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# Department of the Treasury Internal Revenue Service For the 2012 calendar year, or tax year beginning

Form **990-EZ** 

#### **Short Form 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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with

gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2012

**Open to Public** Inspection

Address change Name change Initial return Terminated Application pending Application pending  G Accounting Method ▼ Cash Accrual Other (specify) ►  Website: ► WWW.INTERNATIONALCATERERS.ORG/ICAEF  J Tax-exempt status (check only one) — ▼ 501(c)(3)	A	For t	he 2012 calendar year, or tax year beginning , 2012, and ending	,	
TATERNATIONAL COUNDATION   CATERRES ASSOCIATION   COUNDATION COUNTAIN FOUNDATION COU	B			Employer ider	ntification number
EDUCATIONAL FOUNDATION   Force   For	F	1	THERDWARDONAL CAMEDEDS ASSOCIABION	26-0000930	
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Received the content of the conten	F		C/O FRANK PULEO - 460 BRIELLE AVE		
Repeated personal   Number		Amend	ted return STATEN ISLAND, NY 10301	Group Ever	mntion
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K Check   If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-M (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines \$5, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assests (Part II, line 25, column (8) below) are \$50,000 or more, file Form 990 instead of Form 990-EZ   112,596.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I   1	1	Webs	site: WWW.INTERNATIONALCATERERS.ORG/ICAEF required to	attach So	chedule B (Form
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10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 166,000.		1 -	Other revenue (describe in Schedule O)	<u> </u>	
Benefits paid to or for members  Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  12 Salaries, other compensation, and employee benefits  OCCUPANTY  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  11 12  12 13 1,804.  13 1,804.  15 57,056.  16 57,056.  17 58,860.  18 35,183.  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 127,555.  20 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  10 166,000.	_	<del>                                     </del>	The state of the s	<del></del>	94,043.
Professional fees and other payments to independent contractors.  12		1	Citatis and similar amounts paid (list in occledute o)	`	- <u>-</u>
13   17   18   19   19   19   19   19   19   19			Selectics paid to or for members		
13   17   18   19   19   19   19   19   19   19	ž		Salaries, other compensation, and employee benefits USDEN, UT		
16 Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  16 57,056.  17 58,860.  18 35,183.  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Other changes in net assets or fund balances (explain in Schedule O)  20 3,262.  21 166,000.	É				1,804.
16 Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  16 57,056.  17 58,860.  18 35,183.  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Other changes in net assets or fund balances (explain in Schedule O)  20 3,262.  21 166,000.	Š	1			<del></del>
Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  23 See Schedule O  24 166,000.	Š		0 0 1 1 1 0		F7 056
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  18 35, 183.  19 Net assets or fund balances (explain in Schedule O)  20 3, 262.  21 166, 000.					
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  19  127,555.  20  10  127,555.  21  166,000.					
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 166,000.	Ą	] [			35,183.
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 166,000.	N S	19			107 555
21 Net assets or fund balances at end of year Combine lines 18 through 20	ŢŢ	20	0 0 - 1 - 1 - 0	<b></b>	
	3		The shariges in her assets of faile scientists (capitally in constant)		
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Form 990-EZ (2012)

•	Form	990-EZ (2012) INTERNATIONAL C	ATERERS ASSOCIATIO	N	26	-000	00930 Page <b>2</b>
	Rar	Balance Sheets. (see the ins Check if the organization used Sche	structions for Part II.) edule O to respond to any qu	estion in this Part II	,,,,		
					(A) Beginning of ye	ar	(B) End of year
	22	Cash, savings, and investments			127,555	. 22	166,000.
	23	Land and buildings		[		23	
	24	Other assets (describe in Schedule O)				24	
	25	Total assets	,	[	127,555	. 25	166,000.
	26	Total liabilities (describe in Schedule O	)		C		
	27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	127,555	. 27	166,000.
	Par	Statement of Program Service A	ccomplishments (see the inst	rs for Part III.)			Expenses
		Check if the organization used Sc	hedule O to respond to any o	question in this Part I	ι <u></u> Χ	(Reg	juired for section 501
	What	s the organization's primary exempt purpose? See	e Schedule O			(c)(3	) and 501(c)(4) nizations and section
	Desc	ribe the organization's program service a	accomplishments for each of	its three largest progr	am services, as	4947	(a)(1) trusts; optional
	bene	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for a	e manner, describe the servi each program title.	ces provided, the nun	nber of persons	for o	others)
	28	0 0 1 1 1 0				$\vdash$	
		Dec Deverage				1	
						1	
		(Grants \$ 61,005.) If the	nis amount includes foreign g	rants, check here	<b></b>	28 a	51,818.
	29				·		31,010.
	_•					1	
					<b></b>	┨	
		(Grants \$ ) If the	us amount includes foreign d	rants check here		29 a	l
	30	(dranto \$ 7 n t	is arrivally included foreign g	Tarito, Gricolt Here			
						┨	
						┨	
		(Grants \$ ) If th	nis amount includes foreign g	rants check here	<del></del>	30 a	J
	31	Other program services (describe in Sch		rants, check fiere		30 4	
	٥,	· · · · · · · · · · · · · · · · · · ·	nis amount includes foreign g	rants chack hara	▶ □	31 a	
	32	Total program service expenses (add li		iditis, check here		32	51,818.
	D	MIVAR List of Officers Directors	Truetoes and Very Ener	dayaaa i i i i		(	31,010.
	pre a l	List of Officers, Directors, Check if the organization used So	trustees, and ney cinp	noyees. List each one nuestion in this Part I	even it not compensated. √	(see tr	ne instructions for Part IV.)
		Oncor in the digamization adda do	I	(c) Reportable compensation	(d) Health benefi	ts,	1
		(a) Name and Title	(b) Average hours per week devoted to	I (Forms W-2/1099-MISC)	contributions to emp		(e) Estimated amount of other compensation
			position	(If not paid, enter -0-)	compensation		
	See	Schedule_Q					
				0	<u>. </u>	<u>    0 .</u>	0.
			}	}	1		
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Forn	990-EZ (2012) INTERNATIONAL CATERERS ASSOCIATION 26-000093	0	Р	age 3
	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sched	ule	0	ত
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q	33	162	X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
ŀ	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	-	
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		-	
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III  Did the organization undergo a liquidation, dissolution, termination, or significant	35 c		X
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 0.	37 b		X
	Did the organization file <b>Form 1120-POL</b> for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	3/0	-	^
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?.	38 a		X
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter.	1		
a	initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities . 39b N/A	]		{
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0.	1		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		x
(	: Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	•		
	by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		X
41	List the states with which a copy of this return is filed None		L	<u> </u>
42.	The executable of			
42 8	n The organization's books are in care of ► FRANK PULEO, TREASURER Telephone no. ► 718-4	48-4	252	
	Located at 460 BRIELLE AVE STATEN ISLAND NY ZIP + 4 10301	 ,		
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	NO
	If 'Yes,' enter the name of the foreign country.	42 D		X
	Tres, enter the hame of the foreign country.	] ]		}
				1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
(	: At any time during the calendar year, did the organization maintain an office outside of the U.S.? . If 'Yes,' enter the name of the foreign country ►	42 c		
	Thes, enter the hame of the foreign country.			
			_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ ∐	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	N/A
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			110
	of Form 990-EZ	44 a	<u> </u>	X
t	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
c	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
45 =	If 'No,' provide an explanation in Schedule O  I Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 d 45 a		X
	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X
	TEEA0812L 12/28/12 Fc	rm <b>99</b> 0	J-EZ (	2012)

orm <b>990-E</b>	Z (2012) INTERNATIONAL CATER	ERS ASSOCIATIO	N	26-00	
<b>46</b> Did the candi	ne organization engage, directly or indirect dates for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I	gn activities on behalf c	of or in opposition to	46 X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organizatio for lines 50 and 51.	ns must answer qu		·	e the tables
	Check if the organization used Schedul	e O to respond to any	question in this Part VI.		12.12
	e organization engage in lobbying activities lete Schedule C, Part II	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'	Yes No
49 a Did th	e organization a school as described in se ne organization make any transfers to an s,' was the related organization a section	exempt non-charitable	related organization?	dule E	48 X 49a X 49b
	lete this table for the organization's five high oyees) who each received more than \$100,00				кеу
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None_					
51 Comp	number of other employees paid over \$1 lete this table for the organization's five high ensation from the organization. If there i	nest compensated indepe	endent contractors who ea	ach received more than S	\$100,000 of
51 Comp	olete this table for the organization's five high	nest compensated indepensated i		ach received more than S	\$100,000 of (c) Compensation
51 Comp	elete this table for the organization's five high ensation from the organization. If there i	nest compensated indepensated i			
51 Comp	elete this table for the organization's five high ensation from the organization. If there i	nest compensated indepensated i			
51 Comp	elete this table for the organization's five high ensation from the organization. If there i	nest compensated indepensated i			
51 Comp	elete this table for the organization's five high ensation from the organization. If there i	nest compensated indepensated i			
51 Comp	elete this table for the organization's five high ensation from the organization. If there i	nest compensated indepensated i			
S1 Comp comp (a) N None  d Total S2 Did ti charti	number of other independent contractors the organization complete Schedule A? Natable trusts must attach a completed Sch	nest compensated indepensated i	(b) Type 100,000	of service	(c) Compensation  ► X Yes N
S1 Comp comp (a) N None  d Total S2 Did ti chart	number of other independent contractors the organization complete Schedule A? Natable trusts must attach a completed Sch	nest compensated indepensated i	(b) Type 100,000	of service	(c) Compensation  ► X Yes N
d Total  52 Did ti chari  Under penaltie true, correct, a	number of other independent contractors the organization of other independent contractors are organization of other independent contractors are organization complete Schedule A? Notable trusts must attach a completed Schedule of other independent contractors are organization of preparer (other than office and complete Declaration other than office and complete Declaration other	nest compensated indepensated i	(b) Type 100,000	of service  147(a)(1) nonexempt  i e best of my knowledge and beledge  3-1-13	(c) Compensation  ► X Yes N
S1 Comp comp (a) N None  d Total S2 Did ti chart	number of other independent contractors the organization complete Schedule A? Natable trusts must attach a completed Sch	nest compensated indepensated i	(b) Type 100,000	of service  147(a)(1) nonexempt  e best of my knowledge and beledge	(c) Compensation  ► X Yes N
d Total  52 Did ti chari  Under penaltie true, correct, a	number of other independent contractors and address of each independent contractor paid in the organization of the end in the organization of the end in the organization contractors are organization complete Schedule A? Notable trusts must attach a completed Schedule trusts must attach a complete organization of preparer (other thanyofite). Signature of officer  FRANK PULEO Type or print name and title  Print/Type preparer's name	s each receiving over \$  ote: All section 501(c)( ledule A  Including accompanying scherry is based on all information of the section of t	(b) Type  100,000  3) organizations and 49  dules and statements, and to the first which preparer has any know	of service  147(a)(1) nonexempt  e best of my knowledge and beledge  3-1-13  Date  Treasurer  Check X If	(c) Compensation  ► X Yes N elief, it is
standard Composition (a) None  d Total  52 Did til charri Under penaltie true, correct, a	number of other independent contractor paid table trusts must attach a complete Schedule A? Notable trusts must attach a complete Schedule A? Notable trusts must attach a complete Schedule A: sof perjury, I declare that I have examined this retained complete Declaration of preparer (other than officer  FRANK PULEO Type or print name and title	s each receiving over \$  state of the state	(b) Type  100,000  3) organizations and 49  dules and statements, and to the first which preparer has any know	of service  147(a)(1) nonexempt  e best of my knowledge and beledge  3-1-13  Date  Treasurer  Check X If	(c) Compensation
d Total  52 Did ti chari  Under penaltie true, correct, a	number of other independent contractor paid ame and address of each independent contractor paid to end of the organization complete Schedule A? Notable trusts must attach a completed Schess of perjury, I declare that I have examined this reventant complete Declaration of preparer (other than office)  FRANK PULEO Type or print name and title  Print/Type preparer's name  MICHAEL R. SANTINO, CPA	s each receiving over \$  state of the state	(b) Type  100,000  3) organizations and 49  dules and statements, and to the first which preparer has any know	of service  147(a)(1) nonexempt  e best of my knowledge and beledge  3-1-13  Date  Treasurer  Check X If	(c) Compensation  ► X Yes N elief, it is
d Total  52 Did ti charr  Under penaltie true, correct, a	number of other independent contractor paid in a complete schedule A? Notable trusts must attach a complete Schedule A? Notable trusts must attach a complete Schedule A: sof perjury, I declare that I have examined this report and complete Declaration of preparer (other than office)  FRANK PULEO Type or print name and title  Print/Type preparer's name  MICHAEL R. SANTINO, CPA  Firm's name Mark A. Coller, CPA	s each receiving over \$  ote: All section 501(c)(edule A  including accompanying schein) is based on all information of the minimum of the mi	(b) Type  100,000  3) organizations and 49  dules and statements, and to the first which preparer has any know	of service  147(a)(1) nonexempt e best of my knowledge and beledge  3-1-13  Date  Treasurer  Check X if self-employed  Firm's EIN	C) Compensation  N  N  N  PTIN  P01219476

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

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization INTERNATIONAL CATERERS ASSOCIATION EDUCATIONAL FOUNDATION

Employer identification number 26-0000930

Pari	<u>. L</u>	Reason for Publ	ic Charity Status	(All organizations	must c	comple	ete triis	part.)	See II	istruct	ions.		
The c	rgai	nization is not a priva	te foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box )					
1	П	A church, convention	of churches or asso	ciation of churches desi	cribed in	section	n 170(b)	(i)(A)(I)	•				
2	П	A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3	П	A hospital or a coope	erative hospital service	e organization describe	ed in <b>sec</b>	tion 17	0(b)(1)(A	X(iii).					
4	$\sqcap$	•	•	In conjunction with a h					0(b)(1)(A	Xiii). Ei	nter the hos	pital's	5
		name, city, and state	•	,	•							•	
5	_	=		college or university own	ed or one	erated by	a gover	nmental	unit des	cribed in	section		
	닏	170(b)(1)(A)(iv). (Co	mplete Part II)	•		_	_						
6	-		-	overnmental unit descri									
7	X	An organization that no in section 170(b)(1)(/	ormally receives a sub: <b>A)(vi).</b> (Complete Pai	stantial part of its suppor rt II.)	t from a	governm	ental uni	t or fron	n the ger	eral pub	lic described	i	
8		A community trust de	escribed in section 17	<b>70(b)(1)(A)(vi).</b> (Comple									
9		An organization that no related to its exempt funderelated business taxable (Complete Part III.)	ormally receives (1) mo unctions — subject to c le income (less section 51	re than 33-1/3% of its sup ertain exceptions, and (2 I1 tax) from businesses acq	port from no more ared by th	i contribu e than 33 ne organiz	itions, mi 3-1/3% o zation afte	embersh if its sup ir June 30	ip fees, a port from ), 1975. S	and gross o gross o ee <b>sectio</b>	receipts fro nvestment ir n 509(a)(2).	m activ icome	ities and
10		An organization orga	inized and operated e	exclusively to test for pu	ıblıc safe	ety. See	section	509(a)	(4).				
11		An organization organization supported organization supporting organization	ns described in section.	sively for the benefit of, to 509(a)(1) or section 509(a) 11e through 11h.	perform (a)(2). Se	the function	tions of, on <b>509(a)</b>	or carry (	out the p ck the bo	urposes x that de	of one or mo escribes the	re pub type o	licly f
		a ∏Type I b			nally inte	grated	(	<b>1</b> 🗍 1	Гуре III	– Non-f	unctionally	ıntegr	ated
е	ш	By checking this box	, I certify that the org managers and other th	anization is not controll an one or more publicly s	led direction	tly or in Lorganiz	directly ations de	by one escribed	or more in section	disqual on 509(a)	ified persor )(1) or	ns	
f		, , , ,	eived a written determi	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting o	rganızat	ion,		П
g				on accepted any gift o									
9		omoo ragast tr, 200	o, nas mo organizati	on accepted any gift o		u	5,,, G.,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	p 0.00	_	Yes	No
		(i) A person who o	directly or indirectly c	ontrols, either alone or pported organization?	together	with pe	ersons d	escribe	d in (ii) i	and (III)	11 g (i)		
			er of a person descri	· ,		•		•			11 g (ii)		
		• •	•		h 2		•	•	• •	•			
<b>L</b>		• •	•	described in (i) or (ii) a			• •				11 g (iii)		
<u>h</u>				e supported organization	<del>,                                    </del>		14354				Adi) Amoun	of mon	otani
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in ) listed in verning nent?	(v) Did yo the organ column ( supp	ization in	organız colur	s the ation in nn (i) ed in the S ?	(vii) Amoun sup	port	letary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)					ļ								
(D)													
(E)								,					
Total													

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

Schedule A (Form 990 or 990-EZ) 2012

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	83,499.	15,770.	18,745.	39,722.	88,32	28.	246,064.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
4	Total. Add lines 1 through 3	83,499.	15,770.	18,745.	39,722.	88,32	28.	246,064.
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)							0.
6	<b>Public support.</b> Subtract line 5 from line 4.							246,064.
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	2	(f) Total
7	Amounts from line 4 .	83,499.	15,770.	18,745.	39,722.	88,32	28.	246,064.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,508.	1,315.	2,060.	2,919.	8,9	75.	16,777.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.							0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0.
11	Total support. Add lines 7 through 10							262,841.
12	Gross receipts from related activ	vities, etc (see ins	tructions)				12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)		▶ 🗌
	tion C. Computation of Pu							
14	Public support percentage for 20	012 (line 6, columi	n (f) divided by lin	e 11, column (f))		[	14	93.62%
15	Public support percentage from	2011 Schedule A,	Part II, line 14			L	15	95.91%
16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
t	b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17 a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
	10%-facts-and-circumstances to organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as	box and <b>stop he</b> r a publicly support	r <b>e.</b> Explain in ed organizat	Part	IV how the ▶ □
	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a				
RAA					201	andula A /Ea	rm 001	0 or 990-F7\ 2012

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')						
2	Gross receipts from admis-						
	sions, 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						<del></del>
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	_					
	Total. Add lines 1 through 5.						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b			<del>-</del>			<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	3) ▶ []
	tion C. Computation of Pul					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 20	• •	• •	ne 13, column (f))	٠	_15	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
16	Public support percentage from 2					16	8
Sec	tion D. Computation of Inv						
17	Investment income percentage for			-	mn (f))	. 17	%
18	Investment income percentage fi					. 18	%
	33-1/3% support tests - 2012. If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	▶ 📋
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> The	e organization qu	alifies as a public	ly supported organ	3-1/3%, and nization ▶
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	neck this box and	see instructions	

Schedule A	(Form 990 or 990-EZ) 2012	INTERNATIONAL	CATERERS	ASSOCIATION	26-0000930	Page 4
Parely	Supplemental Inform Part II, line 17a or 17 (See instructions).	<b>eation.</b> Complete the b; and Part III, line 1	s part to pro 12. Also com	vide the explanation of the control	ons required by Part II, line any additional information.	10;
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### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number INTERNATIONAL CATERERS ASSOCIATION 26-0000930 EDUCATIONAL FOUNDATION Form 990-EZ, Part III - Organization's Primary Exempt Purpose TO RAISE MONEY FOR CONTINUING CATERING EDUCATION Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments CULINARY LEARNING JOURNEY. TO GIVE MEMBERS MORE EDUCATIONAL BENEFITS. TO PROVIDE SCHOLARSHIP MONEY FOR DESERVING CATERERS, ENABLING THEM TO ATTEND THE ICA'S EDUCATIONAL CONFERENCE AT REDUCED RATES. Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

Client INT0930   EDUCATIONAL FOUNDATION   26-0	S	chedule O - Supplement	ASSOCI			Page 2		
Section								
Total   SCHOLARSHIPS   Total   S   S7,	990-EZ, Part I, Line 16 Expenses					10 04AM		
Net Unrealized Gains and Losses on Investments   10 to 1	SIMENT EXPENSE	• • • • •	• •			2,015. 51,818. 566. 2,657. 57,056.		
Total   3 3,2	Changes In Net Asse	ts Or Fund Balances						
Average Hours   Name and Address   Average Hours   Name and Address   Per Week Devoted   Name and Address   Per Week Devoted   Name and Address   Per Week Devoted   Name and Address   Name and Name a	Jnrealized Gains	and Losses on Investments.		. Т	otal \$	3,262. 3,262.		
Trustee       0 \$ 0. \$ 0. \$         RICHARD CHENOWETH Secretary       0 0. 0. 0.         LARRY LEVY Trustee       0 0. 0. 0.         JOHN BARSOTTI Trustee       0 0. 0. 0.         DAVID MCDOUGAL Trustee       0 0. 0. 0.         MARY CRAFTS Trustee       0 0. 0. 0.         FRANK PULEO Treasurer       0 0. 0. 0.         ED SHAMAS Trustee       0 0. 0. 0.         Trustee       0 0. 0. 0.	f Officers, Directors,	Average Hours	s ed	Compen-	Benefits & Contrib- bution to	Expense Account & Other Allowances		
Secretary       0       0.       0.         LARRY LEVY Trustee       0       0.       0.         JOHN BARSOTTI Trustee       0       0.       0.         DAVID MCDOUGAL Trustee       0       0.       0.         MARY CRAFTS Trustee       0       0.       0.         FRANK PULEO Treasurer       0       0.       0.         ED SHAMAS Trustee       0       0.       0.         YVES LEVESQUE Trustee       0       0.       0.	N ELIAS			0. \$	0.	\$ 0.		
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2012

### **Schedule O - Supplemental Information**

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**Client INT0930** 

## INTERNATIONAL CATERERS ASSOCIATION EDUCATIONAL FOUNDATION

26-000930 10:04AM

2/27/13

Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

Name and Address	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Expense Account & Other Allowances
PAT CHRISTOFOLO Trustee	0	\$ 0.	\$ 0.	\$ 0.
LON LANE Chairman	0	0.	0.	0.
JOHN MANGELOS Trustee	0	0.	0.	0.
JOANN ROTH Trustee	0	0.	0.	0.
LINDA WEST Trustee	0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.