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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For th	e 2009 calendar year, or tax year beginning $NOV \ 1$, $\ 2009$ and ending	OCT 31, 2010	
В	Check if	Please C Name of organization	D Employer identifi	cation number
	applicab	" use IRS COLORADO RESTAURANT ASSOCIATION		
	Addre	ess label or EDUCATION FUND		
	Name	Type COLODADO DECENTRAM ACCOCTAM	10 74-2	488379
F	Initial return			
一	830.2972			
\vdash	ated Amer	Instructions 430 EAST SEVENTH AVENUE City or town, state or country, and ZIP + 4	G Gross receipts \$	631,961.
一	returr Apple			
	Lion pendi		H(a) Is this a group re	Yes X No
		430 E 7TH AVE, DENVER, CO 80203	for affiliates? H(b) Are all affiliates ind	
	Tay av			
		tempt status: LX 501(c) (3) ◀ (insert no.)		list. (see instructions)
			H(c) Group exemption	A State of legal domicile: CO
_	art I	Summary	ear of formation, 130/N	State of legal domicile. CO
<u> </u>			EDITO A MIT ONTA T	
e e	1	Briefly describe the organization's mission or most significant activities: ADVANCE	DUCALIONAL	TOE AND
٦		OPPORTUNITIES AND PROFESSIONAL STANDARDS IN		
Governance	1	Check this box I if the organization discontinued its operations or disposed of m	1	
Ĝ		Number of voting members of the governing body (Part VI, line 1a)	3	21
ං ජ	I _	Number of independent voting members of the governing body (Part VI, line 1b)	4	
ţį	5	Total number of employees (Part V, line 2a)	5	0
_ Activities &	6	Total number of volunteers (estimate if necessary)	6	103
– ¥	ı	Total gross-unrelated-business revenue from Part-VIII, column (C), line 12	7a	0.
_	Ь	Net unrelated business taxable income from Form 990-T, line 34	7b	
	١_		Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	155,372. 155,087.	136,466.
Revenue	9	Program service revenue (Part VIII, line 2g)	870.	187,343.
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		135.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,113.	98,316.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	394,442.	422,260.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		Benefits paid to or for members (Part IX, column (A), line 4)	105 047	200 400
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	195,047.	208,490.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		
Ä	_ D	Total fundraising expenses (Part IX, column D): nna 25)	251 661	245 720
	17	Other expenses (Part IX, column (A) lines 17a 13a 131241)	251,661. 446,708.	245,720. 454,210.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25	<52,266.	
_ S	19	Revenue less expenses. Subtract line 18 from the 12 1 2011		
Net Assets or Fund Balances		W	Beginning of Current Year 197,590.	End of Year 175,128.
Sse	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) OGDEN, UT	89,754.	
age.	21		107,836.	99,242. 75,886.
듄	<u>22</u> art	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	107,030.	/3,000.
[[11 11	Under penalties of perjury, I declare man have exemined this return, including accompanying schedules and statemen	ate and to the best of my knowledge	ne and helief it is true correct
		and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowled	dge	
C:	_			掛るルバー
Sign		Signature of officer	Date	
Her	е	PETER M. MEERSMAN, EXECUTIVE DIRECTOR	24.5	
		Type or print name and title		
			Check if Prepare	r's identifying number
Paid	i	Deat / San A PPA a/./	self- (see ins	tructions)
Prep	arer's	Firm's name (or BONDI & CO. LLC	employed	
Use	Only	yours if self-employed). 44 INVERNESS DRIVE EAST	EIN ►	
		address, and	Db > 20	03-799-6826
		ZIP+4 FENGLEWOOD, CO 80112	i Prione no. 📂 🧿	JJ-133-0040

SCANNED APR 12

May the IRS discuss this return with the preparer shown above? (see instructions)

No

COLORADO RESTAURANT ASSOCIATION **EDUCATION FUND** 74-2488379 Form 990 (2009) Page 2 Part III | Statement of Program Service Accomplishments Briefly describe the organization's mission: ADVANCE EDUCATIONAL OPPORTUNITIES IN THE FOOD SERVICE AND HOSPITALITY INDUSTRIES OF COLORADO BY PROVIDING SCHOLARSHIPS SUPPORT AND OTHER EDUCATIONAL OPPORTUNITIES TO THOSE INTERESTED IN THE FOOD SERVICE INDUSTRY. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 407,569. including grants of \$ 187.343.1(Code.) (Expenses \$) (Revenue \$ ADVANCE EDUCATIONAL OPPORTUNITIES IN THE FOOD SERVICE AND HOSPITALITY INDUSTRIES OF COLORADO BY PROVIDING SCHOLARSHIPS SUPPORT AND OTHER EDUCATIONAL OPPORTUNITIES TO THOSE INTERESTED IN THE FOOD SERVICE INDUSTRY. (Code) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$

Other program services (Describe in Schedule O) (Expenses \$

including grants of \$

) (Revenue \$

4e Total program service expenses ▶ \$ 407,569.

	1990 (2009) EDUCATION FUND 74-24	883/5	P	age
Pa	rt IV Checklist of Required Schedules			
_	1. II		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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	├
3	Did the organization required to complete Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	 ^	╌
3	public office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3	┼	X
		4	\vdash	 ^
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_		
6		5	┼	├
0	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, Par	t/ 6		Х
-,		'' -		A
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	┼	^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		1	x
_	Schedule D, Part III	8	 	
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			x
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	┼	A
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		х
44	If "Yes," complete Schedule D, Part V	10	┼	^
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			x
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11	+	A
	Part VI.		ļ	:
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	1	•	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total		!	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		ļ	ļ
•	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			ŀ
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	ło		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	\Box		
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

20 Form **990** (2009)

19

complete Schedule G, Part III

Form 990 (2009) EDUCATION FUND
Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	ŀ		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	İ	l	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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	Ì	1	
	Schedule J	23		X
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	1		
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		i	ł
	any tax-exempt bonds?	24c		<u>L</u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1	1	}
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ļ
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	İ	ĺ	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ĺ		}
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	İ		
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? 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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form 9	990 (2	2009)

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Form 990 (2009) EDUCATION FUND

[Part V] Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		res	140
14	U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ
•	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	- 10	<u> </u>	_
	filed for the calendar year ending with or within the year covered by this return 2a 0			l
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
Ç	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		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		_	
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		
	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	- -		X
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		i	l
·	benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\neg	X
q	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
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		<u>L</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	- 1		i
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			ļ
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		į	Ī
	amounts due or received from them))	i
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Form	990 (20007
		COLLII	ココロ 1.	LUUJI

Form 990 (2009)

EDUCATION FUND

74-2488379 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.

<u>Sec</u>	tion A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 2	<u>1</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]]]
	officer, director, trustee, or key employee?	2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a				,,
	governing body?	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	İ		
	by the following:	1	v	
_	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	<u>8b</u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9	l	Х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	1 9	<u> </u>	Λ
Sec	tion B. Folicies (mis section B requests information about policies not required by the internal nevenue code)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	res	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		 -
-	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın 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	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.5
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
		_		
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available subjectives and exercise and exe	e tor		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	nd for-	noist	
19	statements available to the public.	изо ппа	iiciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:		
20	THE ORGANIZATION - 303.830.2972	ALION P	_	
	430 EAST SEVENTH AVENUE, DENVER, CO 80203			

TT a

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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 c	(B)	iy cı	irren		icer C)	, aire	ecto	r, or trustee (D)	(E)	(F)
Name and Title	Average			Pos	rtion	1		Reportable	Reportable	Estimated
	hours	(cl	heck	all 1	that	app	ly)	compensation	compensation	amount of
	per	çţ						from the	from related	other
	week	or dire				Eg.		rne organization	organizations (W-2/1099-MISC)	compensation from the
		rste	truste		92	beuza		(W-2/1099-MISC)	(** 2. 1000 1100)	organization
		Individual trustee or director	Institutional trustee		Key employee	yee yee	_ :			and related
		fndivic	Institu	Officer	Key er	Highest compensated emptoyee	Forme			organizations
JOHN BECK	4 00					_				
DIRECTOR	-1.00	X-				_		0.	<u> </u>	0.
SCOTT CALHOUN	1 1 1			[•		•
DIRECTOR	1.00	X	Щ	_		_	Щ	0.	0.	0.
LYNNE CRAIG DIRECTOR	1 00	.						0.		0
JORGE DE LA TORRE	1.00	<u> </u>	_	H		 		<u> </u>	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
ANDREA EHRESMAN		ı^	\vdash	Н		-		<u> </u>		<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
ROB HAIMSON	1.00			Н			-			
DIRECTOR	1.00	\mathbf{x}						0.	0.	0.
TRACY JOHNSON		F	\neg	\Box						
DIRECTOR	1.00	x						0.	0.	0.
HEATHER LEIGH								-	-	
DIRECTOR	1.00	X						0.	0.	0.
JOE MADRIL										
DIRECTOR	1.00	X						0.	0.	0.
MARC RUPP										
DIRECTOR	1.00	X				L		0.	0.	0.
MICHAEL TRISLER								_	_	_
DIRECTOR	1.00	X						0.	0.	0.
RICH YOKE	1 00									•
DIRECTOR	1.00	X		\Box		<u> </u>	_	0.	0.	0.
JAMIE BOONE	1 00	,,								•
DIRECTOR	1.00	X	-					0.	0.	0.
CHRIS CHASSEN	1.00	x						0.	о.	0.
DIRECTOR DEREK FIGUEROA	1.00	₽				Н		<u>U•</u>	0.	
DIRECTOR	1.00	x					l	0.	0.	0.
ROBBIE HAHN	1.00	Δ			_	Н		0.		
DIRECTOR	1.00	Х						0.	0.	0.
KAREN KRISTOPEIT-PARKER		H								
DIRECTOR	_1.00	X						0.	0.	0.

EDUCATION FUND

74-2488379 Page 8

Part VII Section A. Officers, Directors, Tre		mpl	oyee	es, a	nd	High	est	Compensated Employ	ees (continued)			
(A)	(B)	(C)					(D)	(E)	Į	(F)		
Name and title	Average	,		Pos		n tapp	. I. A	Reportable	Reportable compensation		Estima	
	hours per week	⊢÷	neci	(all		T	Ϊ	compensation from the	from related organizations		amoun othe compens	r
	}	e or di	章	1	l	sated	ł	organization	(W-2/1099-MISC	2)	from t	
	İ	truste	al trus	ŀ)yea	uaduu		(W-2/1099-MISC)		Ī	organiza and rela	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	
RICK MONKARSH	1 00	x		-						0.		
DIRECTOR CHRISTINE O' DONNELL	1.00	┝	\vdash	╁	┢	╁	-	0.		" 		0.
DIRECTOR	1.00	X	l				ļ	0.		0.		0.
JANELL PETERSON						\vdash	T			\dashv		
DIRECTOR	1.00	Х					L	0.		0.		0.
MARLYS WILCOXEN CONNOR										\Box		
DIRECTOR	1.00	X		-	-	\vdash	_	0.		0.		0.
				-	-		-					
				_		_				7		_
												_
1b Total				_		<u> </u>		0.		0.		0.
 Total number of individuals (including but necessarian from the organization 	ot limited to th	ose	liste	ed al	bov	e) wl	no r	eceived more than \$100),000 in reportable			0
											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	plo	yee,	or ł	nighest compensated er	nployee on		3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4	х
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	•			rom	any	/ unr	elat	ed organization for serv	ices rendered to		5	x
Section B. Independent Contractors	410 0 101 000m	50.0	<u> </u>						·		<u> </u>	1
Complete this table for your five highest co the organization. NONE	mpensated inc	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of comp	ensa	ation from	
(A) Name and business	address							(B) Description of s	ervices	Co	(C) ompensatio	on
	- <u>-</u>											
							_					
2. Total number of advantage of a	nobjeden a first	.ا نم			4 L -			I about the second	ave the -			
Total number of independent contractors (i \$100,000 in compensation from the organia	-	Ot 111	nite	u (0		se 113)	siec	abovej who received m	ore trian	<u>_</u>	000	(0000)

COLORADO RESTAURANT ASSOCIATION EDUCATION FUND

Form 990 (2009)

932009 02-04-10

74-2488379

Form 990 (2009)

Page 9 Part VIII Statement of Revenue (**D**) Revenue excluded from (A) (B) (C) Related or Unrelated Total revenue exempt function business tax under sections 512, 513, or 514 revenue revenue tributions, gifts, grants other similar amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 40,000. 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 96,466. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 136,466 h Total. Add lines 1a-1f Business Code 2 a EDUCATION 900099 187,343. 187,343. Program Service Revenue f All other program service revenue 187,343 Total. Add lines 2a-2f Investment income (including dividends, interest, and 135. 135 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross Rents ... b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 308017 Part IV, line 18 209701. b Less: direct expenses 98,316. 98,316. 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 d All other revenue e Total. Add lines 11a-11d 187,343. 0. 98,451. 422,260. Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	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		UNDO! 1000	goriolar experiese	ОДРОПООВ
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	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,				
	trustees, and key employees				
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	164,857.	137,060.	27,797.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	00.000			
9	Other employee benefits	29,990.	24,933.	5,057.	
10	Payroll taxes	13,643.	11,343.	2,300.	
11	Fees for services (non-employees):			j	
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,265.	7,703.	1,562.	
g	Other	1,216.	1,216.	1,304.	
12	Advertising and promotion	2,020.	1,679.	341.	
13	Office expenses	2,020.	1,0/3.	341.	
14	Information technology				
15	Royalties	12,801.	10,643.	2,158.	
16	Occupancy	17,821.	14,816.	3,005.	
17	Travel	17,0211	14,010.	3,003.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		1		
10	Conferences, conventions, and meetings	6,204.	4,115.	2,089.	
19	· · · · · · · · · · · · · · · · · · ·	- 0,2021	1,113.	2,003.	
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	···			
22 23	Insurance	1,167.	970.	197.	
23 24	Other expenses. Itemize expenses not covered				
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below.) EDUCATION MATERIALS	86,558.	86,558.		
a b	EDUCATION - CONTRACTOR	31,158.	31,158.		
CI CI	SCHOLARSHIP	24,250.	24,250.		
C	STUDENT INVITATIONAL	22,646.	22,646.		
a e	EQUIPMENT LEASES & MAIN	8,796.	7,313.	1,483.	
£	All other expenses	21,818.	21,166.	652.	
))5	Total functional expenses. Add lines 1 through 24f	454,210.	407,569.	46,641.	0
2 <u>5</u> _	Joint costs. Check here Jif following	132,220	207,303.	20,041.	
26	SOP 98-2. Complete this line only if the organization		į		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	educational campaign and fatitulaising solicitation				Form 990 (2000

Pa	<u>rt X</u>	Balance Sheet			_	
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		98,468.	1	66,986.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	96,959.	4	101,171.	
	5	Receivables from current and former officers, di				
		employees, and highest compensated employe	Ì			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		2,163.	8	6,114
⋖	9	Prepaid expenses and deferred charges			9	857.
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	<u> </u>
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	197,590.	16	175,128.
_	17 -	- Accounts payable and accrued expenses -		89,754.	17	99,242.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
≝	22	Payables to current and former officers, director	s, trustees, key employees,			
Liabilities		highest compensated employees, and disqualification of Schedule L	ed persons. Complete Part II		22	
	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	·		25	
	26	Total liabilities. Add lines 17 through 25		89,754.	26	99,242.
		Organizations that follow SFAS 117, check he	ere X and complete			
S		lines 27 through 29, and lines 33 and 34.				
Net Assets or Fund Balances	27	Unrestricted net assets		42,836.	27	20,886.
Sale	28	Temporarily restricted net assets		65,000.	28	55,000.
שַׁל	29	Permanently restricted net assets			29	
Fur		Organizations that do not follow SFAS 117, ch	neck here 🕨 🔲 and			
ō		complete lines 30 through 34.			-	
ets	30	Capital stock or trust principal, or current funds			30	
188	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
et/	32	Retained earnings, endowment, accumulated inc	come, or other funds		32	-
ź	33	Total net assets or fund balances	į	107,836.	33	75,886.
	34	Total liabilities and net assets/fund balances		197,590.	34	175,128.

Form **990** (2009)

b 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.

Form 990 (2009) EDUCATION FUND 74-2488379 Page 12 Part XI Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c 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 X Act and OMB Circular A-133? За

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

COLORADO RESTAURANT ASSOCIATION **Employer identification number** EDUCATION FUND 74-2488379 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 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). 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: 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 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. c Type III - Functionally integrated a L Type I b ___ Type II 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? (i) 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) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organizátion in col. organization in col. (i) listed in your organization in col. organization (i) organized in the U.S ? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes

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

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 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 206,462. 182,617. 157,372. 442,265. 136,466. include any "unusual grants.") 1,125,182. 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 442,265. 206,462. 182,617. 157,372. 136,466. 1,125,182. 4 Total, Add lines 1 through 3 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) 51,670. 1,073,512, 6 Public support. Subtract line 5 from line 4

(b) 2006

Section B. Total Support

Calendar year (or fiscal year beginning in)

7	Amounts from line 4	442,265.	206,462.	182,617.	157,372.	136,466.	1,125,182.
8	Gross income from interest; —			= -			
	dividends, payments received on	;					
	securities loans, rents, royalties			:			
	and income from similar sources	2,995.	4,576.	1,706.	870.	135.	10,282.
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	İ					
	assets (Explain in Part IV)	169,276.	210,358.	295,603.	297,803.	308,017.	1,281,057.
11	Total support. Add lines 7 through 10						2,416,521.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,060,569.

(c) 2007

(d) 2008

(e) 2009

(f) Total

ightharpoons

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)

(a) 2005

organization, check this box and stop here		
ection C. Computation of Public Support Percentage		

44.42 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 42.34 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 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

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

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

chedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for Or	rganizations	Described in	Section 509(a)(2) (Complete only	ıf you checked the bo	Page 3
ection A. Public Support		, 			, -	
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and		ļ		l		
membership fees received. (Do not						
include any "unusual grants.")				ļ		
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 bus-		Ì				
iness under section 513						
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		1			†	
fumished by a governmental unit to		1				
the organization without charge					Į ,	
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		ļ			}	
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 7¢ from line 6)						
ection B. Total Support		,	, 	, 		
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 Da 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		L ']	
c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)					1	
First five years. If the Form 990 is for t	he organization'	s first second thir	d fourth or fifth t	ay vear as a section	on 501(c)(3) organiz	ation
check this box and stop here	5. 90. 11201011	55t, 55551id, tilli	_,, or murt	, ou ao a ocolic	oo . lojloj organiz	■
ection C. Computation of Public	Support Pe	rcentage		·		
5 Public support percentage for 2009 (lin			column (fi)		15	
6 Public support percentage from 2008 S			(-),		16	
ection D. Computation of Invest						
Investment income percentage for 200			ne 13. column (fl)		17	
Investment income percentage from 20			,		18	
9a 33 1/3% support tests - 2009. If the o			on line 14, and line	15 is more than :		

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COLORADO RESTAURANT ASSOCIATION EDUCATION FUND

Employer identification number 74-2488379

Pa	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, In		s or Accounts. Complete if the
	organization answered fes to Form 990, Part IV, iii	(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 advi	sed funds
-	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	e used only
_	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	,	Yes No
Pa		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
<u>a</u>	Total number of conservation easements —	+ - +	
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	_	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIV, describe how the organization reports conservati	•	·
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections or	f Art Historical Tracsures or C	ther Similar Accets
Pai	Complete if the organization answered "Yes" to Form		Mier Similar Assets.
	Complete if the organization answered Tes To Form	550, Fait IV, life 6.	
4	If the experimental place of an experted under CEAC 116, po	t to report in its values is statement and h	salaman ahaat wadan af art historiaal
ıa	If the organization elected, as permitted under SFAS 116, no	·	
	treasures, or other similar assets held for public exhibition, ed	•	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		and about works of out historical transverse
D	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, or	or research in furtherance of public service	e, provide the following amounts relating to
	these items (i) Payanus included in Form 000 Part VIII line 1		. ¢
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	aguron or other armiles essets for financia	
2	If the organization received or held works of art, historical tre-		ai gairi, provide
_	the following amounts required to be reported under SFAS 1	to relating to triese items	~ c
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
Þ	Assets included in Form 990, Part X		> \$

	COLORAD	O RESTAURA	NT ASSOC	LATION					
Sche	dule D (Form 990) 2009 EDUCATI	ON FUND			_	74-	24883	<u>79 г</u>	⊃age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures,	or Oth	er Similar A	ssets (co	ntınue	d)
3	Using the organization's acquisition, access								
	(check all that apply)	•	•	J		J			
а	Public exhibition	d	Loan or e	xchange prog	rams				
b	Scholarly research	e		worldings brog					
		C	00.61						
C	Preservation for future generations								
4	Provide a description of the organization's c			_			1 Part XIV		
5	During the year, did the organization solicit of				her sımıla	ar assets		_	_
	to be sold to raise funds rather than to be m						Yes_		No
Par	t IV Escrow and Custodial Arran		ete if organization	answered "Yo	es" to Fo	rm 990, Part IV,	, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other intermed	flary for contribut	ions or other a	ssets no	t included			
	on Form 990, Part X?						Yes		□ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table.						
	. ,	•	J				Amou	ınt	
	Beginning balance					1c			
d	Additions during the year					1d			
u	Distributions during the year								
e	• ,					1e			
f	Ending balance	000 5 11/1	0.10			1f			
	Did the organization include an amount on F	•	21?				L Yes		_ No
	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete		swered "Yes" to						
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years	oack (e) Fo	our year	s back
1a	Beginning of year balance								
b	Contributions			ļ					
C	Net investment earnings, gains, and losses								
d	Grants or scholarships		<u></u>			i 			
е	Other expenditures for facilities						į		
	and programs			_					
f	Administrative expenses	-							
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	s:	-			······		
_ a	Board designated or quasi-endowment		%						
	Permanent endowment ▶	%	- '`						
	·	 ^							
	Are there endowment funds not in the posse		ation that are held	d and administ	ored for	the organization			
Sa	·	ssion of the organiza	ation that are nest	and administ	erea ioi	ine organization	•	Vac	TNa
	by:						0-6	Yes	No
	(i) unrelated organizations						3a(i)	`	┼
	(ii) related organizations						3a(ii		₩
þ	If "Yes" to 3a(ii), are the related organizations						_3b		<u></u>
4	Describe in Part XIV the intended uses of the								
Par	t VI Investments - Land, Building	s, and Equipme			10.				
	Description of investment	(a) Cost or of	ther (b) Co	st or other	(c) A	ccumulated	(d) Bo	ok valu	ne er
		basis (investri	nent) bas	is (other)	de	preciation			
1a	Land								
b	Buildings								
	Lessehold improvements			···			1		

Schedule D (Form 990) 2009

0.

d Equipment e Other

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

COLORADO RESTAURANT ASSOCIATION EDUCATION FUND 74-2488379 Page 3 Schedule D (Form 990) 2009 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation. (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives Closely-held equity interests Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes

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

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.

	dule D (Form 990) 2009 EDUCATION FUND				<u>488379</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990	to Audited I	Financial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		422	,260.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			,210.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<31	,950.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10	· <u>-</u>	<31	,950.
Pai	t XII Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1	631	,961.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				-	
а	Net unrealized gains on investments	2a		1 1		
b	Donated services and use of facilities	2b		7		
С	Recoveries of prior year grants	2c		7		
d	Other (Describe in Part XIV.)	2d	209,701	7		
е	Add lines 2a through 2d			2e	209	701.
3	Subtract line 2e from line 1			3		260.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		1		
С	Add lines 4a and 4b	<u> </u>		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	422.	260.
Pai	t XIII Reconciliation of Expenses per Audited Financial State	ments With	Expenses pe			
1	Total expenses and losses per audited financial statements			11		911.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				,	
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		-		
c	Other losses	2c		1		
d	Other (Describe in Part XIV)	2d	209,701	7		
	Add lines 2a through 2d			2e	209	701.
3	Subtract line 2e from line 1			3	454	210.
4	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				
h	Other (Describe in Part XIV.)	4b		-		
	Add lines 4a and 4b			ا ۵۵		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c	454	210.
	t XIV Supplemental Information			1 3 1	191,	210.
X, line	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also concept D, PAGE 4, PART XII, LINE 2D IS SPE	mplete this part	to provide any a			4; Part
SCH	EDUE D, PAGE 4, PART XIII, LINE 2D IS SP	ECIAL EV	ENTS.			

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

➤ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009

Open To Public Inspection

Name of the organization

COLORADO RESTAURANT ASSOCIATION EDUCATION FUND

Employer identification number 74-2488379

Part I Fundraising Activities required to complete this par	 Complete if the organization answirt. 	ered "`	Yes" to	Form 990, Part IV,	line 17. Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitate f Solicitate g Special or oral agreement with any individual cart VII) or entity in connection with principles or entities (fundraisers) purs	tion of tion of fundra (inclu profess	non-g gover alsing ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	or cor contrib	Did raiser sustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			1
			-			
				<u> </u>		
· · · · · · · · · · · · · · · · · · ·	<u></u>					
		! 				
Total	>			L		
3 List all states in which the organization	on is registered or licensed to solicit t	funds (or has	been notified it is ex	empt from registrati	on or licensing
						
	·				 	·

74-2488379 Page 2 EDUCATION FUND Schedule G (Form 990 or 990-EZ) 2009 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPECIAL NONE (add col. (a) through EVENTS col. (c)) (event type) (event type) (total number) 308,017. 308,017. Gross receipts 2 Less: Charitable contributions 308,017. 308,017. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 209,701. 209,701. 9 Other direct expenses 209,701 10 Direct expense summary Add lines 4 through 9 in column (d) 98.316 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes No Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities. a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 EDUCATION FUND	74-2488	3379	Pa	ge 3
		`	Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	%			
b An outside facility	%		ļ	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:			
Name ▶]	
Name			l	
Address >				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	_	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party.	ļ		ŀ	
		1	1	
Name				
Address >				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation \$				_
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	1		İ	
retain the state gaming license?	.	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent			一十	
organization's own exempt activities during the tax year > \$			ı	

Schedule G (Form 990 or 990-EZ) 2009

≗ ⊠ **Employer identification number** Schedule I (Form 990) 2009 74-2488379 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization

(b) EIN

(c) IRC section

(d) Amount of non-cash assistance or government assistance or government of assistance other)

(a) Amount of hook, received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(h) Purpose or assistance or assi 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. COLORADO RESTAURANT ASSOCIATION Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance EDUCATION FUND criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

COLORADO RESTAURANT ASSOCIATION

(Form 990) 2009 EDUCATION FUND

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 Othe

Page 2

74-2488379

(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
EDUCATIONAL SCHOLARSHIP TO INDIVIDUALS.	31				
			_		
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	ine 2, and any other	additional information	
	i i				
932102 02-02-10					Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of t	he organization COI				ASSOCI	ATION				mployer			number
 		JCATION					_			74-24	8837	9	
Part I	Excess Benefit						_						
	Complete if the orga	inization ansi	wered "Y	es" on Form	990, Part IV,	line 25a oi	r 25b, or Fo	m 990-E	Z, Part	V, line 40)b	14 1 2	
1	(a) Name of dis	qualified per	son			(b) (Description	of transa	ction				rected?
												Yes	No
												 	
													_
2 Enter	the amount of tax imp	osed on the	organizat	on manager	s or disqualifi	ed person	s during the	year un	der				
	on 4958												
3 Enter	the amount of tax, if a	ny, on line 2,	above, re	eimbursed by	the organiza	ition				▶ \$			
Part II	Loans to and/o	r From Int	ereste	d Persons	·								
	Complete if the orga					line 26 or	Form 990.F	7 Part \	/ line 3	Ra			
(a) N	lame of interested	(b) Loan			nal principal		ance due		In	(f) Apr	proved	(g) W	ritten
per	son and purpose		nization?		nount	(=, = a		defa	ult?		ard or nttee?	agree	
		То	From					Yes	No	Yes	No	Yes	No
	- <u>-</u>				_					ļ —			
		ļ <u>-</u>											
		ļ	ļ				 	ļ		——	<u> </u>	 	
	 	 									 	 	
		+		 				-		}		 	
Total					▶ \$			\vdash	<u> </u>	 	L——		
Part III	Grants or Assis	tance Bei	nefiting	Intereste		<u> </u>						<u> </u>	
	Complete if the orga	nization ansv	wered "Ye	es" on Form	990, Part IV,	line 27							
	(a) Name of interested	person		(b) Relati	onship betwe			and				d type of	f
					the or	ganization			↓	· · · · · · · · · · · · · · · · · · ·	assistar	ce	
								<u></u>					
									+				
			- -						+				
	······································		- -						+				
													
Part IV	Business Trans	actions In	volving	Interest	ed Person	s.	·- <u>-</u>						
	Complete if the orga	nization ansv	vered "Ye	es" on Form	990, Part IV,	line 28a, 2	8b, or 28c						
((a) Name of interested	person	(b		ıp between ın		(c) Amo			Descript		(e) Sha organız	ring of ation's
				person an	d the organiz	ation	transa	ction]	transactı	on	reven	
- Camara	MEEDCMAN								D 77/1	TD	MERED	Yes	No_
PETER	MEERSMAN								.PEI	ER	MEER		X
					-				+-			 	
_				 			<u>. </u>		+			\vdash	
		 -							+				
	-								1				
LHA For i	Privacy Act and Paper	work Reduc	tion Act	Notice, see	the				chedul	e L (Fori	m 990 o	r 990-E	2) 2009

Instructions for Form 990 or 990-EZ.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COLORADO RESTAURANT ASSOCIATION EDUCATION FUND

Employer identification number 74-2488379

EDUCATION FOND	74-2400373
FORM 990, PART I, DOING BUSINESS AS:	
COLORADO RESTAURANT ASSOCIATION	
EDUCATIONAL FOUNDATION	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
HOSPITALITY INDUSTRIES WITHIN COLORADO.	
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990	WAS PROVIDED TO
THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND APPROVAL	PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION I	REGULARLY AND
CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CON	NFLICT OF INTEREST
POLICY BY REQUIRING EMPLOYEES TO REVIEW THE POLICY AND SIG	GN A STATEMENT OF
ACKNOWLEDGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15: THE DIRECTOR'S SALA	ARY IS SET AND
REVIEWED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MA	AKES ITS CONFLICT
OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND P	FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
	
PART XI, LINE 2C EXPLANATION	
NO CHANGE	
NO CHANGE IN THE PROCESSES NOTED FROM THE PRIOR YEAR.	

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

COLORADO RESTAURANT ASSOCIATION Name of the organization **Employer identification number** EDUCATION FUND 74-2488379 SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: PETER MEERSMAN (D) DESCRIPTION OF TRANSACTION: PETER MEERSMAN ALSO SERVES AS PRESIDENT AND CEO OF THE COLORADO RESTAURANT ASSOCIATION, EXECUTIVE DIRECTOR OF THE EDUCATION FUND, AND TREASURER OF HOST-PAC AND COLORADO RESTAURANT HI-PAC.

Schedule R (Form 990) 2009 Employer identification number 74-24883792009 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.) End-of-year assets status (if section Public charity 501(c)(3)) **e** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income **Exempt Code** section 9 501(C)(6) 527 ► See separate instructions. 527 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) COLORADO COLORADO COLORADO LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. COLORADO RESTAURANT ASSOCIATION ESTAURANT INDUSTRY IN CO. ERVICE TO THE RESTAURANT EGISLATURE AFFECTING THE Attach to Form 990. SUPPORT STATE AND LOCAL FFECTING THE COLORADO Primary activity Primary activity ESTAURANT INDUSTRY. UPPORT CANDIDATES NDUSTRY, EDUCATION FUND COLORADO RESTAURANT ASSOCIATION - 84-0503735 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 130 EAST SEVENTH AVENUE 430 EAST SEVENTH AVENUE 130 EAST SEVENTH AVENUE HOST-PAC - 84-1552817 Name of the organization HI-PAC - 84-1552817 CO 80203 DENVER, CO 80203 CO 80203 Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) DENVER, DENVER, Part Part !

EDUCATION FUND Schedule R (Form 990) 2009

74-2488379 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

Page 2

9	General or managing partner?			related	(h) Percentage ownership	*00			9000 (00
8	Code amou 20 of 8 K-1 (Fe			had one or more	(g) Share of Peend-of-year o	0			Schedule R (Form 990) 2009
Ξ	Disproportionate ate allocations?			because it !	total	0			Sch
(6)	of ear			t IV, line 34 l	Share of total income				
-				Form 990, Par	(e) Type of entity (C corp, S corp, or trust)				
Ξ	Shar			d "Yes" to	rolling (C				
	int income inrelated, m tax under 512-514)			on answere	(d) Direct controlling entity				
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)		 	ie organizati	(c) Legal domicile (state or foreign country)	00			
©	trolling			rust (Complete if th	(b) Primary activity	INSURANCE SERVICES TO THE RESTAUARANT INDUSTRY IN COLORADO			
ပ	Legal domicile (state or foreign country)			oration or 1 year)	Prin		_,		
@	Primary activity			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)	Z _	INCY, INC 84-1222765			
(a)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations treated as a cor	(a) Name, address, and EIN of related organization	COLORADO RESTAURANT SERIVCE AGENCY 430 EAST SEVENTH AVENUE DENVER, CO 80203			932162 07-21-10

COLORADO RESTAURANT ASSOCIATION EDUCATION FUND

Schedule R (Form 990) 2009 EDUCATI

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

		⊢
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes
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 (ii) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		tb X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		Td X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		1h X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
(a) most of familiary manages and the manages		*
		+
R Performance of services of membership of fundraising solicitations for other organization(s)		×
Ferromance of services of membership of further secure. • Channo of facilities commont mailing lists or other secute.		= #
Creaming of admitted in the state of admitted in the state of a creaming in		╀
n Sharing of paid employees		1n A
o Reimbursement baid to other organization for expenses		To X
		×
p neimbursement paid by other organization for expenses		\$ <u>a</u>
q Other transfer of cash or property to other organization(s)		1q X
r Other transfer of cash or property from other organization(s)		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.	and transaction thresholds	
(5)	3	3
Name of other organization(s)	Transaction type (a-r)	Amount involved
(1)		
(5)		
(3)		
(5)		
(9)		
932163 02-04-10	Sch	Schedule R (Form 990) 2009

74-2488379

COLORADO RESTAURANT ASSOCIATION

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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

(a) (h)	(h)	Schille	6	(0)	9	(3)	1
Mill the contract			<u> </u>	(a)		6	
name, address, and Ein of entity	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tronate	Code V-UBI	General or managing
			Ves No	year assets		of Schedule K-1 (Form 1065)	١,
					2	(22.2	2
		_					
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		_					

Schedule R (Form 990) 2009

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		ightharpoons X
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	
Do no	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously f	led Fo	rm 8868.
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete	
Part I		•	▶ □
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request al income tax returns	n exter	nsion of time
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or construct the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Charities & Nonprofits	ically i	f (1) you want the additional ated Form 990-T. Instead,
Туре		Emp	loyer identification number
print	COLORADO RESTAURANT ASSOCIATION EDUCATION FUND	7	4-2488379
File by	the		4-2400373
due dat filing yo return	430 EAST SEVENTH AVENUE		
instruct			
Chec	k type of return to be filed (file a separate application for each return):		
	Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 55 Form 990-EZ Form 990-T (trust other than above) Form 66 Form 990-PF Form 1041-A Form 8	227 069	-
	THE ORGANIZATION e books are in the care of ▶ 430 EAST SEVENTH AVENUE - DENVER, CO 80 lephone No. ▶ 303.830.2972 FAX No ▶	203	
	he organization does not have an office or place of business in the United States, check this box		
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If th	is is fo	r the whole group, check this
box 🕽			
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit JUNE 15, 2011 , to file the exempt organization return for the organization named as is for the organization's return for calendar year or or X tax year beginning NOV 1, 2009 , and ending OCT 31, 2010		The extension
2	If this tax year is for less than 12 months, check reason: Initial return		Change in accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		
	See instructions.	3c	\$ N/A
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions

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