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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

07/01/2009, and ending

06/30/2010

A For the 2009 calendar year, or tax year beginning

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

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

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► WWW.CDAONLINE.ORG

J Tax-exempt status (check only one) -  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

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

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 137,988.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	137,988.
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	
	5 a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	
b Less direct expenses other than fundraising expenses . . . . .	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c		
7 a Gross sales of inventory, less returns and allowances . . . . .	7a		
b Less cost of goods sold . . . . .	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8 Other revenue (describe ► ) . . . . .	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	137,988.	
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10	18,600.
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	0.
	13 Professional fees and other payments to independent contractors . . . . .	13	3,700.
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	
	16 Other expenses (describe ► ) . . . . .	16	132,903.
Net Assets	17 Total expenses. Add lines 10 through 16 . . . . .	17	155,203.
	18 Excess or (deficit) for the year (Subtract line 9 from line 17) . . . . .	18	-17,215.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	187,437.
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	170,222.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	ATCH 3 . . . . .	124,545. 22	92,193.
23 Land and buildings . . . . .		64,241. 23	68,693.
24 Other assets (describe ► ) . . . . .	ATCH 4 . . . . .	0. 24	10,290.
25 Total assets . . . . .		188,786. 25	171,176.
26 Total liabilities (describe ► ) . . . . .	ATCH 5 . . . . .	1,349. 26	954.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		187,437. 27	170,222.

99



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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0 .	37a	0
b Did the organization file Form 1120-POL for this year? . . . . .	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
section 4911 ► 0 ., section 4912 ► 0 ., section 4955 ► 0 .		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► 0 .		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0 .		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		
41 List the states with which a copy of this return is filed. ►		
42 a The organization's books are in care of ► PAM BROCKHAUS Telephone no. ► 303-740-6900		
Located at ► 3690 SOUTH YOSEMITE STREET DENVER, CO ZIP + 4 ► 80237-1808		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		
If "Yes," enter the name of the foreign country ►		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		
If "Yes," enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ► <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	X

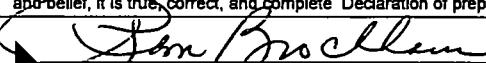
**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	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	Yes	No
46	.....	46	X
47	.....	47	X
48	.....	48	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

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

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
		12/15/2010
	Signature of officer	Date
	PAM BROCKHAUS	INTERIM EXECUTIVE DIRECTOR
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions) P00173718
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	EHRHARDT KEEFE STEINER & HOTTMAN PC 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO	EIN ► 84-0869721	Phone no ► 303-740-9400

May the IRS discuss this return with the preparer shown above? See instructions ..... ►  Yes  No

Form 990-EZ (2009)

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

## Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

**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.

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**Name of the organization**

CDA CHARITABLE AND EDUCATIONAL FUND

**Employer identification number**

84-1167295

**Part I** **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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )								
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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.)								
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	<input checked="" type="checkbox"/>	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.)								
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	<input type="checkbox"/>	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.)								
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).								
11	<input type="checkbox"/>	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								
e	<input type="checkbox"/>	a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally integrated      d <input type="checkbox"/> Type III - Other								
f	<input type="checkbox"/>	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)								
g	<input type="checkbox"/>	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 . . . . .								
h	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) 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? . . . . . (ii) A family member of a person described in (i) above? . . . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .								
		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 40px; text-align: center;">Yes</td> <td style="width: 40px; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">11g(I)</td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">11g(II)</td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">11g(III)</td> <td style="text-align: center;"> </td> </tr> </table>	Yes	No	11g(I)		11g(II)		11g(III)	
Yes	No									
11g(I)										
11g(II)										
11g(III)										
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)								

	Yes	No
11g(I)		
11g(II)		
11g(III)		

**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**

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

Calendar year (or fiscal year beginning in) ►	(a) 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") . . . . .	21,080	34,920.	259,557.	77,151.	137,988.	530,696.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1 through 3 . . . . .	21,080.	34,920.	259,557.	77,151.	137,988.	530,696
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 Public support. Subtract line 5 from line 4						530,696.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	21,080	34,920	259,557.	77,151.	137,988	530,696.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	1,859.	1,859	2,552.	0.	0.	6,270.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						536,966
12 Gross receipts from related activities, etc (see instructions) . . . . .				12		8,814.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	98.83 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	98.52 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
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 . . . . . ► <input type="checkbox"/>		
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 . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

Calendar year (or fiscal year beginning in) ►	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 Total support (Add lines 9, 10c, 11, and 12) . . . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%
19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID  
IN EXCESS OF \$1000

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND</u>	<u>FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
GRANTS PAID			TO SUPPORT EXEMPT PURPOSE	18,600.
VARIOUS CONTRIBUTIONS OF \$5,000 OR LESS			EXEMPT	
			TOTAL CONTRIBUTIONS PAID	<u><u>18,600</u></u>

ATTACHMENT 1

ATTACHMENT 2FORM 990EZ, PART I - OTHER EXPENSES

PROGRAM EXPENSE	801.
COLORADO MISSION OF MERCY	131,502.
ADMINISTRATIVE EXPENSE	600.
 TOTAL	 <u>132,903.</u>

ATTACHMENT 3.FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	124,545.	92,193.
TOTALS	<u>124,545.</u>	<u>92,193.</u>

ATTACHMENT 4FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	0.	290.
PREPAID EXPENSES OR DEFERRED CHARGES	0.	10,000.
<b>TOTALS</b>	<b>0.</b>	<b>10,290.</b>

ATTACHMENT 5FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
DUE TO CDA	1,349.	954.
TOTALS	<u>1,349.</u>	<u>954.</u>

ATTACHMENT 6

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

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

## CDA CHARITABLE AND EDUCATIONAL FUND

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

84-1167295

## ATTACHMENT 7

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JOHN ORDAHL 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	TRUSTEE 1.00	0.	0.	0.	0.
DR TIFFANY MANSANO 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE 1.00	0.	0.	0.	0.
DR P SCARPELLA 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	PRESIDENT-ELECT 1.00	0.	0.	0.	0.
DR J SAVORY 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	SPEAKER OF HOUSE 1.00	0.	0.	0.	0.
DR C UTKE 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	SECRETARY 1.00	0.	0.	0.	0.
DR D LURYE 3690 SOUTH YOSEMITE STREET	PRESIDENT 1.00	0.	0.	0.	0.

## CDA CHARITABLE AND EDUCATIONAL FUND

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

84-1167295

ATTACHMENT 7 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
			CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
SUITE 100 DENVER, CO 80237-1808	PAST-PRESIDENT 1.00	0.	0.	0.
DR J HURST 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	TRUSTEE 1.00	0.	0.	0.
DR R MORROW 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE 1.00	0.	0.	0.
DR R YARDUMIAN 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	VICE PRESIDENT 1.00	0.	0.	0.
DR T PIXLEY 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	TREASURER 1.00	0.	0.	0.
DR K PETERS 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808				

## CDA CHARITABLE AND EDUCATIONAL FUND

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

84-11672-95

ATTACHMENT 7 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
DR B WEST 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	TRUSTEE 1.00	0.	0.	0.
DR R SCHULTZ 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	TRUSTEE 1.00	0.	0.	0.
DR R BENKE 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	TRUSTEE 1.00	0.	0.	0.
DR D NOCK 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	TRUSTEE 1.00	0.	0.	0.
DR JOHN SIEGMUND 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	TRUSTEE 1.00	0.	0.	0.
DR F THRASH 3690 SOUTH YOSEMITE STREET	TRUSTEE 1.00	0.	0.	0.

## CDA CHARITABLE AND EDUCATIONAL FUND

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

84-1167295

ATTACHMENT 7 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
			CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE 1.00	0.	0.	0.
DR C KELLEY 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	TRUSTEE 1.00	0.	0.	0.
DR S KAUFMANN 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE 1.00	0.	0.	0.
DR J SCHOEMAKER 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	TRUSTEE 1.00	0.	0.	0.
DR T KNELLER 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE 1.00	0.	0.	0.
DR T ECKLES 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE 1.00	0.	0.	0.

## CDA CHARITABLE AND EDUCATIONAL FUND

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

84-1167295

ATTACHMENT 7 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
	ALT-TRUSTEE	1.00			
DR R SANTI 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE	0.	0.	0.	0.
DR M MADISON 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE	0.	0.	0.	0.
MR JIM YOUNG 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	EXECUTIVE DIRECTOR	40.00	0.	0.	0.
PAM BROCKHAUS 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	FINANCE DIRECTOR	40.00	0.	0.	0.
DR J ARMBRISTER 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	TRUSTEE	1.00	0.	0.	0.
DR D JOHNSON 3690 SOUTH YOSEMITE STREET	TRUSTEE	1.00	0.	0.	0.

## CDA CHARITABLE AND EDUCATIONAL FUND

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

84-1167295

ATTACHMENT 7 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
SUITE 100 DENVER, CO 80237-1808	DR M MOLLNER 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE 1.00	0.	0.
	DR G BEILBY 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE 1.00	0.	0.
	DR B OWEN 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE 1.00	0.	0.
	DR R MICKELSON 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE 1.00	0.	0.
	DR D JACKSON 3690 SOUTH YOSEMITE STREET SUITE 100 DENVER, CO 80237-1808	ALT-TRUSTEE 1.00	0.	0.
GRAND TOTALS			0.	0.