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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

Open to Public Inspection

AI	For the	2011 calendar year, or tax year beginning $\begin{array}{cccc} \mathrm{NOV} & 1 , & 2011 \end{array}$ and ending	OCT 31, 2012	
В	Check if	C Name of organization	D Employer identific	cation number
a	applicable	COLORADO RESTAURANT ASSOCIATION		
	Address change	EDUCATION FUND		
	Name change	Doing Business As COLORADO RESTAURANT ASSOCIATIO	74-2	488379
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone numbe	7
	Termin- ated	430 EAST SEVENTH AVENUE	303.	830.2972
	Amende return	City or town, state or country, and ZIP + 4	G Gross receipts \$	631,194.
	Applica-	DENVER, CO 80203	H(a) Is this a group re	eturn
	pending	F Name and address of principal officer: PETER M. MEERSMAN	for affiliates?	Yes X No
		430 E 7TH AVE, DENVER, CO 80203	H(b) Are all affiliates inc	luded? Yes No
			If "No," attach a	list. (see instructions)
		: ► WWW.COLORADORESTAURANT.COM	H(c) Group exemptio	
			ear of formation: 1987 N	State of legal domicile: CO
P		Summary		
ø	1 B	riefly describe the organization's mission or most significant activities: ADVANCE	EDUCATIONAL	
Governance	5	PPORTUNITIES AND PROFESSIONAL STANDARDS IN '		
ern	1	heck this box F if the organization discontinued its operations or disposed of m	ore than 25% of its net as	
ઠ્ઠ		lumber of voting members of the governing body (Part VI, line 1a)	3	21
ಷ		lumber of independent voting members of the governing body (Part VI, line 1b)	. 4	21
Activities &		otal number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
Ĭ		otal number of volunteers (estimate if necessary)	6	0
Ac		otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
· —	<u> </u>	let unrelated business taxable income from Form 990-T, line 34	7b	0.
)	l		Prior Year 177,438.	Current Year
e		contributions and grants (Part VIII, line 1h)	113,383.	106,764. 153,685.
Revenue		rogram service revenue (Part VIII, line 2g)	2.	133,003.
Re l		evestment income (Part VIII, column (A), lines 3, 4, and 7d)	113,664.	90,980.
I		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	404,487.	351,430.
_	<del>                                     </del>	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
		irants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		enefits paid to or for members (Part IX, column (A), line 4) lalanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	209,570.	202,250.
se	1	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	1	otal fundraising expenses (Part IX, column (D), line 25)	* **	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Ä		otal fundralising expenses (Fart IX, column (A), lines 11a-11d, 11f-24e)	183,558.	144,194.
		A 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	393,128.	346,444.
		levenue less expenses. Subtract line 18 from line 12	11,359.	4,986.
or es			Beginning of Current Year	End of Year
anc ets	20 T	otal assets (Part X, line 16)  otal liabilities (Part X, line 26)	126,654.	144,512.
Seg	21 T	otal liabilities (Part X, line 26)	39,409.	52,281.
Net Assets or Fund Balances	22 N	let assets or fund balances. Subtract line 21 from line 20	87,245.	92,231.
		Signature Block UGULIN, UT		
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my	knowledge and belief, it is
true	, correct,	and complete Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
		S.IMM.	5/14	4/15
Sig	n	Signature of officer	Date	<b>,</b>
Her	·e	PETER M. MEERSMAN, EXECUTIVE DIRECTOR Type or print name and title		
			Thate 4 Law L	II PTIN
D-!		Print/Type preparer's name  BERT R BONDI, CPA  Print/Type preparer's signature  CPA  Struct  CPA	Date Check Check	
Paid	-		seri-employe	P00291146 43-0765316
	· F	Firm's name RUBINBROWN LLP Firm's address 1900 16TH STREET, SUITE 300	Firm's EIN	-12 0.022TO
096	Jiny	DENVER, CO 80202	Phone no. 3	03-698-1883
May	v the IR	S discuss this return with the preparer shown above? (see instructions)	11 110116 110.	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

1-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(4 16 2

	COLORADO RESTAURANT ASSOCIATION		
Form	990 (2011) EDUCATION FUND	74-2488379	Page 2
Par	t III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
-	ADVANCE EDUCATIONAL OPPORTUNITIES IN THE FOOD SERVICE A	ND HOSPITALI	TY
	INDUSTRIES OF COLORADO BY PROVIDING SCHOLARSHIPS SUPPOR	T AND OTHER	
	EDUCATIONAL OPPORTUNITIES TO THOSE INTERESTED IN THE FO	OD SERVICE	-
	INDUSTRY.		
2	Did the organization undertake any significant program services during the year which were not listed on		-
_	the prior Form 990 or 990-EZ?	Ves	XNo
	If "Yes," describe these new services on Schedule O.		,,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	yes	XNo
3	If "Yes," describe these changes on Schedule O.	163	110
4	Describe the organization's program service accomplishments for each of its three largest program services, as	e measured by expense	e
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	others, the total expenses, and revenue, if any, for each program service reported.	grants and anocations	.0
4a	200 570	153	685.
44	(Code ) (Expenses \$ 289,378 including grants of \$ ) (Revert ADVANCE EDUCATIONAL OPPORTUNITIES IN THE FOOD SERVICE A		
	INDUSTRIES OF COLORADO BY PROVIDING SCHOLARSHIPS SUPPOR		
		OOD SERVICE	
	INDUSTRY.	OD BHRVICH	<del> </del>
	INDUSTRI.		
		-	
	7		
4b	(Code) (Expenses \$	1ue \$	
		<del></del>	
			-
		<del> </del>	
		·	
4c	(Code ) \(\( \sum_{\text{code}} \sigma_{\text{code}} \sigma_{\text{code}} \)	nue \$	
40	(Code) (Expenses \$ including grants of \$) (Rever		
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
			_
			_

Other program services (Describe in Schedule O.)

) (Revenue \$

including grants of \$ 289,578. Total program service expenses ▶

### Form 990 (2011)

COLORADO RESTAURANT ASSOCIATION EDUCATION FUND

Part IV	Ch	ecklist	of Require	ed Schedules

	•			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Α_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) 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 II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	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 I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
8	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			٨
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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	11c		<u> </u>
d	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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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,"			<b>77</b>
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990 (	2011

Form 990 (2011) EDUCATION FUND
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			7.7
	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,		x	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			х
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
243	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	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			
	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	_		v
	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 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1/4	* A.	
20	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	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was 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			7,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ا ۔ ا		х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del>"</del>		<del></del>
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			_
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	_		7.7
	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			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		<u> </u>
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	14016.7 de l'otti duo mois die requires le complete demodule o		990 (	2011)
			- 14	'/

Page 5

Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable    Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable   Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable   Obt the organization comply with beduing uses for reportable payments to vendors and reportable gaming (gambling) with more provided in line 1a. Enter 0- if not applicable   Description of the provided on Form W-3. Transmittal of Wage and Tax Statements,   2a		Check if Schedule O contains a response to any question in this Part V			
Enter the number of Forms W2G included in time to. Enter O- if not applicable  Ob the organization comply with backup withholding rules for reportable symments to vendors and reportable gamining (igambling) with mymings to prize with missing the prize of the complex of the c				Yes	No
c Dut the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) withings to prize withings to prize withings and the provided of the calendar year ending with or within the year covered by this return.  2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  3 If all least one is reported on line 23, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  3 If Yes, Thas it field a Form 990. To this year? If Yes, Provide an explanation in Schedule O.  3 If Yes, Thas it field a Form 990. To this year? If Yes, Provide an explanation in Schedule O.  3 If Yes, Thas it field a Form 990. To this year? If Yes, Provide an explanation in Schedule O.  4 At any time during the calendary 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 accounts?  5 If Yes, The the the name of the foreign country.  5 See instructions for filing requirements for Form TD F 90.22.1. Report of Foreign Bank and Financial Accounts.  5 If Yes, The line of the organization have an interest in, or a signature or other authority over, a financial accountry.  5 If Yes, The line of the organization have an interest in or a sparty to a prohibited tax wheter transaction?  5 If Yes, The line of the organization have an interest in or a sparty to a prohibited tax wheter transaction?  5 If Yes, The line organization include with every solicitation an express statement that such contributions or orgits were not tax deductible?  5 If Yes, The line organization include with every solicitation an express statement that such contributions or grid in the organization state in the prohibition or advised the such as the	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.  ### Report of the calendary year ending with or within the year covered by this return  ### Description of the state of the calendary year ending with or within the year covered by this return  ### Note. If the sum of lanes it a and 2 are greater than 250, you may be required to effective employment tax returns?  *## Note. If the sum of lanes it a and 2 are greater than 250, you may be required to effective employment tax returns?  *## Note. If the sum of lanes it a and 2 are greater than 250, you may be required to effective employment tax returns?  *## Note. If the sum of lanes it a and 2 are greater than 250, you may be required to effective employment tax returns?  ### Note. If the sum of lanes it and 2 are greater than 250, you may be required to effective employment tax returns?  ### Note. If the sum of lanes it and 2 are greater than 250, you may be required to effective employment tax returns?  ### Alany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  ### If Yes, "a the the name of the foreign country; !> See instructions for fining requirements for Form 15 e9022.1, Report of Foreign Bank and Financial Accounts.  ### Alany time during the tax year?  ### Did and traceable party notify the organization fining that was or is a party to a prohibited tax shelter transaction?  ### If Yes, "to the organization include with eway solicitation an express statement that such contributions or grits were not tax deductible?  ### If Yes, "to the organization include with eway solicitation an express statement that such contributions or grits were not its deductible?  ### Organizations that may receive deductible contributions under section 170(c).  ### If Yes, "to the organization notify the donor of the value of the goods or services provided?  ### If Yes, "did the organization notify the donor of the value of the goods or services prov	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Elett the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements.   2a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
tiled for the calendary year ending with or within the year covered by this return  Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross is income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  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 in a foreign country (such as a bank account, securities account, or other financial account)?  4a X		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the repaired to e-file (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the repaired and a provided or the second of \$1,000 or more during the calendary year, did the organization and schedule O  3a All any time during the calendary year, did the organization and explanation in Schedule O  3b All any time during the calendary year, did the organization are an interest in, or a signature or other authority over, a financial account in a foreign country; but it is a bank account, securities account, or other financial accounts.  4a All any time during the calendary year, did the organization for fining 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?  5b Did any taxable party notify the organization that the was or is a party to a prohibited tax shelter transaction?  5c Did was the organization and party to a prohibited the form 8886+71 or that it was or is a party to a prohibited tax shelter transaction?  5c Did was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, find the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8d If Yes, find the organization network and the every and the organization shell many receive deductible contributions of the goods or services provided?  8d If Yes, financial the number of Forms 8282 filed during the year  9d If Yes, financial the number of Forms 8282 filed during the year  9d If Yes, financial the number of Forms 8282 filed during the year y	<b>2</b> a				
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 As If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 As At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the fin		mod for the delendar year chang with or within the year covered by the fetting			
3a Dat the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it field 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! See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions or filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions or filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See instructions or filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See the See instructions or filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See the See instructions or filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  See the Organization that was required the see instruction in cluded or Part of the goods or services provided?  If "Yes," did the organization requirement in excess of \$75 made partly as a contribution and partly or goods and services provided to the payor?  If the organization received a contribution or fourity, to pay premi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If Yes,* has it filed a Form 990-T for this year? If *No,* provide an explanation in Schedule C  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, or other financial account)?  5b If Yes,* center 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.  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Dot any taxable party notify the organization file Form 8889.7?  5c If Yes,* or line Sa of Sb, dit the organization file Form 8889.7?  5c Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible?  6c Doss the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization that may receive deductible contributions under section 170(c).  a Did the organization neceive a payment in excess of \$25 made party as a contribution and party for goods and services provided to the Form 8282?  d If Yes,* indicate the number of Forms 8282 filed during the year  C Did the organization receive any time, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received any toxis, directly or indirectly, on a personal benefit contract?  7 Did the organization received any toxis, directly or indirectly, or pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property. did the organization file Form 8899 as required?  9 Spensoring organization maintaining donor advised funds and section 596(3) supporting organizations. Did the progranization maintaining donor advised funds a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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b If "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5.6 Was the organization that it was or is a party to a prohibited tax shelter transaction?  5.7 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5.7 If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6.8 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?  6.8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6.9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6.0 If "Yes," did the organization network every solicitation and partly for goods and services provided to the payor?  6.0 If "Yes," did the organization network were solicitation and partly for goods and services provided to the payor?  7.0 If the organization network is exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7.0 If "Yes," indicate the number of Forms 8282 filed during the year  9. Organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1.7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1.7 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8. Sponsoring organizations maintaining donor advised funds.  9. Sponsoring organizations maintaining donor advised funds.  10. If the organization were any taxible distributions under	4a				•
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make a distribution to a donor, donor advised funds. b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b 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  t Gross receipts, included on the payments? If "No," provide an explanation in Schedule O.  14b If "Yes," has it filed a Form 720 to report these pay	d				ک * د
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			44-		¥
	D	if res, has it filed a Form 720 to report these payments? If No, provide an explanation in Schedule O		990 /	2011)

Form 990 (2011)

EDUCATION FUND

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

Sec	tion A. Governing Body and Management					
360	uon A. Governing body and ividiagement				Val	NI-
_		ـما	21		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a				1
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other			لـــــا
	officer, director, trustee, or key employee?		•	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct 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 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?	• •		7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders. or			
_	persons other than the governing body?		<b>,</b>	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:	^		
а	The governing body?	<b></b>	- · - · · · · · · · · · · · · · · · · ·	8a	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 rea	ached :	at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrieu	at tile	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Pavanu	e Code I	_ 5		<del></del>
<u> </u>	tion B. I onoics (mis section b requests information about policies not required by the internal r	ic veria	e code.)		Yes	No
100	Did the erganization have local chanters branches or affiliator?			10a	162	X
10a	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such c	hantar	s offiliatos	IUa		
D	• • • • • • • • • • • • • • • • • • • •	napter	s, annates,	10b		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		6l		Х	
_		ay belo	re filing the form?	11a	Δ. ?`	*. ×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				X	لنث
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		flicto?	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You should be have the way done	res, a	escribe	40	х	
	ın Schedule O how this was done			12c		<u>x</u>
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approv	-	naepenaent		',	4
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<i>!</i>			X	
	The organization's CEO, Executive Director, or top management official		i	15a		
b	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).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				′	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıo	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►CO		<u> </u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only) a	avaılab	le	
	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, c	onflict	of interest policy, an	d fınar	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiza	tion: 🕨	·	
	THE ORGANIZATION - 303.830.2972					
	430 EAST SEVENTH AVENUE, DENVER, CO 80203					

EDUCATION FUND

74-2488379 Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Employ cool and macpondone contractors	
Check if Schedule O contains a response to any question in this Part VII	]

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.
- 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.

Check this box if neither the organization r	or any related	orga	anıza	ation	ı ço	mpe	nsat	ed any current officer, of	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	nore	ነ than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		Cerai	10 2 0	mecii	Jiruus	100,	from	from related	other
	(describe hours for	or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	ig g			sated		organization (W-2/1099-MISC)	(***2/1099****13C)	organization
	organizations	truste	al trus		ag.	m ber		(17 2) 1000 111100)		and related
•	ın Schedule		utton		Key emptoyee	est co	er			organizations
	O)	Indiv	Instil	Officer	Keye	Highest compensated employee	Former			
(1) PAUL AYLMER										
DIRECTOR	1.00	X						0.	0.	0.
(2) KEITH BALL					l					_
DIRECTOR	1.00	Х			<u> </u>	<u> </u>	Щ	0.	0.	0.
(3) JAMIE BOONE	l								_	_
DIRECTOR	1.00	X		<u> </u>	╙	╙	Ľ	0.	0.	0.
(4) CHRISTINE CHASSEN		l			l					
DIRECTOR	1.00	Х		_	<u> </u>	<u> </u>		0.	0.	0.
(5) MARYLS CONNOR	1	l		l				_		
DIRECTOR	1.00	X					Ш	0.	0.	0.
(6) LYNNE CRAIG	1	l			l					
DIRECTOR	1.00	X			<u> </u>	igspace	Ш	0.	0.	0.
(7) JORGE DE LA TORRE	1	١		1						
DIRECTOR	1.00	X		L.		┞		0.	0.	0.
(8) JESSICA DOERFFEL	1			1				•	_	
DIRECTOR	1.00	X		<u> </u>	_	<u> </u>		0.	0.	0.
(9) ANDREA EHRESMAN	1			ļ				_		
DIRECTOR	1.00	X		<u> </u>		<u> </u>	Щ	0.	0.	0.
(10) DEREK FIGUEROA	1			ŀ					_	_
DIRECTOR	1.00	X		<u> </u>	_	ļ.,	Щ	0.	0.	0.
(11) CHAD GRUHL	1							•		•
DIRECTOR	1.00	X	_	_	_	┢	L	0.	0.	0.
(12) ROBERT HAHN	1 00	,,		ŀ				0		•
DIRECTOR	1.00	<u> </u> ▲	L	<u> </u>	L	_	Н	0.	0.	0.
(13) ROB HAIMSON	1 1 00	Į.,						•	•	•
DIRECTOR	1.00	X		_	_	<u> </u>		0.	0.	0.
(14) TRACY JOHNSON	1 00							0.	•	0
DIRECTOR	1.00	X		<u> </u>	<u> </u>	⊢	$\vdash$	0.	0.	0.
(15) KAREN KRISTOPEIT-PARKER	1 00	Į.,		l				0.	0.	0
(16) HEATHER LEIGH	1.00	┝	-	<del> </del>	├	├	$\vdash$	0.	U .	0.
(16) HEATHER LEIGH DIRECTOR	1.00	Ψ.						0.	0.	0
(17) CHRISTINE O' DONNELL	1.00	₽	$\vdash$	-	├-	┢	$\vdash$	<u> </u>	U •	0.
DIRECTOR	1.00	_ v		}				0.	0.	0.
DIRECTOR	1.00	$\mathbf{\Lambda}$		<u> </u>		L	نــا	U •	<u> </u>	- 000 (see til)

Page 7

Form 990 (2011)

Form 990 (201-1) EDUCATIO		KAJ	ΝI	Ai	ادد		LA.	IION	74-24	88	379	Page	, 8
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	es, a	nd I	High	est	Compensated Employ	rees (continued)				
(A) Name and title	(B) Average hours per week	(do	not c	Pos heck	tion more		one h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) imated ount of other	
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		fro orga and	ensation m the nization related nizations	
(18) JANELL PETERSON		l								,			
DIRECTOR	1.00	X.	╙	_	_	<u> </u>		0.		0.			) .
(19) MARC RUPP	1.00	٦,	l			ł		0.		ο.		_	).
DIRECTOR (20) ROLAND WAYMENT	1.00	X	$\vdash$	├	-	⊢	┢	0.		٠.			<u>' ·</u>
DIRECTOR	1.00	$ _{\mathbf{x}}$	ŀ					0.		О.		C	).
(21) TYLER WIARD	1 2.00	<del> </del>	t	┢╌		$\vdash$	$\vdash$	•		H			_
DIRECTOR	1.00	X	_	_	<u> </u>	_	_	0.		0.		0	<u>.</u>
													_
						Ĺ		0.		0.			).
Sub-total     Total from continuation sheets to Part V     Total (add lines 1b and 1c)	II, Section A					<b>&gt;</b>		0.		0. 0.		0	<u>) .</u>
Total number of individuals (including but compensation from the organization	not limited to t	hose	liste	ed a	bov	e) wi	no r	eceived more than \$100	0,000 of reportable				0
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	ey er	nplo	oyee	, or	highest compensated e	employee on			Yes No	
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization		4	<u> </u>	ζ.
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	-				-		elat	ed organization or indiv	idual for services		5	X	<u>ጀ</u>
Section B. Independent Contractors  1 Complete this table for your five highest or	mponented in	dop	onde	ont o	ont	racto	ore 1	that received more than	\$100,000 of comp	2000	ation fr		
the organization. Report compensation for								n the organization's tax			_	-	_
(A) Name and business	address	N	ON	E		_		(B) Description of s	services	С	(C) compen		
							_						_
							ı		1				

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 

0

\$100,000 of compensation from the organization

74-2488379 EDUCATION FUND Form 990 (2011) Page 9 Statement of Revenue Part VIII (D) Revenue excluded from (C) (A) (B) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events 40,000. 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 66,764 1f similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 106,764. h Total. Add lines 1a-1f Business Code 900099 2 a EDUCATION 120,585. 120,585 Program Service Revenue SCHOLARSHIPS 900099 33,100. 33,100. All other program service revenue 153,685. Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses . \$ > c Rental income or (loss) 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 a 370,744 Part IV, line 18 ь 279,764. b Less: direct expenses 90,980 90,980 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

351,430.

153,685.

Total. Add lines 11a-11d

Total revenue. See instructions.

# Form 990 (2011) EDUCATION FUN 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 respons amounts reported on lines 6b, 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	other assistance to governments and			gamaran	
organization	s in the United States. See Part IV, line 21				
2 Grants and	l other assistance to individuals in				
the United	States. See Part IV, line 22				
3 Grants and	other assistance to governments,				
organizatio	ns, and individuals outside the				
United Sta	tes. See Part IV, lines 15 and 16				
4 Benefits pa	aid to or for members				
5 Compensa	tion of current officers, directors,				
trustees, a	nd key employees				
•	on not included above, to disqualified				
. ,	defined under section 4958(f)(1)) and				
	cribed in section 4958(c)(3)(B)	162 004	400 450	22.010	
	nes and wages	163,284.	129,472.	33,812.	
8 Pension plan	accruals and contributions (include				
	and section 403(b) employer contributions)	22 44 5	10 566	4 040	
•	loyee benefits	23,415.	18,566.	4,849.	
O Payroll tax	· -	15,551.	12,331.	3,220.	
	ervices (non-employees):				
a Manageme	ent				<del></del>
<b>b</b> Legal	-				
c Accounting	-				-
d Lobbying			,*	•,	
	I fundraising services. See Part IV, line 17		``	· ·	
	t management fees	0 605	<del> </del>	1,782.	
g Other	<del> </del>	8,605. 2,878.	6,823.	1,/04.	
_	and promotion	2,103.	1,666.	437.	<u></u>
3 Office expe	_	2,103.	1,000.	437.	
	n technology				
15 Royalties	-	9,233.	7,321.	1,912.	
6 Occupancy	<b>'</b>	18,788.	14,898.	3,890.	
7 Travel		10,700.	14,050.	3,050.	
•	of travel or entertainment expenses				
•	eral, state, or local public officials es, conventions, and meetings	10,960.	6,355.	4,605.	
	es, conventions, and meetings	10,500.	0,333.	1,0031	
nterest Payments	to affiliates				
•	on, depletion, and amortization			· · · ·	
23 Insurance	, aspiction, and amortization	834.	662.	172.	
	ses. Itemize expenses not covered	2 -	1		· · · · · · · · · · · · · · · · · · ·
above. (List	miscellaneous expenses in line 24e. If line		1	· · · · · · · · · · · · · · · · · · ·	,
	exceeds 10% of line 25, column (A) line 24e expenses on Schedule 0.)				
a SCHOL		30,500.	30,500.		
b EDUCA		18,084.	18,084.		
	TION MATERIALS	17,330.	17,330.		
	LTING FEES	8,174.	8,174.	·	<del> </del>
e All other ex		16,705.	14,518.	2,187.	
	onal expenses. Add lines 1 through 24e	346,444.	289,578.	56,866.	(
	Complete this line only if the organization	-			
-	column (B) joint costs from a combined		İ		
educational	campaign and fundraising solicitation.				
Check here	rf following SOP 98-2 (ASC 958-720)				

Pa	tχ	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		39,889.	1	58,015.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		84,508.	4	82,818.
	5	Receivables from current and former officers, di				
		employees, and highest compensated employee				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru		) www.ve-e-e-e-e-e-e-e-e-e-e-e-e-e-e-e-e-e-e-	6	·
sts	7	Notes and loans receivable, net			7	
Assets	8	Inventores for sale or use		1,226.	8	3,679.
٩	9	Prepaid expenses and deferred charges		1,031.	9	-,
	10a	• •	i I		<u> </u>	
	'0"	basis Complete Part VI of Schedule D	10a	*		^ *
	۱ ۲	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	100		11	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line			13	
		Intangible assets		·	14	<del></del>
	14	•	<del></del>	15		
	15	Other assets. See Part IV, line 11	at line 24)	126,654.	16	144,512.
	16	Total assets. Add lines 1 through 15 (must equal	at lifte 54)	36,829.	17	51,201.
	17	Accounts payable and accrued expenses	30,023.	18	31,201.	
	18	Grants payable	-	2,580.	19	1,080.
	19	Deferred revenue		2,300.	20	1,000.
	20	Tax-exempt bond liabilities	Part IV of Sahadula D		21	
Liabilities	21	Escrow or custodial account liability. Complete I Payables to current and former officers, director			21	/
ρij	22					<b>;</b> ;
Ë		highest compensated employees, and disqualifi	ed persons. Complete Fart II		22	
		of Schedule L	stand threed marting			
	23 24	Secured mortgages and notes payable to unrela			23	
	l	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa	_			
		parties, and other liabilities not included on lines Schedule D	17-24) Complete Fart X OI		25	
		Total liabilities. Add lines 17 through 25	•	39,409.	25 26	52,281.
	26	Organizations that follow SFAS 117, check he	X and complete	33,403.	20	32,201.
<b>10</b>		lines 27 through 29, and lines 33 and 34.	and complete			* * \$ } .
ĕ	27	Unrestricted net assets		37,245.	27	42,231.
al	27			50,000.	28	50,000.
B	28	Temporanly restricted net assets  Permanently restricted net assets	• •	30,000.	29	30,0001
Ę	29	•	heck here		23	
正		Organizations that do not follow SFAS 117, cl	neck nere	,		
ر بې		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed	•		31	<del> </del>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	87,245.	32	92,231.
_	33	Total net assets or fund balances	-	126,654.	33	144,512.
	34	Total liabilities and net assets/fund balances		120,034.	34	144,312.

Form **990** (2011)

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

74-2488379 EDUCATION FUND Page 12 Form 990 (2011) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 351,430 Total revenue (must equal Part VIII, column (A), line 12) 1 346,444. 2 2 Total expenses (must equal Part IX, column (A), line 25) 4,986. 3 3 Revenue less expenses. Subtract line 2 from line 1 87,245. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 0. 5 Other changes in net assets or fund balances (explain in Schedule O) 92,231. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes X Accrual Accounting method used to prepare the Form 990: Lash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2b b Were the organization's financial statements audited by an independent accountant? 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 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 Single Audit Х За Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2011)

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

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

2011

Open to Public Inspection

Name of the organization

COLORADO RESTAURANT ASSOCIATION EDUCATION FUND

Employer identification number 74-2488379

Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. d Type III - Other **b** Type II c Type III - Functionally integrated 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 f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) 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). (vi) Is the organization in col. (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization n col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 aovernina document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

# (Form 990 or 990-EZ) 2011 EDUCATION FUND 74-2488379 Page 2 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section 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.")	182,617.	157,372.	136,466.	177,438.	139,864.	793,757.						
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  Total. Add lines 1 through 3  182,617. 157,372. 136,466. 177,438. 139,864.												
4	Total. Add lines 1 through 3	182,617.	157,372.	136,466.	177,438.	139,864.	793,757.						
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			,	/		793,757.						
	ction B. Total Support												
	ndar year (or fiscal year beginning in)	(a) 2007 182,617.	(b) 2008 157, 372.	(c) 2009 136, 466.	(d) 2010	(e) 2011 139,864.	(f) Total 793,757.						
	Amounts from line 4	182,617.	15/,3/2.	136,466.	177,438.	139,864.	193,757.						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties	1 706	070	125	•		0.714						
	and income from similar sources	1,706.	870.	135.	2.	1.	2,714.						
9	Net income from unrelated business												
	activities, whether or not the												
	business is regularly carried on						<del></del>						
10	Other income. Do not include gain												
	or loss from the sale of capital	205 602	207 202	200 017	252 051	272 244	1607610						
	assets (Explain in Part IV.)	295,603.	297,803.	308,017.	352,951.	3/3,244.							
	Total support. Add lines 7 through 10			*			2424089. 776,285.						
	Gross receipts from related activities,	•	•		_	12	110,205.						
13	First five years. If the Form 990 is for	<del>-</del>	s first, second, thir	d, fourth, or fifth ta	ex year as a sectio	n 501(c)(3)							
Sec	organization, check this box and store ction C. Computation of Publ	ic Support Pe	rcentage										
			<del></del>	solvens (f)		14	32.74 %						
	Public support percentage for 2011 (Public support percentage from 2010)	• •	-	column (1))		15	36.89 %						
	33 1/3% support test - 2011. If the			n line 13, and line	14 is 33 1/3% or n	· · · · · · · · · · · · · · · · · · ·							
IVa	stop here. The organization qualifies	_			14 15 33 1/370 0/ 1/	iore, check this be	× and						
<b>.</b>	33 1/3% support test - 2010. If the		•		line 15 is 33 1/3%	or more check th	nie box						
	and stop here. The organization qual	_			10 10 10 00 17070	of more, check if	<b>►</b> X						
170	10% -facts-and-circumstances tes				13 16a or 16b s	and line 1/1 is 10%	•						
1114	and if the organization meets the "fac	_											
	meets the "facts-and-circumstances"					t is now the organ	<b>L</b>						
ь	10% -facts-and-circumstances tes		•		· ·	17a, and line 15 is	10% or						
	more, and if the organization meets the	_											
	organization meets the "facts-and-cire				•								
18	Private foundation. If the organization		-	•			s T						
	realization in the organization	S.C Origon u				dule A (Form 990							

# Schedule A (Form 990 or 990-EZ) 2011 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 qu	ualify under Part II. If the organization fails to
---	--

Se	etion A. Public Support	low, please com	piete Fart_II.)			-	
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	, ,=	,,=		,,==	,,,=:	.,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities fumished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and				1		
ŧ	3 received from disqualified persons 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				<del>-</del>		* *
	Public support (Subtractline 7c from line 6.)		<del>-</del>	\$1.50 x 100 1x	10 W .	1 5 3 2	
	ction B. Total Support		<b>.</b>	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	(4) 2001	(5) 2000	(0) 2000	(0) 2010	(6) 2011	(i) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						-
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included 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)						
	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth to	ax vear as a section	on 501(c)(3) organiz	ation
	check this box and stop here	2.32/1124(13)1	,,	,	, ca. ao a coom	30 rayor organiz	<b></b>
Sec	ction C. Computation of Public	Support Pe	rcentage				
	Public support percentage for 2011 (lir			column (fl)		15	%
	Public support percentage from 2010		•	(.,,		16	%
	ction D. Computation of Inves					1	
	Investment income percentage for 201		<u>~</u>			17	%
	Investment income percentage from 2	•		,		18	%
	33 1/3% support tests - 2011. If the o			on line 14, and line	e 15 is more than '		
.56	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2010. If the o	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is me	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, chec					_	<b>▶</b> ;;;
20	Private foundation. If the organization	aid not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶∟_

### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection 🦠

Name of the organization

COLORADO RESTAURANT ASSOCIATION EDUCATION FUND

Employer identification number 74-2488379

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		-
2	Aggregate contributions to (during year)		<del></del>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II. Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part IV	, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	<del></del>
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified h	nistoric 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 c	onservation 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 str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	inization 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	- · · · · · · · · · · · · · · · · · · ·	
	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(h)(4)(	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the of	rganization's accounting for
Par	conservation easements.  † III   Organizations Maintaining Collections o	f Art. Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" to Form		7.000.01
12	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
ıa	historical treasures, or other similar assets held for public ext		·
	the text of the footnote to its financial statements that descri		, pasie service, provide, irr are xiv,
h	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
•	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	ducation, or research in randonalise of public se	or vice, previde and tollowing amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	• -	<b>S</b>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	. provide
_	the following amounts required to be reported under SFAS 1		, p
а	Revenues included in Form 990, Part VIII, line 1	, ,	<b>▶</b> \$
- L	Assets included in Form 990. Part Y		•

Sche	dule D (Form 990) 2011 EDUCATIO									Page 2
Par	rt III   Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Othe	er Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	is, checi	any of the	following the	at are a s	gnıfıcant	use of its	collection	rtems
	(check all that apply):									
а	Public exhibition	d	ı 🖳	Loan or exc	hange progr	ams				
b	Scholarly research	е	. 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explai	n how th	ey further t	he organizat	ion's exe	mpt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit or	r receive donations	of art, hi	stoncal trea	sures, or oth	ner sımılaı	r assets		_	
	to be sold to raise funds rather than to be ma	untained as part of	the orga	nization's c	ollection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	on answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other a	ssets not	ıncluded			
	on Form 990, Part X?								」 Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	able:						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance	-					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						」 Yes	L No
<u>b</u>	If "Yes," explain the arrangement in Part XIV							_		
Par	rt V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Parl	t IV, line 1	0.			<del></del>
		(a) Current year	(b) P	rıor year	(c) Two year	rs back	<b>(d)</b> Three y	rears back	(e) Four y	ears back
1a	Beginning of year balance								, <i>'</i>	,
b	Contributions								_ ` `	^ · .
С	Net investment earnings, gains, and losses									*
d	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities								, <sup>6</sup> ,	, , ,
	and programs								¥. 🍇	S (1) 1
f	Administrative expenses									<u>* 3</u>
g	End of year balance		<u> </u>							• 1
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administ	ered for ti	he organi	zation	_	
	by:								\`	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pai	rt VI Land, Buildings, and Equipm	ient. See Form 990	0, Part X							
	Description of property	(a) Cost or o			t or other		ccumulate	ed	(d) Book	value
		basis (investi	ment)	basis	(other)	der	preciation			
1a	Land .					<u> </u>				
	Buildings					ļ				
	Leasehold improvements					<b></b>	-			
	Equipment		-			<u> </u>				
	Other	15		(D) (		L		<del>_</del>  -		0.
Tata	I Add lines to through to (Column (d) must ex	ausi Farm 990 Psrt	X COUR	nn (K) line '	IUCLI			<b>—</b> 1		U.

# COLORADO RESTAURANT ASSOCIATION EDUCATION FUND

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 Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H) (1) 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: (b) Book value (a) Description of investment type Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9) (10)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 (1) (2)(3) (4) (5) (6) (7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. See Form 990, Part X, line 25. (b) Book value (a) Description of liability Federal income taxes (1) (2)(3)(4)(5)(6) (7)(8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements.

Schedule D (Form 990) 2011

74-2488379 Page 3

Sche	dule D (Form 990) 2011 EDUCATION FUND					2488379 Page 4
Par		o Audit	ed Financ	ial Sta	tement	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		351,430.
2	Total expenses (Form 990, Part IX, column (A), line 25)	•		2		346,444.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		4,986.
4	Net unrealized gains (losses) on investments			4		<u> </u>
5	Donated services and use of facilities			5		
6	Investment expenses	•		6		<del>-</del>
7	Prior period adjustments	•	-	7		
8	Other (Describe in Part XIV.)		-	8		
9	Total adjustments (net) Add lines 4 through 8	•	•	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	<u> </u>	10		4,986.
	t XII   Reconciliation of Revenue per Audited Financial Statements	ents W	ith Reven		Return	
1	Total revenue, gains, and other support per audited financial statements				1	631,194.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				<u>                                   </u>	001,1010
	Net unrealized gains on investments	2a				
a	Donated services and use of facilities	2b			- 1	
b	·	2c			$\dashv$ , [	
C	Recoveries of prior year grants	2d	270	9,764	d 1	
d	Other (Describe in Part XIV.)	_ <u>Zu</u> ]	27.	,,,,,		279,764.
e	Add lines 2a through 2d		•		2e	351,430.
3	Subtract line 2e from line 1				1 3 1	331,430.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			<b>-</b>   ₹	
b	Other (Describe in Part XIV.)	4b				0.
_C	Add lines 4a and 4b	-			4c	351,430.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XIII Reconciliation of Expenses per Audited Financial Statem	nonte V	Vith Eyner	see n		
		icits t	TILLI EXPO	13С3 р	1	626,208.
1	Total expenses and losses per audited financial statements					020,200.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			\$/ ^	
a	Donated services and use of facilities	2a 2b			$\dashv$ $\mid$	
D	Prior year adjustments	20 2c		···-	$\dashv$ $\vdash$	
C	Other losses	2d	270	9,764		
ď	Other (Describe in Part XIV.)	20 1	27.	,,,,,,	2e	279,764.
_	Add lines 2a through 2d Subtract line 2e from line 1				3	346,444.
3					1	310,111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 45 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			<b>-</b>   %	
	Other (Describe in Part XIV.)	[ 40 ]				0.
_	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				4c	346,444.
Dai	t XIV Supplemental Information				131	310,111.
		III. lines 1	le and 4: Dan	t IV lines	1b and 2	the Dort V. June 4: Dort
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part					
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com HEDUE D, PAGE 4, PART XII, LINE 2D IS SPEC				additional	iniormation.
301	IEDOE D, TAGE 4, TAKT KII, BIKE 2D ID DIEC	, IAL	D V LITTO	•		· · · · · · · · · · · · · · · · · · ·
SCI	HEDUE D, PAGE 4, PART XIII, LINE 2D IS SPE	CTAT.	EVENTS	3.		
501	INDUI D, TROU 4, TRUE RITE, BIND 2D TO OFF	10 11111	T 4 TIT4 1 F			<del></del>
					· · · -	
					<del></del>	

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **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-FZ See separate instructions

2011

Open To Public

Name of the organization

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

COLORADO RESTAURANT ASSOCIATION

EDUCATION FUND

Employer identification number 74-2488379

	011 1 01112				71 2100	<u> </u>
Part I Fundraising Activities required to complete this par	Complete if the organization answert.	ered "\	res" to	Form 990, Part IV,	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the follows	ng acti	vities	Check all that apply		
a Mail solicitations	<del></del>	-		overnment grants	•	
<del></del>			_	_		
<b>b</b> Internet and email solicitations				nment grants		
c Phone solicitations	g L Special	fundra	asıng	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(inclu	dına o	fficers, directors, tru	stees or	
key employees listed in Form 990, P			_			□ No
	-			-		
b If "Yes," list the ten highest paid indi		uant te	o agre	ements under wnich	the fundraiser is to	De
compensated at least \$5,000 by the	organization.					
		,			(-) A	
(i) Name and address of individual		(iii) fundi have c	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody itrol of	from activity	fundraiser	to (or retained by)
o, o, iii, (ianaraisa)		contrib	utions?		listed in col. (i)	organization
		V				
		Yes	No			
			<u> </u>			
			1			
		Ь	ļ			
		1				
		<del> </del>	<del>                                     </del>			
		l				
		<b>!</b>	ļ			
					-	***
		L	L			
Total			<u> </u>			
3 List all states in which the organization	n is registered or licensed to solicit	contrib	outions	s or has been notified	t it is exempt from re	egistration
or licensing.						
				<del></del>		
	<u> </u>					
<del></del>						
						·

COLORADO RESTAURANT ASSOCIATION Schedule G (Form 990 or 990-EZ) 2011 EDUCATION FUND 74-2488379 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (c) Other events (b) Event #2 (d) Total events DENVER FOOD STUDENT (add col (a) through 7 AND WINE INVITATIONAL col. (c)) (total number) (event type) (event type) Revenue 234,978. 42,500 93,266 370,744. 1 Gross receipts 2 Less: Charitable contributions 234,978. 42,500. 93,266 370,744. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment 206,470. 27,342. 45,952 279,764. Other direct expenses 279,7644 10 Direct expense summary. Add lines 4 through 9 in column (d) 90.980. 11 Net income summary. Combine line 3, column (d), and line 10 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 pnzes **Direct Expenses** Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes 6 Volunteer labor Νo No No 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

a is the organization licensed to operate gaming activities in each of these states?      b if "No," explain:	└ Yes
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," explain:	Yes No

Sch	nedule G (Form 990 or 990-EZ) 2011 EDUCATION FUND 74	-2488379	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	∟ No
	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?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
	a The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
17	The file file half address of the person who prepares the organizations gaining special overto books and records.		
	Name	<del></del>	
	Address ▶	<del></del>	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization > and the amount		
	of garning revenue retained by the third party > \$		
(	of "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation > \$		
	Garning manager compensation   \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		_
	retain the state gaming license?	└── Yes	Ll No
i	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	е	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ition (see instruc	tions)
_			
_			
		<u> </u>	
_			

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public

COLORADO RESTAURANT ASSOCIATION Partil General Information on Grants and Assistance EDUCATION FUND Name of the organization

Employer identification number 74-2488379

% × Schedule I (Form 990) (2011) (h) Purpose of grant or assistance , , Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 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 and address of organization (b) EIN (c) IRC section or government (f) Method of rable in additional space is needed (f) Method of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space is needed (g) Description of rable in additional space in add 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? 1 (a) Name and address of organization Part 113

Schedule I (Form 990) (2011) EDUCATION FUND (Partill) 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

74-2488379

(f) Description of non-cash assistance									i i i
(e) Method of valuation (book, FMV, appraisal, other)				r additional information.					
(d) Amount of non- cash assistance	0			ine 2, and any other					
(c) Amount of cash grant	30,500.			required in Part I, I					
(b) Number of recipients	21			de the information					
(a) Type of grant or assistance	EDUCATIONAL SCHOLARSHIP TO INDIVIDUALS.			Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

Schedule I (Form 990) (2011)

132102 01-27-12

### 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.

2011

Open To Public Inspection

Name of the organization

COLORADO RESTAURANT ASSOCIATION EDUCATION FUND

Part | Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Employer identification number 74-2488379

1 ,,, ,,					(I-) D					(c) Con	rected?
(a) Name of di	squalified per	son			(b) Description	of transa	ction			Yes	No
											ļ
	<del></del>		_								
			•								
2 Enter the amount of tax imp section 4958	osed on the	organization	n manager	s or disqualific	ed persons during the	e year un	der	▶ \$			
3 Enter the amount of tax, if a	ny, on line 2,	above, reim	bursed by	the organiza	tion			▶ \$			
Part II   Loans to and/o	w Evam Ind	orostod	Doroone								
					26 Farm 000 F	7 Dad \	/ lima 20	1_			
(a) Name of interested		werea res to or from			ine 26, or Form 990-E (d) Balance due		ine 30	(f) App	proved	(a) W	ntten
person and purpose		nızatıon?			(u) Dalarice due		ult?	by bo	ard or or or		ment?
	То		ļ			Yes No		Yes	No	Yes	No
			1			<b> </b>					<u> </u>
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otal Part III   Grants or Assi	stance Be	nefitina l	ntereste	► \$ ed Persons				<u> </u>		<u> </u>	
Complete if the org		_									
(a) Name of interested				onship betwe	en interested person	and				d type o	f
				the or	ganization				assistar	nce	
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COLORADO RESTAURANT ASSOCIATION 74-2488379 Page 2 Schedule L (Form 990 or 990-EZ) 2011 EDUCATION FUND Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of person and the organization transaction transaction revenues? Yes No PETER MEERSMAN 0.PETER MEER X Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). 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 COLORADO RESTAURANT EDUCATION FUND, AND TREASURER OF HOST-PAC AND HI-PAC.

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

### 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.

OMB No 1545-0047 Open to Public Inspection 3.87

Internal Revenue Service COLORADO RESTAURANT ASSOCIATION **Employer identification number** Name of the organization EDUCATION FUND 74-2488379 FORM 990, PART I, DOING BUSINESS AS: COLORADO RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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 REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING EMPLOYEES TO REVIEW THE POLICY AND SIGN A STATEMENT OF ACKNOWLEDGEMENT. FORM 990, PART VI, SECTION B, LINE 15: THE DIRECTOR'S SALARY IS SET AND REVIEWED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS CONFLICT OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. NO CHANGES IN THIS PROCESS FROM THE PRIOR YEAR

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990. COLORADO RESTAURANT ASSOCIATION

► See separate instructions.

2011 Open to Public

OMB No 1545-0047

Employer identification number 74-2488379

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) EDUCATION FUND Name of the organization Part I

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of 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 **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(9) Section 512(b)(13) Ŷ × × × controlled entlty? Direct controlling status (if section 501(c)(3)) Public charity Exempt Code section 501(C)(6) 527 527 Legal domicile (state or foreign country) COLORADO COLORADO COLORADO RESTAURANT INDUSTRY IN CO. LEGISLATURE AFFECTING THE SERVICE TO THE RESTAURANT SUPPORT STATE AND LOCAL VFFECTING THE COLORADO RESTAURANT INDUSTRY. Primary activity SUPPORT CANDIDATES INDUSTRY - 84-0503735 Name, address, and EIN COLORADO RESTAURANT ASSOCIATION of related organization 430 EAST SEVENTH AVENUE 430 EAST SEVENTH AVENUE 430 EAST SEVENTH AVENUE HOST-PAC - 84-1552817 HI-PAC - 84-1552817 DENVER, CO 80203 DENVER, CO 80203 DENVER CO 80203

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

Schedule R (Form 990) 2011

132161 01-23-12 LHA

COLORADO RESTAURANT ASSOCIATION

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.)

(j) (k) . General or Percentage managing ownership				re related	(h) Percentage ownership				Schedule R (Form 990) 2011
(j) Seneral or nanaging partner?	Yes No			e or mo					Forn
(i) Code V-UBI amount in box	20 of Schedule K-1 (Form 1065)			ecause it had one	(g) Cotal Share of end-of-year assets				Schedule
(h) Disproportion- ate allocations?				t IV, line 34 b	(f) Share of total income				
, in	assets			to Form 990, Par	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income				on answered "Yes"	(d) Direct controlling entity				
(e) Predominant income (related, unrelated,	excluded from tax under sections 512-514)			e if the organization	(c) Legal domicile (state or foreign counity)	70 CO			
	sec			omplete	vıty	ICES 1 T LORADO			
(d) Direct controlling entity				ration or Trust (C ear.)	(b) Primary activity	INSURANCE SERVICES THE RESTAUARANT INDUSTRY IN COLORADO			
(c) Legal domicile (state or	foreign country)			is a Corpo g the tax y		84-1222765			
(b) Primary activity				yanizations Taxable a	<u> </u>	INC.			
(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization	COLORADO RESTAURANT SERIVCE AGENCY 430 EAST SEVENTH AVENUE DENVER, CO 80203			132162 01-23-12

Page 3

Schedule R (Form 990) 2011 EDUCATION FUND

Fransactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

					_	١,
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	:	:	9	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	آاه
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-1V ?	s with one or more is	elated organizations listed	in Paris II-IV?		2	
<ul> <li>a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity</li> </ul>				<u>e</u>	۱	ام
<b>b</b> Gift. grant, or capital contribution to related organization(s)				9	×	
				٤	×	ما
Cont. grant, or capital communication monitoring organization (s)						.
d Loans or loan guarantees to or for related organization(s)				₽	<b>ا</b> ا	.ا ر
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				10	×	اہ
					( )	<b>18</b>
f Sale of assets to related organization(s)				=	<b>()</b>	.ا ہ
g Purchase of assets from related organization(s)				<b>1</b> 8	×	اہ
h Exchange of assets with related organization(s)				ŧ	×	
i lease of facilities equipment or other assets to related organization(s)				÷	×	 
i lease of facilities equipment or other assets from related organization(s)						
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥	×	L
Performance of sequence or membership or fundrasing collectations by	anization(s)			╀	×	l
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	anization(s)			+	×	ı
	(e) (o)			+	! .	ı
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>					_	ľ
					-18-Si	
o Reimbursement paid to related organization(s) for expenses					×	
p Reimbursement pard by related organization(s) for expenses				<b>1</b>	×	ارا
				<del>1</del>	3	
A Other transfer of cash or property to related organization(s)						×
Other transfer of cash or property from related organization(s)				+		L
Other remarks of cash of property from remove organization (s)			and a second second by the second sec			1
Z If the answer to any of the above is "Yes," see the instructions for information on v	wno must complete t	nis line, including covered	ormation on who must complete this line, including covered relationships and transaction thresholds.		1	i
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						1
[7]						l
(3)						I
(4)						ļ
(5)						
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(9)						İ
132163 01-23-12			Schedule	Schedule R (Form 990) 2011	190) 201	Ξ

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COLORADO RESTAURANT ASSOCIATION

EDUCATION FUND Schedule R (Form 990) 2011

[PariVI] 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.

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3	Percer																				
9	neral or naging artner?	Yes No								Ţ					 L		Ţ		 1		
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(i)	Cod amoun of Sch	(Form 1065)						_													
Ξ	Dispropor- tionate allocations?	Yes No			L		$\perp$			ļ		 			ļ		 $\perp$		_		
F	8 <sup>-</sup> e	ع		 	$\vdash$	 	╀			+			_		├		ł	_	 +	 <u></u>	
(6)	Share of end-of-year	assets																			
<b>(</b> )	••	псоте																			
<b>②</b>	Are all partners sec 501(c)(3) orgs?	S S				,	ļ			‡					L		ļ		 1		_
	e bart	4   <del> </del>			$\vdash$	 	 ╁			+			$\vdash$		 $\vdash$		+		 +		
(p)	Predominant income partness sec (related, unrelated, 50(ic)(3) excluded from tax, ons ?	under section 512-51																			
(c)	ਚੌਂ <u>ਭੌ</u>	country)																			
(q)	Primary activity																				
(a) (b) (c) (d)	Name, address, and EIN of entity																				

Schedule R (Form 990) 2011

COLORADO RESTAURANT ASSOCIATION 74-2488379 Page 5 EDUCATION FUND Schedule R (Form 990) 2011 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

### Form **8868**

(Rev. January 2012)

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. 1-2012)

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X									
-	are filing for an Additional (Not Automatic) 3-Month Ex														
	omplete Part II unless you have already been granted a ic <b>filing</b> (e-file). You can electronically file Form 8868 if y					poration									
required t	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an	extension									
of time to	file any of the forms listed in Part I or Part II with the exi	ception of	Form 8870, Information Return for	Transfers.	Associated With C	ertain									
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the ele	ctronic filing of this	form,									
visit www	urs.gov/efile and click on e-file for Charities & Nonprofits	i.													
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).											
A corpora	ation required to file Form 990-T and requesting an autor		•		<del></del>										
Part I only	y				•	• 🔲									
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exter	nsion of time										
to file ınc	ome tax returns.														
Type or print	int COLORADO RESTAURANT ASSOCIATION														
File by the	EDUCATION FUND X 74-24883														
due date for filing your return See	te for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)  Out 430 EAST SEVENTH AVENUE														
instructions	rn See														
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		-	0 1									
Applicati	ON	Return	Application	· · · · · · · · · · · · · · · · · · ·	• •	Return									
ls For		Code	Is For			Code									
Form 990		01	Form 990-T (corporation)			07									
Form 990		02	Form 1041-A	•	<del></del>	08									
Form 990		01	Form 4720			09									
Form 990		04	Form 5227			10									
Form 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11									
Form 990	I-T (trust other than above)	06	Form 8870			12									
	THE ORGANIZATION  cooks are in the care of ► 430 EAST SEVENT  chone No. ► 303.830.2972		ENUE - DENVER, CO  FAX No. ▶	80203											
<ul><li>If the c</li></ul>	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □									
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group,	check this									
box 🕨	. If it is for part of the group, check this box 🕨 🗀	and atta	ch a list with the names and EINs o	f all memb	ers the extension i	s for.									
1 i re	quest an automatic 3-month (6 months for a corporation JUNE 15, 2013, to file the exemp	•	to file Form 990-T) extension of time tion return for the organization name		The extension										
ıs f	or the organization's return for:	-	-												
<b>▶</b>	calendar year or														
<b>&gt;</b>	X tax year beginning NOV 1, 2011	, an	d ending OCT 31, 2012		<u> </u>										
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	'n										
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or formation is for Form 990-BL, 990-PF, 990-T, 4720, or formation is application in the second sec	or 6069, e	nter the tentative tax, less any	3a	\$	0.									
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	- <del>  3a</del>											
	imated tax payments made. Include any prior year overp	_		3ь	\$	0.									
	lance due. Subtract line 3b from line 3a. Include your pa			1 35		<del></del>									
	using EFTPS (Electronic Federal Tax Payment System).			3c	<sub>\$</sub>	0.									
	If you are going to make an electronic fund withdrawal v				FO for 5 or 200										

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