOTAL \$ 270,199. \$ 270,199.