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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)

OMB No 1545-0047

Inspection

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

Open to Public

	Or tine	2009 Calendar year, or tax year beginning	
В	Check if applicable	Please C Name of organization	D Employer identification number
		Used Seal FORNIA RESIAURANI ASSOCIATION	
	Addres	punt or EDUCATIONAL FOUNDATION	05.0656000
Ļ	Name change	Doing Business As	95–3676330
	Initial	See Number and street (or P O box if mail is not delivered to street address) Room/suite	1 '
L	Termin ated	Instructor DZI CAPITOL MALL 2000	(916)447-5793
Ļ	Amend return	City or town, state or country, and ZIP + 4	G Gross receipts \$ 549,329.
	Applica tion pendin	Dicidification of 33011	H(a) Is this a group return
	penum	F Name and address of principal officer. JOI CONDIE, PRES. & CEO	for affiliates? Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates included? Yes No
		mpt status: X 501(c) (3) ◀ (insert no.)	If "No," attach a list (see instructions)
		e: ► CALREST.ORG/GO/CRA/EDUCATIONAL-FOUNDATION/	H(c) Group exemption number
			r of formation 1981 M State of legal domicile $\overline{\text{CA}}$
P		Summary	ON OF THE CALLEDNA
ė	1 !	Briefly describe the organization's mission or most significant activities: THE MISSI	ON OF THE CALIFORNIA
Governance	-	RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION	
ē	1 -	Check this box (If the organization discontinued its operations or disposed of mo	1 1
Š		Number of voting members of the governing body (Part VI, line 1a)	3 19
ಶ		Number of independent voting members of the governing body (Part VI, line 1b)	4 19
ies	5	Total number of employees (Part V, line 2a)	5 0
Ξ	6	Total number of volunteers (estimate if necessary)	6 20
Activities &	1	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a <169,916.>
_	Ь	Net unrelated business taxable income from Form 990-T, line 34	7b <171,705.>
		RECEIVED	Prior Year Current Year
Revenue	8	Contributions and grants (Part VIII, Inc. 18)	82,348. 28,069.
	9	Program service revenue (Part Yuk, line 2g)	238,532. 42,124.
	10	Investment income (Part VIII, collumn (A)) (G) 44and 74)	<157,634.> <78,916.>
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<183,582. 6,169.
	12	Total revenue - add lines 8 through 1/1 (must-equal Part-VIII, column (A), line 12)	<20,336.> <2,554.>
	13	Grants and similar amounts paid (Pan IX, Column (A), Ines 1.3)	46,000. 32,940.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	270,985. 151,309.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
×	b b	Total fundraising expenses (Part IX, column (D), line 25) 136,947.	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	694,306. 297,736.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,011,291. 481,985.
	19	Revenue less expenses. Subtract line 18 from line 12	<1,031,627.> <484,539.>
5	3	E	leginning of Current Year End of Year
sets	20	Total assets (Part X, line 16)	3,889,731. 2,798,120.
AR	21	Total liabilities (Part X, line 26)	289,385. 202,526.
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20	3,600,346. 2,595,594.
B	<u> </u>	Signature Block	
Sign Head	ויון	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	s, and to the best of my knowledge and belief, it is true, correct,
		and difference of the state of	
Sig	រប់ ប	hat then	W·29·10
He	re	Signature of officer	Date
ć	=	1 JANES GOHENEZ Vico President & P.	nance
		Type or print name and title	
Dei		riepaters A // // A A // / A	Check If Preparer's identifying number (see instructions)
Pál		signature Valla U. Wan, CTT (da/10) e	mployed ► P00027123
	parer's	Firm's name (or GILBERT ASSOCIATES, INC.	EIN ► 68-0037990
Ų <u>S</u> I	3 Only	self-employed), 2880 GATEWAY OAKS DR, STE 100	
		address, and ZIP+4 SACRAMENTO, CA 95833	Phone no ▶ 916-646-6464
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No

CALIFORNIA RESTAURANT ASSOCIATION

4e

Other program services (Describe in Schedule O.)

Total program service expenses ▶ \$

including grants of \$

199,778.

				r
			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		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)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	ļ		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		ļ
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		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		l	
	as applicable	11	Х	
•	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 167 If "Yes," complete Schedule D, Part VIII.			
•	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.			
•	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			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<u>L</u>		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		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? 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		X
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		Х
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	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009) EDUCATIONAL FOUNDA

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 organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	X
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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		İ	
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	B. M. Carrier and C.			-
	any tax-exempt bonds?	24c		}
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		1
	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	20		- 23
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	07		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	27		Λ_
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A second	00-		Х
ь		28a		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	28b		Λ
Ŭ	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	20-		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30		29		
50	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	00		Х
31		30		
JI	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			v
22		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
22	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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		X
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	Х	
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		_X
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	X	
		Form	990 c	20091

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- 1	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		
	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		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		ļ
	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		Х
b	If "Yes," enter the name of the foreign country			ŀ
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			۱
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			l
	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1

95-3676330

Page 6

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

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	1a	·	19			
b	Enter the number of voting members that are independent	1b		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ıp wit	h any other				
	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	ie dir	ect supervision				
	of officers, directors or trustees, or key employees to a management company or other person?				3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 9	90 was filed?		4		Х
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?			5		X
6	Does the organization have members or stockholders?				6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embe	ers of the				
	governing body?				7a	_X_	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons	3?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	duri	ng the year				
	by the following:						
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ache	d at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	lever	ue Code)				
				ſ		Yes	No
	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	cha	oters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?				10b		177
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling	the form?		11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld g	ive rise			.,	
	to conflicts?				12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes	," descnbe			17	
	in Schedule O how this is done				12c	X	
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	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approv		independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				v	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	Х	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	men	with a		40-		Х
	taxable entity during the year?	ماريخ		_	16a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva			n			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janiz	ation s		16L		
800	exempt status with respect to such arrangements?				16b		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ▶CA						
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (E)	1(0)(3)= 00(4) 00	allable	for		
18		1 (30	r (c)(c)s only) av	anable	101		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request						
10	· · · · ·	0006	int of interest	diace = -	۱۰۰ اس		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conil	or interest po	лісу, ar	io iina	nciai	
20	statements available to the public.		acorde of the	000176	lon 🏲		
20	State the name, physical address, and telephone number of the person who possesses the books a JANET GUTIERREZ - (916) 447-5793	and f	scorus or the or	yanızal	ion 💌		···-
	621 CAPITOL MALL, STE 2000, SACRAMENTO, CA 95814						
	oll division in Journal of the Journal of the Journal						

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours	(c		Pos call s		n app	ılv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Г	from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOT CONDIE	6 70			.,				41 171	202 504	11 051
PRESIDENT & CEO	6.70	Х	ļ	X	_	╀	ļ	41,171.	203,504.	11,951.
BOB SPIVAK	0.50	v		v				0		
CHAIR CARL WINSTON	0.50	X	-	X	_	-	<u> </u>	0.	0.	0.
VICE CHAIR	0.50	X		X				0.	0.	0
JAMES MARTIN	0.50	^	<u> </u>	1		\vdash	1	· · ·	V •	0.
SECOND VICE CHAIR	0.50	X		X		İ		0.	0.	0.
BILL MAIN	0.50	1	├─	Λ	-	╁╌	 		0.	
IMMEDIATE PAST CHAIR	0.50	Х		Х				0.	0.	0.
THEODORE BALESTRERI II	1 0.30		<u> </u>		 -	 	-			
BOARD MEMBER	0.50	Х						0.	0.	0.
DR. JAMES BURKE		<u> </u>				+	\vdash			
EMERITUS	0.50	Х						0.	0.	0.
DR. JERALD CHESSER				1	T	1				
BOARD MEMBER	0.50	Х	1		1	1	1	0.	0.	0.
GEORGE DARIOTIS										
BOARD MEMBER	0.50	X						0.	0.	0.
LINDA DUKE										
BOARD MEMBER	0.50	X	<u> </u>			<u> </u>	_	0.	0.	0.
GUY FIERI				1						
EMERITUS	0.50	X		<u> </u>		_		0.	0.	0.
RANDI KIRSHBAUM										_
BOARD MEMBER	0.50	X	<u> </u>	<u> </u>	ļ			0.	0.	0.
DAVID RATTRAY	0.50	\ 	İ	}	1	1	}		_	
BOARD MEMBER	0.50	X	<u> </u>	_	<u> </u>	ļ	╄	0.	0.	0.
MARGIE SHUBERT	0.50									
BOARD MEMBER	0.50	X	-	├-	ļ	 	1	0.	0.	0.
MARK TADROS BOARD MEMBER	0.50	 						0.		_
MICHAEL HAWKINS	1 0.30	 ^	\vdash	\vdash	+-	1	┼	 	0.	0.
BOARD MEMBER	0.50	y						0.	0.	_
TOM FERDINANDI	0.30	1	 	 	-	+	╁	 		0.
BOARD MEMBER	0.50	X						0.	0.	0.
	3.30	1				1	-			000 (2000)

•	(D)	(C)	(D)	(E)	(5)
cers, Directors, Tru	stees, Key Er	nployees, and Highes	t Compensated Emp	loyees (continued)	
EDUCATION	NAL FOUN	NDATION		<u>95</u> –3 <u>6</u> 7	<u>6330</u>
CALIFORN	A RESTA	AURANT ASSOC	IATION		

Form 990 (2009) EDUCATIO	NAL FOU	ND <i>I</i>	AT]	101	N_				95-3676	330	P	age 8
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours	(cl		Pos all		n app	ly)	Reportable compensation	Reportable compensation		stimate mount	
	per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f org an	other npensa rom th ganizat id relat anizati	ation e ion ed
JOE BRODIE												
HONORARY	0.50	X						0.	0.			0.
DAVID STOCKMAN								-				
EMERITUS	0.50	X						0.	0.			0.
RUSS BENDEL												
EMERITUS	0.50	X						0.	0.			0.
WILLIAM BENDER												
BOARD MEMBER	0.50	X						0.	0.			0.
DIANA DELONIS												
BOARD MEMBER	0.50	X			<u></u>	_		0.	0.			0.
RICHARD FRANK									_			
BOARD MEMBER	0.50	X			_	<u> </u>		0.	0.			0.
HOWARD GORDON												_
BOARD MEMBER	0.50	X	_	<u> </u>		<u> </u>	<u> </u>	0.	0.			0.
PHYLLIS ANN MARSHALL		1		1								
BOARD MEMBER	0.50	X				<u> </u>		0.	0.			0.
JANET GUTIERREZ				١				16 500	04.060	١,	- ^	
VP OF FINANCE	6.60	ļ	<u> </u>	X	ļ	↓	<u> </u>	16,508.	84,269.	1 1	5,2	56.
JIM HUBBARD EXEC DIR (JAN TO SEPT)	40.00	i		х				65,628.	0.		6,4	25.
1b Total					1			128,153.	287,773.	3	6,4	32.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0.000 in reportable			
compensation from the organization						-,		• • • • • • • • • • • • • • • • • • • •	.,			0
Compensation from the organization											Yes	No
3 Did the organization list any former officer	r, director or tru	stee	, ke	у еп	nplo	yee,	or h	highest compensated er	mployee on		1	
line 1a? If "Yes," complete Schedule J for				•	•	•		. ,	, ,	3		X
4 For any individual listed on line 1a, is the s			omp	ens	atio	n an	d ot	her compensation from	the organization		1	
and related organizations greater than \$15	50,000? If "Yes	," со	mpl	ete .	Sch	edul	e J i	for such individual		4	X	
E Did any narran listed on line to receive or				f				tod aragaization for son	unan randarad ta	l .	}	1

	compensation from the organization			- (
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	<u></u>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to			
	the organization? If "Yes." complete Schedule J for such person	5	ì	X

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
		-

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

95-3676330 Form 990 (2009) Page 9 Part VIII Statement of Revenue (D) Revenue excluded from tax under sections 512, (B) (A) (C) Total revenue Related or Unrelated exempt function business revenue revenue 513, or 514 1a 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 28,069 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 28,069. h Total. Add lines 1a-1f **Business Code** 900099 2 a EDUCATIONAL PROGRAMS 42,124. 42,124 f All other program service revenue 42,124. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 68,174 68,174. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 404,793. assets other than inventory b Less: cost or other basis 551,883. and sales expenses <147090.> c Gain or (loss) <147,090.> <147,090.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 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 11 a BOOK PROGRAM SALE 900099 175,635. 175,635 **b** MISCELLANEOUS 900099 450. 450. c OTHER INVEST. INCOME 900099 <169,916.> <169,916.> d All other revenue e Total. Add lines 11a-11d 6,169. <2,554.> 218,209.<169,916.><78,916.> 12 Total revenue See instructions

Form **990** (2009)

932009 02-04-10 Part IX Statement of Functional Expenses

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

	All other organizations must comple	and 501(c)(4) organizat ete column (A) but are	•		(D).
	not include amounts reported on lines 6b, 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	32,940.	32,940.		
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				
5	Compensation of current officers, directors,	120 000	20 207	25 701	64 101
_	trustees, and key employees	139,089.	39,287.	35,701.	64,101.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)	2 260	021	027	1 500
_	and section 403(b) employer contributions)	3,260.	921. 1,868.	837. 1,697.	1,502. 3,048.
9	Other employee benefits	6,613. 2,347.	663.		1,082.
10	Payroll taxes	2,34/.	003.	602.	1,082.
11	Fees for services (non-employees):				
	Management	733.	207.	188.	338.
b	Legal	15,483.	4,373.	3,975.	7,135.
	Accounting	13,403.	4,373.	3,773.	7,133.
	Lobbying Professional fundament converse Cos Port IV line 17		,,	. "	
	Professional fundraising services See Part IV, line 17	23,240.	6,564.	5,966.	10 710
f	Investment management fees Other	1,384.	391.	355.	10,710. 638.
		1,304.	371.	333.	030.
12	Advertising and promotion	5,295.	1,496.	1,359.	2,440.
13	Office expenses	3,233.	1,470•	1,337.	2,440.
14	Information technology Royalties				
15 16	Occupancy	53,018.	24,975.	23,609.	4,434.
17	Travel	1,319.	373.	338.	608.
18	Payments of travel or entertainment expenses	1,313.	373.	330.	000.
10	for any federal, state, or local public officials		!		
19	Conferences, conventions, and meetings	153,731.	73,423.	59,460.	20,848.
20	Interest	8,447.	2,386.	2,168.	3,893.
21	Payments to affiliates	0,11,0	2,300.	2,100.	5,055.
22	Depreciation, depletion, and amortization	20,400.	5,762.	5,236.	9,402.
23	Insurance			3,200	3,2020
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				, , , , , , , , , , , , , , , , , , , ,
а	expenses shown on line 25 below) RELATED PARTY SERVICES	11,064.	3,125.	2,840.	5,099.
b c d					
e f	All other expenses	3,622.	1,024.	929.	1,669.
25	Total functional expenses. Add lines 1 through 24f	481,985.	199,778.	145,260.	136,947.
26	Joint costs. Check here Inf following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	202,000		2.20,200	100,511.

Part X	Balance Sheet			/A\		(D)
				(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing			<1,465.	> 1	<14,028.
2	Savings and temporary cash investments			175,230.	2	135,943.
3	Pledges and grants receivable, net		3			
4	Accounts receivable, net		60,435.	4	45,949	
5	Receivables from current and former officers, di	rectors, t	rustees, key			
	employees, and highest compensated employe	es. Comp	olete Part II			
-	of Schedule L		1	7.00	5	
6	Receivables from other disqualified persons (as	defined	under section			
	4958(f)(1)) and persons described in section 495	I). Complete				
	Part II of Schedule L			6		
7	Notes and loans receivable, net			7		
8	Inventories for sale or use			4,532.	8	
9	Prepaid expenses and deferred charges			1,540.	9	13,581
10	a Land, buildings, and equipment: cost or other		[
	basis. Complete Part VI of Schedule D	10a	219,918.			
	b Less accumulated depreciation	10b	30,543.	209,775.	10c	189,375
11	Investments - publicly traded securities		2,172,652.	11	189,375 2,419,793	
12	• •		1,258,054.	12	•	
13	Investments · program-related. See Part IV, line		13			
14	Intangible assets	, , ,	14			
15	_		8,978.	15	7.507	
16	Total assets. Add lines 1 through 15 (must equ	al line 34	,	3,889,731.	16	2,798,120
17		<u> </u>	/	69,117.	17	7,507 2,798,120 3,497
18	' '			07,22,0	18	<u> </u>
19	Deferred revenue		-	6,860.	19	20,645
20				0,000	20	20,010
	Escrow or custodial account liability Complete	Part IV of	Schadula D	······································	21	
22						
21 22	highest compensated employees, and disqualifi					
;	of Schedule L	ied perso	ins. Complete rait ii		22	
23		atad third	d partice	181,368.	23	141,212
24	Unsecured notes and loans payable to unrelate		F	101/3001	24	111/212
25	Other liabilities. Complete Part X of Schedule D	o umo pe	arties	32,040.	25	37,172
26	Total liabilities. Add lines 17 through 25		-	289,385.	26	202,526
20	Organizations that follow SFAS 117, check h	oro N	X and complete	203/303.	20	202/320
,	lines 27 through 29, and lines 33 and 34.	ere 🕨	and complete			
27	_			2,755,967.	27	1 595 233
28			-	32,879.	28	17 /17
20	• •	-	811,500.	29	1,595,233 17,417 982,944	
29	•	b1. b		011,300.	29	702,744
	Organizations that do not follow SFAS 117, c	neck nei	re 🕨 🔛 and			
;	complete lines 30 through 34.					
30			<u> </u>		30	
31	• • • • • • • • • • • • • • • • • • • •		F		31	
27 28 29 30 31 31 32	•	icome, oi	r other funds	2 600 246	32	2 505 504
33			}	3,600,346.	33	2,595,594
34	Total liabilities and net assets/fund balances			3,889,731.	34	2,798,120.

Form **990** (2009)

CALIFORNIA RESTAURANT ASSOCIATION

Form 990 (2009)

EDUCATIONAL FOUNDATION

95-3676330 Page **12**

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	<u> </u>		-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis X Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		L

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.

2009

Open to Public Inspection

Name of the organization

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Employer identification number 95-3676330

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a 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 name, city, and state: 5 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 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 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 to 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. b Type II c 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 509(a)(2) If the organization received a written determination from the IRS that it 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 A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11q(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vi) Is the (iii) Type of (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col organization in col (i) listed in your organization in col organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? US? above or IRC section (see instructions)) Yes No Yes No Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	A <u>(Form 990 or 990-EZ) 2009</u>
Part II	Support Schedule f

Page 2

	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
L	(Complete only if you checked						•
Sec	tion A. Public Support			-			
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				ļ		
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)			-	-		
	Public support. Subtract line 5 from line 4			<u>. I</u>	1	1	l
	etion B. Total Support	(a) 2005	(P) 2006	(a) 2007	(4) 2008	(a) 2000	(f) Total
	endar year (or fiscal year beginning in) Amounts from line 4	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(I) Total
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties				-		
	and income from similar sources						1
9	Net income from unrelated business						
J	activities, whether or not the			1			
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
	organization, check this box and sto						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage			-11	
14	Public support percentage for 2009 (,	•	column (f))		14	%
15	Public support percentage from 2008					15	%
16a	33 1/3% support test - 2009.If the c				14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		-				
t	33 1/3% support test - 2008.If the c				d line 15 is 33 1/39	6 or more, check tr	nis box
	and stop here. The organization qua		• • •		- 40 40* 40!	and line 44 is 400/	-
178	10% -facts-and-circumstances tes	-					
	and if the organization meets the "factoring and arrestments and arrestments."		•	•	•	art iv now the orga	nization
	meets the 'facts-and-circumstances'				-	170 and has 15 :-	10% or
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets to organization meets the "facts-and-cir						▶ □
10	Private foundation. If the organization		-	•			
10	rivate loundation, if the organization	an did not check a	DOX OH HITE 13, 1	oa, 100, 17a, 01 17	LO, CHECK THIS DOX	and see instruction	i3

Schedule A (Form 990 or 990-EZ) 2009 EDUCATIONAL	FOUNDATION	95-3676330 Page 3
Part III Support Schedule for Organizations D	escribed in Section 509(a)(2)	(Complete only if you checked the box on line 9 of Part I)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received (Do not	,					
	include any "unusual grants.")	99,344.	618,161.	134,465.	82,348.	28,069.	962,387.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1437430.	1484462.	1146983.	904,939.	42,124.	5015938.
3	Gross receipts from activities that					•	
·	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1536774.	2102623.	1281448.	987,287.	70,193.	5978325.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			12,000.	1,500.		13,500.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	2,124.	495,893. 495,893.	10-000	26,972.		544,989.
c	Add lines 7a and 7b	2,124.	495,893.	12,000.	28,472.	20,000.	558,489.
	Public support (Subtract line 7c from line 6)		5419836.				
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total 5978325.
	Amounts from line 6	1536774.	2102623.	1281448.	987,287.	70,193.	59/8325.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	260,164.	1208039.	300,252.	209,494.	68,174.	2046123.
t	Unrelated business taxable income				·	·	
	(less section 511 taxes) from businesses				:		
	acquired after June 30, 1975						
	Add lines 10a and 10b	260,164.	1208039.	300,252.	209,494.	68,174.	2046123.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					, , , , , ,	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	68,145.	49,553.	87,052.	27,442.	450.	232,642.
13	Total support (Add lines 9, 10c, 11, and 12)	1865083.	3360215.	1668752.	1224223.	138,817.	8257090.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
Se	check this box and stop here	ic Support Per	rcentage				▶ □
15	Public support percentage for 2009 (line 8, column (f) di	ivided by line 13, c	olumn (f))		15	65.64 %
16	Public support percentage from 2008	Schedule A, Part	III, line 15			16	71.48 %
	ction D. Computation of Inve						
17				e 13, column (f))		17	24.78 %
18	Investment income percentage from	•	-	.,,		18	20.34 %
198	a 33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a b 33 1/3% support tests - 2008. If the	nd stop here. The	organization quali	ies as a publicly s	upported organiza	ition	$\triangleright X$
•	line 18 is not more than 33 1/3%, che	-					▶□
20							<u> </u>

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Employer identification number 95-3676330

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2<u>a</u> Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 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 section 170(h)(4)(B)(ii)? __ Yes 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 Part III 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 2 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: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

CALIFORNIA RESTAURANT ASSOCIATION 95-3676330 Page 2 Schedule D (Form 990) 2009 EDUCATIONAL FOUNDATION Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а Scholarly research Other b Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ∐ Yes If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1c d Additions during the year 1đ Distributions during the year 1e Ending balance 1f Yes Nο 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V | Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. (d) Three years back (a) Current year (b) Prior year (c) Two years back (e) Four years back 811,500. 1,061,324 Beginning of year balance 1,605.43,446. **b** Contributions 169,839. <293,270.> Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses 982,944. 811,500. g End of year balance Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment 100.00 Permanent endowment Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization py. Yes Nο Х (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value depreciation basis (investment) basis (other) Land **b** Buildings c Leasehold improvements 30,543. 219,918. 189,375 d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009

189,375.

e Other

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		Method of valuatio end-of-year marke	
Financial derivatives				
Closely-held equity interests				
Other				
				-
		·		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶				
Part VIII Investments - Program Related. S	ee Form 990, Part X, lin	e 13.		
(a) Description of investment type	(b) Book value		Method of valuatio end-of-year marke	
	,			
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
		· · · · · · · · · · · · · · · · · · ·		
	·····			
		7		
Total. (Column (b) must equal Form 990, Part X, col (B) line			<u>▶</u>	
Part X Other Liabilities. See Form 990, Part X,	line 25.	(1-) A		,-,
1. (a) Description of liability		(b) Amount		
Federal income taxes		27 172		
DUE TO RELATED PARTIES		37,172.		
T. 1. (0.1. (1.1.)	051	27 172		
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)	37,172.	<u></u>	

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. 932053 02-01-10

CALIFORNIA RESTAURANT ASSOCIATION

95-3676330 Page 4 EDUCATIONAL FOUNDATION Schedule D (Form 990) 2009 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements <2,554.> Total revenue (Form 990, Part VIII, column (A), line 12) 1 481,985. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 <484,539.> 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 567,925. 4 Net unrealized gains (losses) on investments 4 5 5 Donated services and use of facilities 6 Investment expenses 6 7 7 Prior period adjustments <1,088,138.> 8 Other (Describe in Part XIV.) 8 <520,213.> 9 Total adjustments (net) Add lines 4 through 8 9 <1,004,752.> 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return <522,767.> Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 567,925 a Net unrealized gains on investments 2a Donated services and use of facilities 2b 2c c Recoveries of prior year grants <1,088,138. d Other (Describe in Part XIV.) <520,213.> e Add lines 2a through 2d 2e <2,554.> Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 4¢ Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 481,985. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. 2a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV.) 2d 0. e Add lines 2a through 2d 2e 481,985. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4ь b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: ESTABLISHED IN ORDER TO HELP FUND SCHOLARSHIPS WHICH FURTHER THE ORGANIZATION'S EXEMPT PURPOSE. PART XI, LINE 8 - OTHER ADJUSTMENTS: ADDITIONAL BOOK LOSS FROM CRA CAPITOL PARTNERS, LLC: -1088138. PART XII, LINE 2D - OTHER ADJUSTMENTS: ADDITIONAL BOOK LOSS FROM CRA CAPITOL PARTNERS, LLC: -1088138.

SCHEDULE					,			OMB No	OMB No 1545-0047
(Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	e to Organizations in the United Staf	s), tes			2009
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ► Attach to Form 990.	¹ on Form 990, Paı m 990.	rt IV, line 21 or 22.		Open 1 Insp	Open to Public . Inspection
Name of the organization	tton CALIFORNIA RESTAURANT EDUCATIONAL FOUNDATION	A RESTAURANT AL FOUNDATIO	ANT ASSOCIATION TION	NOIL				Employer identification number 95–3676330	Jentification number 95-3676330
Part i General Ir	General Information on Grants and Assistance	nd Assistance					:		
1 Does the organiz	Does the organization maintain records to substantiate the amount of	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		Į
	criteria used to award the grants or assistance?	tance?	:	:	i i			X Yes	Š
힗	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	d States.				
Part II Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Sovernments and	Organizations in the	e United States. C	Somplete if the orga	anization answered ")	es* to Form 990, Part I	V, line 21, for any	
recipient t	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Parl IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipier	nt received more th	ian \$5,000. Use Pa	art IV and Schedule I-	(Form 990) if additions	al space is needed	
1 (a) Name and ac or go	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	f grant ice
									į
						:			
								:	
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	nd government orc	anizations					A	
3 Enter total numb	Enter total number of other organizations							•	
LHA For Privacy Ac	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	m 990) 2009

95-3676330

Page 2

EDUCATIONAL FOUNDATION

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. Schedule I (Form 990) 2009

Part III Grants and Other

(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
ACADEMIC SCHOLARSHIPS	01	32,940.		4/2	N/A
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I, I	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: CRAEF GIVES	GIVES OUT	SCHOLARSHIPS		BASED ON NEED AND	
ACADEMIC CRITERIA IN TWO PAYMENTS.	THE	CRITERIA IS C	CHECKED AGAIN	IN BEFORE THE	
SECOND INSTALLMENT IS GIVEN TO THE	RECIPIENT.	THE	HOLARSHIP	SCHOLARSHIP DOLLARS ARE	
SIVEN TO THE RECIPIENT TO USE AT T	THEIR DISC	DISCRETION.			

SCHEDULE J

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

CALIFORNIA RESTAURANT ASSOCIATION

EDUCATIONAL FOUNDATION

Employer identification number 95-3676330

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply X Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? X 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a a The organization? X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of Х a The organization? 6a Х 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 Х not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Regulations section 53 4958-6(c)?

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Schedule J (Form 990) 2009 EDUCATIONAL FOUNDATION 95–3676330

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

95-3676330

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C)	(Q)	(E)	(£)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	€	40,162.		-	43.	1,968.		0
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SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service **Continuation Sheet for Form 990**

➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

2009
Open to Public Inspection

Name of the Organization

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Employer Identification number 95-3676330

Part I Continuation of Officers, Di	rectors, Tr					Em	plo	yees, and Highes	t Compensated i	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(ct	neck	allt	hat	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	 5				Highest compensated employee		the	organizations	compensation
		direct				dem		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		8	stee			nsate		(** 2 1033 111100)		and related
		Individual trustee or director	Institutional frustee		3,66	adwo				organizations
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Employer identification number 95-3676330

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOSPITALITY INDUSTRY THROUGHOUT CALIFORNIA AND ITS EDUCATIONAL SYSTEM

AS A CAREER OF PRIDE AND PROFESSIONALISM; TO ENHANCE TRAINING AND

EDUCATIONAL PREPARATION FOR HOSPITALITY CAREERS; AND TO ENCOURAGE ABLE

CALIFORNIANS TO SEEK SUCH CAREERS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION SOLD THE EDUCATIONAL BOOKS AND SEMINARS ACTIVITIES TO

CALIFORNIA RESTAURANT ASSOCIATION AT THE END OF 2008 FOR \$852,000.

FORM 990, PART VI, SECTION A, LINE 7A: THE CRAEF BOARD OF DIRECTORS CAN

FILL A CERTAIN NUMBER OF VACANCIES (6) OR (22%) ON THE BOARD DIRECTLY

WITHOUT THE APPROVAL OF THE CALIFORNIA RESTAURANT ASSOCIATION. UP TO 14

BUT NO LESS THAN 51% SHALL BE APPOINTED BY THE CALIFORNIA RESTAURANT

ASSOCIATION BOARD OF DIRECTORS. THE PRESIDENT + CEO OF THE CALIFORNIA

RESTAURANT ASSOCIATION HAS THE AUTHORITY TO APPOINT UP TO (7) OR (27%) OF

THE BOARD. ALL THOSE APPOINTED MUST BE MEMBERS IN GOOD STANDING OF THE

CALIFORNIA RESTAURANT ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 8B: NOT APPLICABLE - THE ORGANIZATION

DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING

BODY.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS AVAILABLE TO THE BOARD BY REQUEST, AFTER THE RETURN IS FILED.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Employer identification number 95-3676330

FORM 990, PART VI, SECTION B, LINE 12C: THERE IS A CONFLICT OF INTEREST

STATEMENT IN THE BY-LAWS THAT ALL BOARD MEMBERS MUST ADHERE TO. THIS IS

MONITORED BY THE PRESIDENT + CEO AND OTHER CRA STAFF PERSONNEL.

FORM 990, PART VI, SECTION B, LINE 15: ALL POSITIONS ARE SUBJECT TO A

PROCESS IN DETERMINING COMPENSATION, WHICH INCLUDES ANNUAL SALARY SURVEYS

BY THIRD PARTIES SUCH AS THE CHAMBER OF COMMERCE, EMPLOYMENT AGENCIES, ETC.

FORM 990, PART VI, SECTION C, LINE 19: CRAEF DOES NOT MAKE ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE

TO THE PUBLIC.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION:

THE MISSION OF THE CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL

FOUNDATION (CRAEF) IS TO PROMOTE THE HOSPITALITY INDUSTRY THROUGHOUT

CALIFORNIA AND ITS EDUCATIONAL SYSTEM AS A CAREER OF PRIDE AND

PROFESSIONALISM; TO ENHANCE TRAINING AND EDUCATIONAL PREPARATION FOR

HOSPITALITY CAREERS; AND TO ENCOURAGE ABLE CALIFORNIANS TO SEEK SUCH

CAREERS. CRAEF WORKS TO: - ENHANCE THE ABILITY OF CALIFORNIA'S

FOOD-SERVICE INDUSTRY TO DEVELOP PROFESSIONAL STAFF AND MANAGEMENT;
ENSURE THAT CALIFORNIA RESTAURANT ASSOCIATION (CRA) MEMBERS HAVE

ABILITIES AND INSIGHTS RELEVANT TO SUCCESSFUL RESTAURANT OPERATIONS: -

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Employer identification number 95-3676330

ENSURE THAT CRA MEMBERS HAVE READY ACCESS TO INFORMATION REQUIRED FOR
SUCCESSFUL OPERATIONS IN THE RESTAURANT INDUSTRY. TO THESE ENDS, CRAEF
PROVIDES EDUCATIONAL SEMINARS, TRAINING PRODUCTS, CONSULTING SERVICES
AND MENTORING OPPORTUNITIES FOR CURRENT MEMBERS OF THE CALIFORNIA
RESTAURANT INDUSTRY, AND SCHOLARSHIPS, INTERNSHIP OPPORTUNITIES AND
MENTORING TO YOUNG MEN AND WOMEN PREPARING TO ENTER OUR INDUSTRY. CRAEF
WORKS CLOSELY WITH CRA'S RECRUITMENT AND PLACEMENT SERVICE TO BRING
STUDENTS AND EMPLOYERS TOGETHER.

Employer identification number 95-3676330 2009 Open to Public Inspection OMB No 1545-0047 Direct controlling 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.) X/X status (if section 501(c)(3)) End-of-year assets Public charity N/N ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section ত্ত ত্ত 501(C)(6) ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) CALIFORNIA CALIFORNIA RESTAURANT ASSOCIATION MAINTAIN, PROMOTE, EXTEND, AND PROJECT THE INTERESTS OF ▶ Attach to Form 990. THE RESTAURANT INDUSTRY Primary activity Primary activity EDUCATIONAL FOUNDATION 95-1241045, 621 CAPITOL MALL, SUITE 2000 CALIFORNIA RESTAURANT ASSOCIATION Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 95814 Name of the organization Department of the Treasury Internal Revenue Service 5 SCHEDULE R SACRAMENTO (Form 990) Part Part !!

-HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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EDUCATIONAL FOUNDATION Schedule R (Form 990) 2009

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

, (5)	General or managing partner? Yes No	×		
8	Code V-UBI amount in box 7 20 of Schedule K-1 (Form 1065)	<123,274.>		
ε	Disproportion- ate allocations?	×		
(6)	Share of end-of-year assets	891,427,		
€	Share of total income	<169 916		
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	DARELATED		
(p)	Direct controlling entity	4/N		
9	Legal domicile (state or foreign country)	CA		
(q)	Primary activity	PARTNERS, LLC - 621 CAPITOL MALL, HOLD INVESTMENT IN SACRAMENTO, CA COMMERCIAL REAL RESTATE RENTAL		
(a)	Name, address, and EIN of related organization	CRA CAPITAL PARTNERS, LLC - 20-4864984, 621 CAPITOL MALL, SUITE 2000, SACRAMENTO, CA		

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.) Part IV

		1	47	3	٤	12/	14
(a)	(<u>a</u>)	<u>(၁</u>	<u>6</u>	Đ)		6	<u> </u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
CRA SERVICES CORPORATION - 95-4540060							
621 CAPITOL MALL, SUITE 2000					,		•
SACRAMENTO CA 95814	INSURANCE SERVICES	CA	N/A	c corp	N/A	N/A	N/A
	-				-		
	,						

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CALIFORNIA RESTAURANT ASSOCIATION Schedule R (Form 990) 2009 EDUCATIONAL FOUNDATION

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

			⊢
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	ž
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?			 >
a Receipt of (i) interest (ii) annuities (iii) royalities or (iv) rent from a controlled entity		20	:
b Gift. grant. or capital contribution to other organization(s)		1 b	×
		10	×
		7	×
d Loans or loan guarantees to or for other organization(s)		<u> </u>	()
e Loans or loan guarantees by other organization(s)		1e	×
f Sale of assets to other organization(s)		*	×
g Purchase of assets from other organization(s)		19	×
		ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)		;=	×
j Lease of facilities, equipment, or other assets from other organization(s)		1j	×
k Performance of services or membership or fundraising solicitations for other organization(s)		*	×
		× =	
m Sharing of facilities, equipment, mailing lists, or other assets		£ X	
n Sharing of paid employees		٦ ×	
			-
 Reimbursement paid to other organization for expenses 		10 X	
p Reimbursement paid by other organization for expenses		1р	×
q Other transfer of cash or property to other organization(s)		19	×
		1r X	
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	action thresholds.		
Name of other		(c) Amount involved	Į.
(1) CALIFORNIA RESTAURANT ASSOCIATION	М	53,0	018.
(2) CALIFORNIA RESTAURANT ASSOCIATION	0	900,000	.000
(3) CALIFORNIA RESTAURANT ASSOCIATION	R	175,6	,635.
(4)			
(5)			
(9)			
932163 02-04-10	Schedule	Schedule R (Form 990) 2009) 2009

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EDUCATIONAL FOUNDATION Schedule R (Form 990) 2009 Part Vi Unrelated Organizations Taxable as a Partnership (Complete if 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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(4)	3	5	(9)	ę	(5)	(H)
(a)	6)		2				
Name, address, and EIN	Primary activity		Are all partners	Share of end-of-	Dispropor- tionate	Code V-UBI	General or
of entity		(state or foreign	organizations?	year assets		of Schedule K-1	part
		cooling)	Yes No		Yes	(1000)	Tes No
					-		
		- L- L- VI					
			_				
					-		

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