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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2011
Open to Public Inspection

AF	or the	2011 calendar year, or tax year beginning and ending		
B c	heck if	C Name of organization CALIFORNIA RESTAURANT ASSOCIATION	D Employer identifi	cation number
	Addres	S EDUCATIONAL EQUIDATION		
	_change		─ 95-3	676330
	_change ∏initial	Number and street (or P O box if mail is not delivered to street address) Room/su		
F	_lreturn ∏Term⊪n)447-5793
	Jated ∏Amend		G Gross receipts \$	957,025.
\vdash	Jretum ∏Applic		H(a) Is this a group re	
_	⊒tión pendin		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
			 ' ' '	list. (see instructions)
		e: ► CALREST.ORG/FOUNDATION	H(c) Group exemptio	•
			ear of formation 1981	
	rt I	Summary	car or rouniation + > 0 + 1 in	otate of legal definicité
		Briefly describe the organization's mission or most significant activities: TO PROMO	TE AND ENHANC	E THE
ည္ရ	'	HOSPITALITY INDUSTRY AND ITS EDUCATIONAL SYS	TEM IN CALIFO	RNTA.
Activities & Governance	l .	Check this box If the organization discontinued its operations or disposed of m	·········	
Ş.	l	Number of voting members of the governing body (Part VI, line 1a)	3	19
ၓိ	l	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
ಶ	l	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	(
iţie	ļ.	Total number of volunteers (estimate if necessary)	6	25
흕	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	103,213
Ă		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		Net difference business taxable income from Form 990-1, inte 54	Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)	327,790.	98,070
Revenue	i		18,717.	
Ϋ́	1	Program service revenue (Part VIII, line 2g)	212,983.	211,543
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	253,416.	330,096
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	812,906.	668,889
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,000.	35,000
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	260,081.	276,427
Expenses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0
)en	l	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 96,010.	0.	
Ä	l		243,918.	264,819
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	533,999.	
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A); line 25)	278,907.	
- SS		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Assets or Balances		Total assets (Part X line 16)	3,060,427.	2,717,729
SSE	20	Total assets (Part A, line 10)	174,824.	129,063
Fire	1	Total liabilities (Part X, line 26)	2,885,603.	2,588,666
	22 ert	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	2/003/003:	2/300/000
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	taments, and to the hest of m	ny knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		ly knowledge and delier, it is
Jule,	, correc	t, and complete declaration of peparemotiler than officer) is based on all illiotribution of which prep	10 10-	17-
≦ Sig	_	Signature of officer	Date	<u> </u>
		Jor Lordie Presont/CE		
∍Her	е	Type or print name and title		
70			Date Check	PTIN
) ∄aid		Print/Type preparer's name DARLA A. COLSON Preparer's signature LALLA A. COLSON	. 4/28/1- if '	
Fre		CTT DEEM ACCOCTAMES THE		68-0037990
			Firm's EIN ▶	00-003/330
use	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833	DL 0	16-646-6464
		L	Phone no 9	C-=-1"
May	v the li	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION 95-3676330 Page 2 Form 990 (2011) Part III Statement of Program Service Accomplishments XCheck if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: THE MISSION OF THE CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION (CRAEF) IS TO PROMOTE THE HOSPITALITY INDUSTRY THROUGHOUT CALIFORNIA AND ITS EDUCATIONAL SYSTEM AS A CAREER OF PRIDE AND PROFESSIONALISM; TO ENHANCE TRAINING AND EDUCATIONAL PREPARATION FOR 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 organization's program service accomplishments for each of its three largest program services, as measured 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. 79,807 • Including grants of \$ 35,000.) (Revenue \$ EDUCATIONAL ASSISTANCE THROUGH SCHOLARSHIPS FOR STUDENTS INTERESTED THE RESTAURANT AND HOSPITALITY INDUSTRIES. 265,817. 29,180.) (Code) (Expenses \$) (Revenue \$ including grants of \$

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			RESTAURANT COMMUNITY.	
	DESIRE IN TOONG FEO	PLE TO ENTER THE	RESTRUKANT COMMUNITY.	
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4c	(Code) (Expenses \$	including grants of	\$) (Revenue \$)
4d	Other program services (Describe in S	chedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses ▶	345,624.		
				Form 990 (2011)

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BRAND OF EVERTIFICE

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Form 990 (2011) EDUCATIONAL
Part IV Checklist of Required Schedules

14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				Yes	No
2 Is the organization required to complete Schedule 6, Schedule 6, Schedule 6 Contributors 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official 1" Yes," complete Schedule 6, Part 1 4 Section 601(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year 1" Yes," complete Schedule 6, Part 1" is the organization assection 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule 6, Part 1" to provide advised on the distribution or investment of amounts in such thorse or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such thorse or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or any similar funds or accounts for which donors have the right to provide advise on the distribution of a section 50 part 1" yes," complete Schedule D, Part 1" In the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide acredit counseling, debt management, reddit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VIII If the organization server or through a related organization server and yes the discount organization and part X, line 19 if "Yes," complete Schedule D, Part VIII If the organization amount for investments or the accurate in Part X, line 19 if "Yes," complete Schedule D, Part X X X 11 In 2 X 11 In 2 X 11 In	1	•	_	v	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If If Yes, "complete Schedule C, Part II Section 501(6) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III Is the organization assertion 501(h) election in effect of similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Is the organization maintain any donor advised funds or any semilar funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II I be organization meaning in the part of the organization meaning in the organization meaning in the organization meaning in the part of the organization of the part of the organization of the part of the part of the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II but the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part X II but the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part X II but the organization report an amount for meaning in the organization report an amount for other seeks in Part X, line 107 If "Yes," complete	^				
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Section 501 (c)(3) organizations. Dut the organization engage in lobbying activities, or have a section 501 (n) election in effect during the tax year? If "Yes," complete Schedule C, Part III 4	J		3		х
dump the tax year" if "Yes," complete Schedule C, Part II Is the organization a section \$510(e)(s), 501(e)(s), 601(e)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:191 // "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including easements to pressave open space, the environment, histonical areas, or histonical stressures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for fload, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VII Did the organization report an amount for other liabilities in Part X, line 15 If If Yes, "complete Schedule D, Part X III Did the organization report an amount for other liabilities in Part X, line 15 If If Yes, "complete Schedule D, Part X III Did the organization report an amount for other liabilities in Part X, line 15 If If Yes, "complete Schedule D, Part X III Did the organization separate or consolidated financial statements for the tax year? If "Yes, "complete Schedule D, Part X III Did the organization separate or consolidated financial statements for the tax year? If "Yes, "complete Schedule D, Part X III	4	· · · · · · · · · · · · · · · · · · ·			
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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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	17			1	
1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 18			17	-	<u>X</u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	18				v
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			18	+	<u>^</u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b	19				V V
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20-	·			
			$\overline{}$	+	A
	D	in res to line 20a, dio the organization attach a copy of its addited injuricial statements to this feturity		000	(2014)

Form 990 (2011) EDUCATIONAL FOUNDA

Part IV Checklist of Required Schedules (continued)

			res	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			
	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			
	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		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	· · · · · · · · · · · · · · · · · · ·	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	i '		
	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			
	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	Ì		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	of any of these persons? 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):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.
	If "Yes," complete Schedule N, Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
	Schedule N, Part II	32	<u> </u>	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity?	24	Х	
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b		2EL		x
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26	х	
27	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	27		х
20	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?	38	X	
	Note. All Form 990 filers are required to complete Schedule O			(2011)
		, Oilli	550	(

Form 990 (2011) EDUCATIONAL FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance EDUCATIONAL FOUNDATION

* ***	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Ì		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			١
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			X
	any contributions that were not tax deductible?	6a		<u>^</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b	-	-
7	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	Ī	X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year 7d			
e		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
а		ł		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
-	Gross income from members or shareholders Cross lacema from other courses (De not not amounte due or pold to other courses against	1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
192	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1
_	Note. See the instructions for additional information the organization must report on Schedule O.			1
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	<u>l</u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

EDUCATIONAL FOUNDATION

95-3676330

Form 990 (2011) 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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
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		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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
•	persons other than the governing body?	7ь		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	\mathbf{x}	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
Ů	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	The second secon		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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		15a	X	
	Other officers or key employees of the organization	15b	Х	
,	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	·····		
16=	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
•	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	•	
Sec	tion C. Disclosure	1.00		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	nd fine	ncial	
13	statements available to the public during the tax year.		.orai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:	•	
20	JANET GUTIERREZ – (916) 447–5793			
	621 CAPITOL MALL, STE 2000, SACRAMENTO, CA 95814			

EDUCATIONAL FOUNDATION

95-3676330

Page 7

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any ques

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
- 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, if any. 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.

(A) Name and Title	(B) Average hours per	box	not c unle	Pos heck ss pe	more	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stae or director	nsttutonal frustæ	Officer		Highest compensated Type employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAMES MARTIN										
CHAIRMAN	0.50	X	<u> </u>	X		<u> </u>		0.	0.	0.
(2) THEODORE BALESTRERI	0.50							_		
1ST VICE CHAIR	0.50	Х		X	<u> </u>	<u> </u>		0.	0.	0.
(3) FRED GLICK	0.50	١,,		,,	1			_		^
2ND VICE CHAIR	0.50	Х		X	-	_		0.	0.	0.
(4) CARL WINSTON	0.50	v		.					0	^
IMMEDIATE PAST CHAIR	0.50	Х		X	⊢	-		0.	0.	0.
(5) BOB SPIVAK	0.50	\ ,		ŀ					0.	^
BOARD MEMBER	0.50	X	 	┝	-	_		0.	0.	0.
(6) WILLIAM BENDER	0.50	X						0.	0.	0.
BOARD MEMBER	0.30	^		┢	┢	├	├	 	0.	
(7) GEORGE DARIOTIS	0.50	X			Ì			0.	0.	0.
BOARD MEMBER (8) DIANA DELONIS	0.50	<u> </u>		╁╌		1	<u> </u>		· ·	<u> </u>
BOARD MEMBER	0.50	X						0.	0.	О.
(9) LINDA DUKE	- 0.30	**				<u> </u>	<u> </u>		-	
BOARD MEMBER	0.50	X						0.	0.	0.
(10) A. THOMAS FERDINANDI			T			T	H			
BOARD MEMBER	0.50	X			İ			0.	0.	0.
(11) RICHARD FRANK										
BOARD MEMBER	0.50	X						0.	0.	Ο.
(12) HOWARD GORDON										
BOARD MEMBER	0.50	X						0.	0.	0.
(13) MICHAEL HAWKINS										
BOARD MEMBER	0.50	Х						0.	0.	0.
(14) BILL MAIN										
BOARD MEMBER	0.50	X		_				0.	0.	0.
(15) PHYLLIS ANN MARSHALL, FCSI										_
BOARD MEMBER	0.50	X	<u> </u>	ļ	_		_	0.	0.	0.
(16) DAVID RATTRAY					1					_
BOARD MEMBER	0.50	X	-	<u> </u>	<u> </u>	\perp	_	0.	0.	0.
(17) MARGIE SCHUBERT	2.52	.,								
BOARD MEMBER	0.50	X	<u> </u>		1			0.	0.	0 .

EDUCATIONAL FOUNDATION

Part VII Section A. Officers, Directors, To	ustees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	C) ition more erson		one han	(D) Reportable compensation from	(E) Reportable compensation from related	- 1	am	(F) timate ount o	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Keyemployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	,	comp fro orga and	pensai om the anizati i relate nizatio	e on ed
(18) PHIL SINGERMAN BOARD MEMBER	0.50	х						0.		0.			0.
(19) STEVEN MINTZER													
BOARD MEMBER	0.50	Х		_	-	-	 	0.		0.			0.
(20) JOT CONDIE PRESIDENT + CEO	6.70			X				48,250.	239,81	1.	1	4,5	56.
(21) JANET GUTIERREZ		ļ	-										
VP OF FINANCE	6.70			Х		<u> </u>		18,356.	91,23	32.	1.	3,8	<u>82.</u>
(22) ALYCIA HARSHFIELD	40.00	l						00.046		_		- 4	20
EXECUTIVE DIRECTOR	40.00			X	<u> </u>	ļ. <u>.</u>		83,346.		0.		5,4	90.
							-						
1b Sub-total		<u> </u>						149,952.	331,04		3	3,9	
c Total from continuation sheets to Part	/II, Section A					>		0.	221 0	0.	_	2 0	0.
d Total (add lines 1b and 1c)			I		.	<u> </u>	.	149,952.			3	3,9	28.
Total number of individuals (including but compensation from the organization	not limited to tr	10SE		ed a	DOV	/e) w	no r	eceived more than \$100	,,uuu or reportabi	е		Yes	0 No
3 Did the organization list any former office			e, ke	еу е	mple	oyee	, or	highest compensated e	mployee on		3		x
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the	sum of reportab	le c	•					•	the organization			х	
and related organizations greater than \$1Did any person listed on line 1a receive or									idual for services		4		
rendered to the organization? If "Yes," co	•					•	, 0,0				5		X
Section B. Independent Contractors								•					
 Complete this table for your five highest of the organization. Report compensation for 	=									pens	ation f	rom	
(A)								(B)		_	(0	;)	
Name and busines	s address	N	ON:	E				Description of s	services		ompe	nsatio	n
		_		-									
								_					
2 Total number of independent contractors	(including but	not !	ımıte	ed to		ose I	ıste	d above) who received n	nore than				
\$100,000 of compensation from the orga						0						000 /	

Form **990** (2011)

Form 990 (2011) EDUCATION Form 990 (2011) EDUCATION Form 990 (2011) EDUCATION FOR PART OF REVENUE EDUCATIONAL FOUNDATION

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran		35,000.				3 13 3 3 1
Contribu and Oth	-	similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f		63,070. •	98,070.			
	2 a			Business Code 900099	29,180.	29,180.		
Program Service Revenue	•							
۵	1	f All other program service reve	enue					
_		Total. Add lines 2a-2f			29,180.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta		•	70,596.			70,596.
	6 a		(ı) Real	(ii) Personal		,		
		b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)		>				
		a Gross amount from sales of assets other than inventory b Less: cost or other basis	(i) Securities 429,083					
	•	and sales expenses Gain or (loss) Net gain or (loss)	288,136 140,947		140,947.			140,947.
Other Revenue		a Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of					
٥	•	Net income or (loss) from fund a Gross income from garning ad Part IV, line 19	draising events ctivities. See	•				
	•	b Less: direct expensesc Net income or (loss) from gan						
	ı	a Gross sales of inventory, less and allowances b Less: cost of goods sold c Net income or (loss) from sale	a t					
	ŀ			Business Code 900099 900099	166,301. 163,795.	166,301.	103,213.	60,582.
	(d All other revenue Total. Add lines 11a-11d		•	330,096. 668,889.	195,481,	103,213.	272.125.
- 1	12	Total revenue. See instructions			UUO.007.	173,461.	105.714.	1 / / / . 1 / 5

Form 990 (2011)

EDUCATIONAL FOUNDATION

95-3676330 Page 10

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).

	Check if Schedule O contains a responsion not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	35,000.	35,000.		· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	160,205.	84,108.	40 051	26 046
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	100,203.	04,100.	40,051.	36,046
7	Other salaries and wages	82,906.	43,575.	20,659.	18,672
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	1,620.	851.	404.	365 3,973 3,159
9	Other employee benefits	17,657.	9,270.	4,414.	3,973
10	Payroll taxes	14,039.	7,370.	3,510.	3,159
11	Fees for services (non-employees):		1		
а	Management				
b	Legal	15 000	0.001		
С		15,983.	8,391.	3,996.	3,596
d					
е		20.026	1 4 71 4	7 006	6 206
f	Investment management fees	28,026.	14,714.	7,006.	6,306
. g	<u>-</u>				
12	Advertising and promotion	6,121.	3,213.	1,531.	1 277
13	Office expenses	670.	3,213.	167.	1,377 151
14	Information technology	070.	332.	107.	131
15	Royalties	59,130.	16,329.	35,803.	6 998
16 17	Occupancy	22,005.	11,554.	5,501.	6,998 4,950
17 18	Travel Payments of travel or entertainment expenses	22,003.	11,334.	3,301.	4,550
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	88,723.	87,715.	531.	477
20	Interest	3,581.	1,880.	896.	805
21	Payments to affiliates	0,0020	2,0001	0,500	
22	Depreciation, depletion, and amortization	18,715.	9,825.	4,679.	4,211
23	Insurance	1,556.	817.	389.	350
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)	·			
а		18,631.	9,781.	4,658.	4,192
b	MISCELLANEOUS	1,678.	879.	417.	382
۳ C					
d e	• • • • • • • • • • • • • • • • • • • •				<u>.</u>
е 25	Total functional expenses. Add lines 1 through 24e	576,246.	345,624.	134,612.	96,010
26	Joint costs. Complete this line only if the organization	3.3,213.	010,0210	101/012.	50,010
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here ☐ If following SOP 98-2 (ASC 958-720)				

1 Cash · non-interest-bearing 1,020 2 Savings and temporary cash investments 280,062	2 3	(B) End of year 0. 292,354.
2 Savings and temporary cash investments 280,062	2 3	
2 Savings and temporary cash investments 280,062	2 3	292.354
120.050		2721334
3 Pledges and grants receivable, net 139,950		114,317.
4 Accounts receivable, net 41,832		0.
5 Receivables from current and former officers, directors, trustees, key		
employees, and highest compensated employees. Complete Part II		
of Schedule L	5	
6 Receivables from other disqualified persons (as defined under section		
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
employers and sponsoring organizations of section 501(c)(9) voluntary		
employees' beneficiary organizations (see instructions)	6	
7 Notes and loans receivable, net	7	
7 Notes and loans receivable, net 8 Inventories for sale or use	8	
9 Prepaid expenses and deferred charges		6,620.
10a Land, buildings, and equipment: cost or other	1	······································
basis. Complete Part VI of Schedule D 10a 213, 855.		
b Less: accumulated depreciation 10b 62,788. 169,782	. 10c	151,067.
11 Investments - publicly traded securities 2,423,121	. 11	151,067. 2,147,828.
12 Investments - other securities. See Part IV, line 11	12	
13 Investments - program-related See Part IV, line 11	13	'4-10
14 Intangible assets	14	
15 Other assets. See Part IV, line 11 4,660		5,543.
16 Total assets. Add lines 1 through 15 (must equal line 34) 3,060,427	16	2,717,729.
17 Accounts payable and accrued expenses 8,710	• 17	12,063.
18 Grants payable	18	
19 Deferred revenue	19	
20 Tax-exempt bond liabilities	20	
	21	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	1-1	······································
highest compensated employees, and disqualified persons. Complete Part II		
of Schedule L	22	
23 Secured mortgages and notes payable to unrelated third parties 102,964		53,885.
24 Unsecured notes and loans payable to unrelated third parties	24	•
25 Other liabilities (including federal income tax, payables to related third		
parties, and other liabilities not included on lines 17-24). Complete Part X of		
Schedule D 63,150	- 25	63,115.
26 Total liabilities. Add lines 17 through 25		129,063.
Organizations that follow SFAS 117, check here X and complete		
27 Unrestricted net assets 1,540,127	. 27	1,374,046.
28 Temporarily restricted net assets		186,035.
29 Permanently restricted net assets 1,103,501	. 29	1,028,585.
Organizations that do not follow SFAS 117, check here		
5 complete lines 30 through 34.		
30 Capital stock or trust principal, or current funds	30	
31 Paid-in or capital surplus, or land, building, or equipment fund	31	·
tines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Tetalest accept as fund belonces	32	· · · · · · · · · · · · · · · · · · ·
33 Total net assets or fund balances 2,885,603		2,588,666.
34 Total liabilities and net assets/fund balances 3,060,427		2,717,729.

orm 990 (2011)	EDUCATIONAL	FOUNDATION

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

95-3676330 Page 12

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>89.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2_			<u>46.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,88		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<38	9,5	80.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,58	8,6	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated 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 Si	ngle Audit			
	Act and OMB Circular A-133?	•	3a		Х
h	If "Yes," did the organization undergo the required audit or audite? If the organization did not undergo the required	ired audit			

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Employer identification number 95-3676330

he organi	ization is not a	private foundation b	ecause it is: (For lines 1	through 1	1, check of	only one b	ox.)					
1 🛄	A church, con	vention of churches	, or association of churc	hes descr	ibed in se	ction 170	b)(1)(A)(i).					
2	A school desc	cribed in section 176	0(b)(1)(A)(ii). (Attach Sch	nedule E.)								
з 🔲	A hospital or a	a cooperative hospit	al service organization d	lescribed i	n section	170(b)(1)(A)(iii).					
4	A medical res	earch organization o	perated in conjunction v	with a hosp	oital descr	ibed in se	ction 170(b)(1)(A)(iii). Enter th	ne hospital'	's nam	e,
	city, and state											
5 🔲	An organization	on operated for the b	penefit of a college or un	iversity ov	vned or op	erated by	a governn	nental unit	describe	ed in		
	section 170(b)(1)(A)(iv). (Comple	te Part II.)									
6 🔲	-		ent or governmental unit	described	In section	n 170(b)(1)(A)(v).					
7	•	•	eives a substantial part of					r from the	general p	ublic desci	ribed ii	n
	-	o)(1)(A)(vi). (Complet				•			•			
8 🔲			ection 170(b)(1)(A)(vi). (Complete	Part II.)							
9 X	-		eives: (1) more than 33 1			om contri	outions, m	embershir	o fees, an	d gross red	ceipts (from
	_		ctions - subject to certa									
		· · · · · · · · · · · · · · · · · · ·	xable income (less secti									
		509(a)(2). (Complete			,		•	, ,			•	
10			erated exclusively to tes	at for publi	c safety. S	ee sectio	n 509(a)(4).				
11			erated exclusively for th						out the	purposes o	of one	or
			tions described in section									
	•		organization and comple				•	·				
	a Type I	··	7 ·		e III • Func		egrated		d 🗔	Type III - C	Other	
е 🔲		this box, I certify tha	t the organization is not	controlled	directly of	r indirectly	by one or	more disc	qualified p	persons oth	ner tha	.n
			nan one or more publicly									
f			ten determination from t									
		ganization, check th			•							
9		•	rganization accepted an	v aift or co	ontribution	from any	of the follo	owing pers	sons?			
3			rectly controls, either ale								Yes	No
			pported organization?					`,	•	11g(i)		
	-		described in (i) above?							11g(ii)		
	• •	•	person described in (i) o	or (II) above	∍?					11g(iii)		
h	• •	•	about the supported org									
••	1 101100 1110 1	one villig illionination		,	(-).							
	of supported anization	(ii) EIN		(iv) Is the o in col (i) lis governing o		organizat		(vi) Is organizatio (i) organiz U S	on in col		nount o	ıf
			(see instructions))	Yes	No	Yes	No	Yes	No			
									1			
	-							 				
					L							
				1			1					

Schedule A	(Form 990 or 990-EZ) 2011			
Part II	Support Schedule for Organizations	Described in Sections	170(b)(1)(A)(iv) and 17	0(b)(1)(A)(vi)

Page 2

	fails to qualify under the tests	s listed below, plea	ase complete Part	III.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	,,,						
	Public support. Subtract line 5 from line 4	<u> </u>	L	.l	<u> </u>	1	L
	ction B. Total Support	4 1 0007	41.000	410000		110011	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	Amounts from line 4 Gross income from interest,						
8	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business	-					
Ū	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	, , , , , ,		, , , , , , , , , , , , , , , , , , , ,	, , , ,		
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, th	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2010) Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2011. If the o	organization did no	ot check the box	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
t	stop here. The organization qualifies 33 1/3% support test - 2010. If the cand stop here. The organization qualifier	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check tl	nis box
17-	and stop here. The organization qual	· -			. 12 16c 1€	and line 44 := 400/	-
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "fact meets the "facts-and-circumstances"					art iv now the orgai	nization
	10% -facts-and-circumstances tes	•	*		•	17a and line 15 :-	10% or
•	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization						ıs 🕨

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

Schedule A (Form 990 or 990-EZ) 2011 EDUCATIONAL FOUNDATION

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 or if the organization failed to qualify under Part II. If the organization fails to

800	qualify under the tests listed be	elow, please comp	lete Part II.)				
	tion A. Public Support	4) 0007	#1.0000	43000	4 5 0040	(.) 0044	(O T-4-1
	ndar year (or fiscal year beginning in)	(a) 2007	(ь) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	134,465.	82,348.	28,069.	327,790.	98,070.	670,742.
	include any "unusual grants.")	134,403.	02,340.	20,009.	321,190.	70,070.	0/0//42.
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	1146983.	904,939.	42,124.	18,717.	29,180.	2141943.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	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		İ				
	furnished by a governmental unit to						
	the organization without charge						0010505
6	Total. Add lines 1 through 5	1281448.	987,287.	70,193.	346,507.	127,250.	2812685.
7a	Amounts included on lines 1, 2, and				60 400	25 222	011 545
	3 received from disqualified persons	78,200.	37,945.		60,400.	35,000.	211,545.
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						0.
_	amount on line 13 for the year	78,200.	37,945.	·	60,400.	35,000.	211,545.
	Add lines 7a and 7b	70,200.	31,943.		00,400.	33,000.	2601140.
	Public support (Subtract line 7c from line 6)					<u> </u>	2001140.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	1281448.	987,287.	70,193.	346,507.	127,250.	2812685.
	Gross income from interest,	1201440.	30,720,0	7071331	310/3071	12,72300	2012000
100	dividends, payments received on securities loans, rents, royalties and income from similar sources	300,252.	209,494.	68,174.	69,954.	70,596.	718,470.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	300,252.	209,494.	68,174.	69,954.	70,596.	718,470.
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.)	87,052.	27,442.	450.			114,944.
13	Total support (Add lines 9, 10c, 11, and 12)	1668752.	1224223.	138,817.	416,461.	197,846.	3646099.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (·	olumn (f))	•	15	71.34 %
16	Public support percentage from 2010					16	60.39 %
	ction D. Computation of Inve						
17	Investment income percentage for 20	•		e 13, column (f))		17	19.71 %
18	investment income percentage from			.,,		18	27.26 %
	33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than 3	33 1/3%, and line	
	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the	and stop here. The	organization quali	fies as a publicly	supported organiz	ation	$\triangleright X$
•	line 18 is not more than 33 1/3%, che						. ——
	Private foundation. If the organization			•		-	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Employer identification number 95-3676330

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised 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	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?	• • •	Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ► \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	ıal gaın, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION 95-3676330 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Scholarly research Other c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part W | Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes on Form 990, Part X? No **b** If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1c Additions during the year 1d Distributions during the year 1e Ending balance 1f Yes l No 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1,103,501 982,944 811,500 1a Beginning of year balance 1,061,324. Contributions 0 14,337 1 605 43,446, <74,916. Net investment earnings, gains, and losses 106,220, 169,839 <293,270. d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance 1,028,585. 1,103,501. 982 944. 811,500, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment ► 100.00 Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		X
3a(ii)		X
3ь		

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		213,855.	62,788.	151,067
e Other				
otal. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Part X, colur	nn (B), line 10(c).)	>	151,067

Schedule D (Form 990) 2011

95-3676330 Page 3

(a) Description of security or category (including name of security)	(b) Book value		of valuation: ear market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			<u>_</u> .
(B)			
(C) (D)			-
(E)			
(F)			
(G)			
(H)			·
(1)			
otal. (Col (b) must equal Form 990, Part X, col (B) list	ne 12) ▶		······································
Part VIII Investments - Program Re		ne 13.	
(a) Description of investment type	(b) Book value	(c) Method	of valuation: ear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	 		
(8)			
(9)		+	
(10)			
Fotal. (Col (b) must equal Form 990, Part X, col (B) III Part X Other Assets. See Form 990,			
Tart My Other Assets. See Form 990,	(a) Description		(b) Book value
(1)			(, 2001. 14.100
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
1-1			
(9) (10)			
(9) (10) Total. (Column (b) must equal Form 990, Part X			>
(9) (10) otal. (Column (b) must equal Form 990, Part X			>
(9) (10) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9	90, Part X, line 25.	(b) Book value	>
(9) (10) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 (a) Description of liab (1) Federal income taxes	90, Part X, line 25. bility		>
(9) (10) Fotal. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 (a) Description of liabilities. (b) Federal income taxes (c) DUE TO RELATED PART	90, Part X, line 25. bility	30,444.	>
(9) (10) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 9 (a) Description of liab (1) Federal income taxes	90, Part X, line 25. bility		>
(9) (10) (otal. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. See Form 9 (a) Description of liabilities. (1) Federal income taxes (2) DUE TO RELATED PART	90, Part X, line 25. bility	30,444.	>
(9) (10) Fotal. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. See Form 9 (a) Description of liab (1) Federal income taxes (2) DUE TO RELATED PART 1 (3) CASH OVERDRAFT	90, Part X, line 25. bility	30,444.	>
(9) (10) Total. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. See Form 9 (a) Description of liab (1) Federal income taxes (2) DUE TO RELATED PART 1 (3) CASH OVERDRAFT (4)	90, Part X, line 25. bility	30,444.	>
(9) (10) Total. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. See Form 9 (a) Description of liab (1) Federal income taxes (2) DUE TO RELATED PART 3 (3) CASH OVERDRAFT (4) (5)	90, Part X, line 25. bility	30,444.	>
(9) (10) Total. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. See Form 9 (a) Description of liabilities (1) Federal income taxes (2) DUE TO RELATED PART (2) CASH OVERDRAFT (4) (5) (6)	90, Part X, line 25. bility	30,444.	>
(9) (10) Total. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. See Form 9 (a) Description of liabilities	90, Part X, line 25. bility	30,444.	>
(9) (10) (10) (101) (101) (101) (101) (102) (103) (104) (105	90, Part X, line 25. bility	30,444.	
(9) (10) Total. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. See Form 9 1. (a) Description of liab (1) Federal income taxes (2) DUE TO RELATED PART 1 (3) CASH OVERDRAFT (4) (5) (6) (7) (8) (9)	bility IES	30,444.	

95-3676330 Page 4 EDUCATIONAL FOUNDATION Schedule D (Form 990) 2011 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 668,889. Total revenue (Form 990, Part VIII, column (A), line 12) 1 576,246. 2 2 Total expenses (Form 990, Part IX, column (A), line 25) 92,643. 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 <225,785.> 4 Net unrealized gains (losses) on investments Donated services and use of facilities 5 6 6 Investment expenses Prior period adjustments 7 <163,795. 8 8 Other (Describe in Part XIV) <389,580. Total adjustments (net). Add lines 4 through 8 9 <296,937.> 10 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 279,309. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: <225,785. Net unrealized gains on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIV.) 2d <225,785.> e Add lines 2a through 2d 2e 3 505,094. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 163,795 b Other (Describe in Part XIV.) 163,795. c Add lines 4a and 4b 4c 668,889. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 576,246. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 576,246. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) 4h c Add lines 4a and 4b 4c 576 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: ESTABLISHED IN ORDER TO HELP FUND SCHOLARSHIPS WHICH FURTHER THE ORGANIZATION'S EXEMPT PURPOSE. PART X, LINE 2: THE FOUNDATION HAS IMPLEMENTED THE AMENDED ACCOUNTING PRINCIPLES RELATED TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THERE IS NO MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. WITH SOME EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND CALIFORNIA INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR

CALIFORNIA RESTAURANT ASSOCIATION 95-3676330 Page 5 EDUCATIONAL FOUNDATION Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) TO 2007. PART XI, LINE 8 - OTHER ADJUSTMENTS: INCOME FROM CRA CAPITOL PARTNERS, LLC -163,795. PART XII, LINE 4B - OTHER ADJUSTMENTS: 163,795. INCOME FROM CRA CAPITOL PARTNERS, LLC

Schedule I (Form 990) (2011) **ջ Employer identification number** 95-3676330 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization (below if applicable cash grant or government cash grant or government cash grant c 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" to Form 990, Part IV, line 21 or 22. other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CALIFORNIA RESTAURANT ASSOCIATION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. EDUCATIONAL FOUNDATION Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Partil

EDUCATIONAL FOUNDATION

Schedule i (Form 990) (2011) EDUCATIONAL FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

95-3676330

(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
CADEMIC SCHOLARSHIPS	18	35,000.	0	0.N/A	N/A
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: CRAEF	GIVES OUT	SCHOLARS	HIPS BASED	CRAEF GIVES OUT SCHOLARSHIPS BASED ON NEED AND	
ACADEMIC CRITERIA IN TWO PAYMENTS.	THE	ERIA IS C	HECKED AGA	CRITERIA IS CHECKED AGAIN BEFORE THE	
SECOND INSTALLMENT IS GIVEN TO THE	RECIPIENT.		HOLARSHIP	THE SCHOLARSHIP DOLLARS ARE	
SIVEN TO THE RECIPIENT TO USE AT T	THEIR DISC	DISCRETION.			

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2011

OMB No 1545-0047

Open to Public inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990. ► See separate instructions.

CALIFORNIA RESTAURANT ASSOCIATION

EDUCATIONAL FOUNDATION

Employer identification number 95-3676330

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X The organization? 5a X Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? X **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2011

95-3676330

EDUCATIONAL FOUNDATION

Schedule J (Form 990) 2011

Part if Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C)	(Q)	(E)	(F)
(A) Name	<u> </u>	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	8	44,825.	3,350.	75.	0	2,438.	50,688.	
1 JOT CONDIE	(E)	222,786.	16,650.	375.	0	12,118.	251,929.	
2	▣							
	<u></u>							
3	▣							
	€							
4	(E)							
	<u> </u>							
5	<u> </u>		3	-				
9	(E)							
	<u> </u>							
7	€							
	E							
8	€							:
	E							
6	(ii)							
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	ε							
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	ε							
13	▣							
	(E)							
14	Ξ							
	ε							
15	(ii)							
	E							
16	<u> </u>							

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Employer identification number 95-3676330

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

HOSPITALITY CAREERS; AND TO ENCOURAGE ABLE CALIFORNIANS TO SEEK SUCH

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

FOOD-SERVICE INDUSTRY TO DEVELOP PROFESSIONAL STAFF AND MANAGEMENT.

CRAEF HAS TWO VEHICLES TO HELP EDUCATE FUTURE HOSPITALITY AND

RESTAURANT PROFESSIONALS. ONE IS THROUGH THE SCHOOL TO CAREER CULINARY

PROGRAMS (PROSTART) AT THE HIGH SCHOOL LEVEL, AND THE OTHER IS BY

GIVING DESERVING HIGH SCHOOL AND RETURNING CULINARY COLLEGE STUDENTS

SCHOLARSHIPS TO HELP EASE THE BURDEN OF COLLEGE TUITION AND OTHER

EXPENSES.

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

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

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

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

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

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

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

CALIFORNIA RESTAURANT ASSOCIATION.

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

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

BODY.

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

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization CALIFORNIA RESTAURANT ASSOCIATION	Page 2 Employer identification number
EDUCATIONAL FOUNDATION	95-3676330
FORM 990, PART VI, SECTION B, LINE 12C: THERE IS A CONF	LICT OF INTEREST
STATEMENT IN THE BY-LAWS THAT ALL BOARD MEMBERS MUST AD	HERE TO. THIS IS
MONITORED BY THE PRESIDENT + CEO AND OTHER CRA STAFF PE	RSONNEL.
FORM 990, PART VI, SECTION B, LINE 15: ALL POSITIONS AR	E SUBJECT TO A
PROCESS IN DETERMINING COMPENSATION, WHICH INCLUDES ANN	UAL SALARY SURVEYS
BY THIRD PARTIES SUCH AS THE CHAMBER OF COMMERCE, EMPLO	YMENT AGENCIES, ETC.
	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 19: CRAEF DOES NOT M	AKE ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL ST	ATEMENTS AVAILABLE
TO THE PUBLIC.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-225,785.
INCOME FROM CRA CAPITOL PARTNERS, LLC	-163,795.
TOTAL TO FORM 990, PART XI, LINE 5	-389,580.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
•	

(g) Section 512(b)(13) controlled Open to Public Inspection Employer identification number 95-3676330 Ŷ OMB No 1545-0047 × entity? 2011 Direct controlling Yes 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.) Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code ਓ section 501(C)(6) ছ ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) CALIFORNIA CALIFORNIA RESTAURANT ASSOCIATION MAINTAIN, PROMOTE, EXTEND, & ▶ Attach to Form 990. PROTECT THE INTERESTS OF THE RESTAURANT INDUSTRY Primary activity Primary activity EDUCATIONAL FOUNDATION 621 CAPITOL MALL, SUITE 2000 CALIFORNIA RESTAURANT ASSOCIATION Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 95814 Name of the organization Department of the Treasury Internal Revenue Service C, SCHEDULE R 95-1241045, SACRAMENTO, (Form 990) Part ! Part #

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

Schedule R (Form 990) 2011

EDUCATIONAL FOUNDATION Schedule R (Form 990) 2011

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

95-3676330

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominant income (related.		(f) Share of total	(g) Share of end-of-vear	(h) Disproportion-	(i) Code V-UBI amount in box		General or Percentage managing ownership
		(state or foreign country)		excluded from tax under sections 512-514)			assets	Yes No	20 of Schedule K-1 (Form 1065)		
CRA CAPITAL PARTNERS, LLC - 20-4864984, 621 CAPITOL MALL, SUITE 2000, SACRAMENTO, CA 95814	HOLD INVESTMENT IN COMMERCIAL REAL ESTATE RENTAL	CA	3 8/N	UNRELATED	10	163,795.	1,136,352.	×	103,213.	×	18,56%
						:			·		
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a	is a Corpo	oration or Trust (Coryear.)	nplete if the org	anization answ	ered "Yes"	to Form 990, Pa	rt IV, line 34	because it had	one or mo	re related
(a) Name, address, and EIN of related organization	N. c		(b) Primary activity	tty Legal of (strains) for the country the country the country that the co	(c) Legal domicile Direct c (siste or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)	Share of total income	f total Sha	(g) Share of end-of-year assets	(h) Percentage ownership
CRA SERVICES CORPORATION - 95621 CAPITOL MALL, SUITE 2000 SACRAMENTO CA 95814	- 95-4540060		INSURANCE SERVICES		CA N	N/A	C CORP	N/A		N/A	N/A
		,									
132162 01-23-12	:								Schedu	e R (Forr	Schedule R (Form 990) 2011

Page 3

95-3676330

CALIFORNIA RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

Schedule R (Form 990) 2011

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ş
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?	s with one or more re	lated organizations listed	ın Parts II-IV?		-	
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				1a	_	×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				5	×	
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan quarantees by related organization(s)				1e		×
f Sale of assets to related organization(s)				#		×
a Purchase of assets from related organization(s)				19		×
				=		×
				Έ		×
					.,,,,	
j Lease of facilities, equipment, or other assets from related organization(s)				÷		×
k Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			¥	_	×
I Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			=	×	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			£	×	
n Sharing of paid employees with related organization(s)				1	×	
 Reimbursement paid to related organization(s) for expenses 				10	×	
p Reimbursement paid by related organization(s) for expenses				9	-	×
						;
 q Other transfer of cash or property to related organization(s) 			;	10		×
r Other transfer of cash or property from related organization(s)				-	×	
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered	ormation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) CALIFORNIA RESTAURANT ASSOCIATION	M	59,130.	COST REIMBURSEMENT			
(2) CALIFORNIA RESTAURANT ASSOCIATION	0	90,000.	COST REIMBURSEMENT			
(3) CALIFORNIA RESTAURANT ASSOCIATION	R	168,821.	PER CONTRACT			
(4)						
(5)						
(9)						
132163 01-23-12			Schedule R (Form 990) 2011	(Form	990) 2	15

. Page 4

CALIFORNIA RESTAURANT ASSOCIATION

EDUCATIONAL FOUNDATION

Part Vf Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Schedule R (Form 990) 2011

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 reparding exclusion for certain investment partnerships.

	(4)	(3)	(P)	19	9	10)	3	0	9	(8)
NE pro condepo condi	(a)	<u> </u>	Predominant income	Are all	Share of	Share of	Disproper	Code V-IIBI	General	nPercentage
of entity	רוויום א מכנועונא		(related, unrelated, 501(c)(3) excluded from tax	501(c)(3) orgs?	total	end-of-year	tonate allocations?	tonate amount in box 20 managing ownership of Schedule K-1 partner ownership	partner	ownership
		country)	under section 512-514)	Ves No	ешооше	assets	Yes No	(Form 1065)	Yes No	
									\exists	
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CALIFORNIA RESTAURANT ASSOCIATION 95-3676330 Page 5 EDUCATIONAL FOUNDATION Schedule R (Form 990) 2011 EDUC
Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).