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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 private foundations)

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

<u>A</u>	For th	e 2013 calendar year, or tax year beginning NOV 1, 2013 and	ending C	CT 31, 2014	
В	Check if applicab	C Name of organization COLORADO RESTAURANT ASSOCIATION		D Employer identific	cation number
Г	Addre	EDUCATION FUND			
Ē	Name chang	Doing Business As COLORADO RESTAURANT ASSOCIA	ATION	74-2	488379
F	Initial return Termi ated	Number and street (or P.U. box if mail is not delivered to street address)	E Telephone number 3038	302972	
F	Amen	ded		G Gross receipts \$	614,503.
F	ireturr Appl⊪ tion			H(a) Is this a group re	
	pend	F Name and address of principal officer SONIA RIGGS		for subordinates	
		430 E 7TH AVE, DENVER, CO 80203		H(b) Are all subordinates in	
T	Tax-ex	empt status: X 501(c)(3)	or 527	4 ` <i>'</i>	list. (see instructions)
		te: WWW.COLORADORESTAURANT.COM		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year		State of legal domicile: CO
	art I	Summary		1-2-	<u> </u>
<u> </u>	T •	Briefly describe the organization's mission or most significant activities: ADVA	NCE EL	UCATIONAL	
Activities & Governance		OPPORTUNITIES AND PROFESSIONAL STANDARDS	IN TH	E FOOD SERV	ICE AND
E E	2	Check this box If the organization discontinued its operations or dispose		e than 25% of its net as	ssets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	21
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	•	4	21
ಹ ೮	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	•	5	0
iŧ	6	Total number of volunteers (estimate if necessary)	•	6	200
휹	72	Total unrelated business revenue from Part VIII, column (C), line 12	•	7a	0.
ĕ	1 ' "	Net unrelated business taxable income from Form 990-T, line 34	•	7b	0.
_	╁	14et uniferated business taxable income nom 1 om 1990-1, line 04	·	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		110,912.	144,511.
Revenue			<u> </u>	158,026.	118,715.
Ş	9	Program service revenue (Part VIII, line 2g)	-	0.	25.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	⊢	67,395.	84,110.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		336,333.	347,361.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	27,500.	35,250.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	201,495.	194,742.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
en	10a	Professional fundraising fees (Part IX, column (A), line 11e)	o. -		
ă	D	Total fundraising expenses (Part IX, column (D), line 25)		130,048.	125,600.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	\vdash	359,043.	355,592.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	-22,710.	-8,231.
	19	Revenue less expenses Subtract line 18 from line 12		eginning of Current Year	
Net Assets or		REGENVED	B	106,684.	End of Year 146,832.
SSG	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		37,163.	85,542.
et	21	Total liabilities (Part X, line 26)	_	69,521.	61,290.
	art II	Not assets of faire buildiness. Captract into 2 1 from line 25 1 1.			01,290.
			e and etator	ante and to the best of m	v knowledge and heliof at in
UII	aei peii	alties of perjury, I declare that I have examined this return, including accompanying schedule ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	is allu statell biob propara	r has any knowledge	y knowledge and benef, it is
uu	e, corre	Ct, and complete. Degalation of preparer (other triansonicer) as based out an approximation of wh	ilicii piepaie	I lias ally kilowieuge.	-
٠.		Signature of the first of the signature		Date! 1911	
Sig		SONIA RIGGS EXECUTIVE DIRECTOR		22.0	
He	ere	Type or print name and title	·		
			—т	Date / Check	II PTIN
D.	:4	Print/Type preparer's name Preparer's signature		a12 17 Not	D00820077
Pa		KIMBERLY A RYAN COUNTY I I D	phi	Usen-employ	P00829977 43-0765316
	eparer	Firm's name RUBINBROWN LLP		/ Firm's EIN	#3-01033T0
US	e Only	Firm's address > 1900 16TH STREET, SUITE 300		Dhare 3 A	3-698-1883
		DENVER, CO 80202		Prione no. 3 U	
Má	av the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2013) EDUCATION FUND 74	4-2488379	Page 2
_	rt-III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefly describe the organization's mission		
	ADVANCE EDUCATIONAL OPPORTUNITIES IN THE FOOD SERVICE AND	HOSPITALI	ΤY
	INDUSTRIES OF COLORADO BY PROVIDING SCHOLARSHIPS, SUPPORT	AND OTHER	
	EDUCATIONAL OPPORTUNITIES TO THOSE INTERESTED IN THE FOOD		
	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?	Yes	X No
	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	X No
•	If "Yes," describe these changes on Schedule O	103	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	scured by expense	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	· ·	
		ne total expenses,	anu
40	revenue, if any, for each program service reported. (Code) (Expenses \$ 312,423 · including grants of \$ 35,250 ·) (Revenue \$	118	715.)
4a	(Code) (Expenses \$ 312,423. including grants of \$ 35,250.) (Revenue \$ ADVANCE EDUCATIONAL OPPORTUNITIES IN THE FOOD SERVICE AND		
	INDUSTRIES OF COLORADO BY PROVIDING SCHOLARSHIPS, SUPPORT		
	EDUCATIONAL OPPORTUNITIES TO THOSE INTERESTED IN THE FOOD		
		SERVICE	
	INDUSTRY.		
			-
	· · · · · · · · · · · · · · · · · · ·		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		
70	(Code) (Coperises 4) (Interesting grants of 4)		
			-
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		· - ··	
			-
			
			
			<u> </u>
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 312,423.		

COLORADO RESTAURANT ASSOCIATION EDUCATION FUND

Form 990 (2013) EDUCATION FU
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
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,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III			
9	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		х
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			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			۱.,
	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	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	- 1 10		
<u>.</u>	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		l	
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	404	X	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	A	Х
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 10	\vdash	1
_	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	40	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	 ^	╁-
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	†	1
			990	(2012

Form 990 (2013) EDUCATION FUND Part IV Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	22		х
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		 ^ -
2 4a	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 25a	24a		X
b		24b		
С	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		
2 5a	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			-
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b		28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	~~		<u></u>
-	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			t
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.
24	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			990	(2013)

Page 5

•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		į	
	filed for the calendar year ending with or within the year covered by this return 2a 0	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	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 as charitable contributions?	e-		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
	were not tax deductible?	6b	,	
7	Organizations that may receive deductible contributions under section 170(c).	UD		<u> </u>
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		- <u>x</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	, ;		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	_	├
10	Section 501(c)(7) organizations. Enter			1
	Initiation fees and capital contributions included on Part VIII, line 12			'
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	· · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	izu		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b				1
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	000	(2013)

Form 990 (2013)

EDUCATION FUND

74-2488379

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
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 relationship with any other	1	S	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		,	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		-	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
þ	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 arrangement with a	· · · · · · · · · · · · · · · · · · ·		
	taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	,		
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		_	
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	_
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, at	nd finai	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 and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and person of the person who possesses the books and person of the pe	ation: 🕨	-	
	COLORADO RESTAURANT ASSOCIATION EDUCATION FUND - 3038302972			
	430 EAST SEVENTH AVENUE, DENVER, CO 80203			

Form 990 (2013)

EDUCATION FUND

74-2488379

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

X

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.

Light Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee,

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons.

(A)	(B)	l	111126		C)	iipei	Isai	(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more the			than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot or/trus	h an	compensation	compensation	amount of
-	week (list any			Γ	Γ	ĺ	Ĺ	from the	from related organizations	other compensation
	hours for	dre				Pa .		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee		_	eusat		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ploye	e com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK BLACK	1.00	=	-	-	×	<u> </u>	<u></u>			
DIRECTOR		Х						0.	0.	0.
(2) CHRISTINE CHASSEN	1.00									
VP FUNDRAISING COMMITTEE		Х		Х		ł		0.	0.	0.
(3) JORGE DE LA TORRE	1.00									
DIRECTOR		X						0.	0.	0.
(4) JESSICA DOERFFEL	1.00									
DIRECTOR		X						0.	0.	0.
(5) DEREK FIGUEROA	1.00									
SECRETARY/TREASURER		Х		X				0.	0.	0.
(6) CHAD GRUHL	1.00								-	
DIRECTOR		X			L			0.	0.	0.
(7) ROB HAIMSON	1.00									
DIRECTOR		X						0.	0.	0.
(8) TRACY JOHNSON	1.00						ŀ	_	_	
DIRECTOR		X						0.	0.	0.
(9) KAREN KRISTOPEIT-PARKER	1.00							_	_	_
VP EDUCATION COMMITTEE		X	Щ	X				0.	0.	0.
(10) PAUL AYLMER	1.00					İ	ŀ		_	_
VICE CHAIRMAN OF THE BOARD	1 22	Х		Х	L	L		0.	0.	0.
(11) TYLER WIARD	1.00									_
DIRECTOR	1 00	Х	Щ		_	_		0.	0.	0.
(12) DAVE CODER	1.00									
DIRECTOR		Х		<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(13) STEVE KANATZAR	1.00	,,			İ					•
DIRECTOR	1 00	X	Щ				ļ	0.	0.	0.
(14) JOSH NATIONS	1.00	. ,								•
DIRECTOR	1.00	X	Н	_	<u> </u>	<u> </u>		0.	0.	0.
(15) VALERIE BAYLIE	1.00	x							,	0
DIRECTOR	1.00	Δ			<u> </u>	H	<u> </u>	0.	0.	0.
(16) DAVID GOETZ DIRECTOR	1.00	x						0.	ا ۾ ا	^
(17) LAURENCE RUA	1.00		\vdash	├—	 	-	-	· · · · ·	0.	0.
DIRECTOR	H-1.00	x			l			0.	0.	0.
222007 10-20-13	<u> </u>	41	لـــا		L	<u> </u>	Ц	<u> </u>	<u>U•</u>	Form 990 (2012)

Form 990 (2013)

EDUCATION FUND

Part VII Section A. Officers, Directors, Trus		ploy I	ees			ghe	st C			_			
(A)	(B) (C) Average Position							(D)	(E)		(F		
Name and title	hours per		not c	heck ss pe	more	than		Reportable Reportable compensation compensation				nated int of	
	week			d a d				from	from related		oth		
	(list any	sc for						the	organizations	c	ompe	nsatio	'n
	hours for	튱	g .	1		ated		organization	(W-2/1099-MISC)	1	from		
	related organizations	nstee	truste	İ	<u>.</u>	Suadi		(W-2/1099-MISC)			and re		
	below	taal tr	trona		ploy	st con				Ι,	organi		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Parme Brime			`	o. ga	Lation	_
(18) BOB SABINA	1.00									Τ			
DIRECTOR	4 - 6 -	X		<u> </u>		<u> </u>		0.	0	┵			0.
(19) ELISE WIGGINS	1.00									-			_
DIRECTOR	1 00	X	ļ	<u> </u>	ļ	<u> </u>	_	0.	0	┿			<u>0 .</u>
(20) STEPHANIE VAN CLEVE	1.00	x						0.	0				^
(21) MARY MINO	40.00	^	-	-		┢	├	U •	<u> </u>	┿			<u>0 .</u>
PRESIDENT	40.00	ł		x				0.	87,931		12	02	3
(22) PETER MEERSMAN	1.00		┢	-	-	\vdash	╁╌	 	01,551	╧		, 02	"
FORMER EXECUTIVE DIRECTOR	21.00	i		x				0.	0				0.
(23) JOHN BECK	1.00	_			┢	\vdash	 			+			
CHAIRMAN OF THE BOARD		1		x				0.	0				0.
(24) SONIA RIGGS	1.00												
EXECUTIVE DIRECTOR	39.00	L.	<u> </u>	X				0.	0	<u>.</u>			<u>o.</u>
		l											
	 	┝	<u> </u>	┢	┝	┢	├			+-			—
1b Sub-total	<u> </u>	Щ.	ــــــــــــــــــــــــــــــــــــــ	L	L	1		0.	87,931		12	,02	3.
c Total from continuation sheets to Part V	II, Section A	•					•	0.	0				0.
d Total (add lines 1b and 1c)								0.	87,931	$\overline{\cdot}$	12	,02	3.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bov	e) wl	ho r	received more than \$100	0,000 of reportable				
compensation from the organization											1 1/		0
											Υ,	es l	No
3 Did the organization list any former officer,	•	ıste	е, ке	ey er	npic	oyee	, or	highest compensated e	mployee on				X
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si		ام د	omo	 once	ation	an,	d ot	har componention from	the organization	<u> </u>	3	-	
and related organizations greater than \$15									the organization		4		X
5 Did any person listed on line 1a receive or									idual for services				
rendered to the organization? If "Yes," con											5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co		-							· · · · · · · · · · · · · · · · · · ·	nsatı	on fro	m	
the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	/ithi		year T				
(A) Name and business	addross	NT/	ONI	. ·				(B) Description of s	services	Con	(C) npens	ation	
	uddiooo	TA	0141					Dodon priori or o	70111000		пропо		
													
2 Total number of independent contractors (ıncludina but r	ot l	mite	d to	tho	se li	ster	d above) who received n	nore than				
\$100,000 of compensation from the organ	_					0		,					

EDUCATION FUND Form 990 (2013) EDUCATION Form VIII Statement of Revenue

74-2488379

Page 9

Form **990** (2013)

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts Tts	1 a	Federated campaigns	1a					
통칭	b	Membership dues	. 1b					
A,C	c	Fundraising events	1c					
ᄩᆲ	d	Related organizations	1d	40,000.	•			
ă.Ē	е	Government grants (contribut	ons) 1e					
흔입	f	All other contributions, gifts, grant	ts, and					
اعِق		similar amounts not included above	/e 1f	104,511.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					ı
<u>용</u>	h	Total. Add lines 1a-1f		•	144,511.			
ı				Business Code				
8	2 a	EDUCATION		900099	118,715.	118,715.		
و چ	b							
Program Service Revenue	c	:						
ěď	d	l						
<u> </u>	е	·						
- ∣	f	All other program service reve	nue	<u>L</u>				
	9	Total. Add lines 2a-2f		•	118,715.			
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)		▶	25.			25.
	4	Income from investment of tax	k-exempt bond p	oroceeds 🕨	-			
	5	Royalties .		<u>,</u>				
			(ı) Real	(ii) Personal				
	6 a	Gross rents		<u> </u>				1
		Less rental expenses		ļ				
		: Rental income or (loss)	L					
		Net rental income or (loss)		, •				ļ
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				i
		assets other than inventory						· ·
	b	Less. cost or other basis						1
		and sales expenses		 				,
		Gain or (loss)						
		Net gain or (loss)		P	·			
une	8 a	Gross income from fundraising	`					
a 1		including \$	of					1
Be		contributions reported on line		351,252.				
Other Rev		Part IV, line 18		267,142.				1
ŏ		Less direct expenses		207,142.	84,110.			84,110.
		Net income or (loss) from fund	_		04,110.			04,110.
	J a	 Gross income from gaming ac Part IV, line 19 	ativities. See		•			
		Less direct expenses	. a					
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	10 8	and allowances	a					}
	h	Less: cost of goods sold	b					1
		: Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code		-		
	11 a							
	b							+
	~ c	· · · · · · · · · · · · · · · · · · ·						
	c		· · · · · · · · · · · · · · · · · · ·					
		Total. Add lines 11a-11d		•	· · · · · · · · · · · · · · · · · · ·			1
	12	Total revenue. See instructions.			347,361.	118,715.	0	. 84,135.

EDUCATION FUND 74-2488379 Form 990 (2013) Page 10 Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 35,250. 35,250. the United States See Part IV. line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 134,406. 156,652. 22,246. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 24,483. 21,007. 3,476. Other employee benefits 9 13,607. 11,674. 1,933. 10 Payroll taxes 11 Fees for services (non-employees): Management Legal b c Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 9,685. 8,309. 1,376 column (A) amount, list line 11g expenses on Sch 0.) 4,387. 4,387. 12 Advertising and promotion 2,770. 3,229. 459. Office expenses 13 14 Information technology 15 Royalties 10,946. 9,391. 1,555. 16 Occupancy 19.742. 16,938. 2.804. 17 Travel

•••	naver			2,001
18	Payments of travel or entertainment expenses			-
	for any federal, state, or local public officials			
19	Conferences, conventions, and meetings	15,025.	7,247.	7,778.
20	Interest			

21 18

22	Depreciation, depletion, and amortization
23	Insurance
	Other and and the same and a same a

Payments to affiliates

24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	
		_

а	EDUCATION MATERIALS
b	EDUCATION - CONTRACTOR
С	EQUIPMENT LEASES & MAIN
d	CONSULTING FEES

е	All other expenses	
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	ĺ
26	Joint costs. Complete this line only if the organization	ſ
	reported in column (B) joint costs from a combined	

	impaign and fundraising solicitation.
Check here	if following SOP 98-2 (ASC 958-720)

109.	652.	761.
_		
 ·	21,482.	,482.
	18,605.	,605.
1,020.	6,169.	,189.

5,159. 5,159. 9,390. 8,977. 413 312,423. 43,169.

21

EDUCATION FUND Form 990 (2013)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing .	44,332.	1	82,572.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net .		3	
	4	Accounts receivable, net	59,367.	4	59,388.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş	İ	employees' beneficiary organizations (see instr). Complete Part II of Sch L	<u> </u>	6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,985.	8	4,872.
	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·	9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 10a			TO THE WORLD SHOW THE THE PERSON AND THE
	ь	Less: accumulated depreciation 10b	. <u></u>	10c	
	11	Investments · publicly traded securities		11	
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	<u></u>	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	106,684.	16	146,832.
	17	Accounts payable and accrued expenses	34,803.	17	83,712.
	18	Grants payable		18	
	19	Deferred revenue	2,360.	19	1,830.
	20	Tax-exempt bond liabilities .		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	····	21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons	,		
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	37,163.	26	85,542.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	29,521.	27	31,290.
Fund Balances	28	Temporanly restricted net assets	40,000.	28	30,000.
2	29	Permanently restricted net assets		29	
교	1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
Ď		and complete lines 30 through 34.			
iets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	26	32	
~	33	Total net assets or fund balances	69,521.	33	61,290.
	34_	Total liabilities and net assets/fund balances	106,684.	34	146,832. Form 990 (2013)

	1990 (2013) EDUCATION FUND	<u>74-2488</u>	379	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34'	7,3	61.
2	Total expenses (must equal Part IX, column (A), line 25)	2			92.
3	Revenue less expenses. Subtract line 2 from line 1				31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			21.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6:	1,2	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990	_ _		٠,٠	ı
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	, ,		
	separate basis, consolidated basis, or both		-4- 3	` -	
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			1
	consolidated basis, or both:				!
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			,	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
_	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2013)

SCHEDULE A

Department of the Treasury

(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.

2013

Open to Public Inspection

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

COLORADO RESTAURANT ASSOCIATION Employees

EDUCATION FUND

Employer identification number 74-2488379

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 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 Type Ⅱ c Type III - Functionally integrated d Type III - Non-functionally integrated _ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col. in col. (i) listed in your (described on lines 1-9 organization in col. organization support (i) organized in the U.S.? governing document? above or IRC section (i) of your support? (see instructions)) Yes No Yes No Yes No

Schedule A (Form 990 or 990-EZ) 2013 EDUCATION FUND

74-2488379 Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (c) 2011 (d) 2012 (f) Total (b) 2010 (e) 2013 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

	organization, check this box and stop here			
Se	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		9

15 Public support percentage from 2012 Schedule A, Part II, line 14

16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2012. 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

7a 10% effects-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

%

Schedule A (Form 990 or 990 EZ) 2013 EDUCATION FUND Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	Se	ction A. Public Support							
membership fees received (Do not included in included any "Included part of the part of t	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
2 Gross receipts from administrons, merchandless sold or servoise performed, or facilities firmished in any activity that is related to the organization is tax exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues lewed for the organization is benefit and ether paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1.2, and 3 received from disqualified persons be Amounts included on lines 1.2, and 3 received from disqualified persons be Amounts included on lines 1.2, and 3 received from disqualified persons be Amounts included on lines 1.2 and 3 received from disqualified persons be Amounts included on lines 1.2 and 3 received from disqualified persons be Amounts included on lines 1.2 and 3 received from disqualified persons be Amounts in the total persons of the second to receive of \$2000 or 1 set of the second to receive of \$2000 or 1 set of the second to receive of \$2000 or 1 set of the second second to receive the second second second to receive the second se	1	membership fees received (Do not	126 466					676 001	
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furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 inceived exceed the greater of \$3.000 or 1% of the amount on line 1 and 15 to the year c Add lines 7a and 7b 8 Public support (speta) is 7 total Support Section B. Total Support Section B. Computation of Public Support Percentage 135. 2. 1. 25. 163. 136. 31. 961. 643. 774. 631. 194. 636. 672. 614. 503. 3158104. 14 First five years. If the Form 90 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 69. Schumn (f) divided by line 13, column (f)) 16 Public support percentage for 2013 (line 69. Schumn (f) divided by line 13, column (f)) 17	4	ization's benefit and either paid to			,				
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Section B. Total Support		•	40,000		40,000.	40,000.	40,000.		
Section D. Computation of Public Support Percentage 19 30 30 30 30 30 30 30 3	Se	ction B. Total Support	- 1					1247243.	
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Schedule A	(Form 990 or 990-EZ) 2013 EDUCATION FUND	/4-24883/9 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	17a or 17b; and Part III, line 12
	Also complete this part for any additional information. (See instructions)	
		
		
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		- · · · · · · · · · · · · · · · · · · ·
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Information about Schedule D Form 990 and its instructions is at www.urs.gov/form990.

Open to Public

Employer identification number

OMB No 1545-0047

Inspection

EDUCATION FUND 74-2488379

Pai	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		s or Accounts. Complete if the
	organization answered tes to contrasso, carriv, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's e	_	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the orga	unization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	<u> </u>
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an hi	storically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and el		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements	A	
Pai	organizations Maintaining Collections of	•	otner Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhibit		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
þ	If the organization elected, as permitted under SFAS 116 (ASC	• •	,
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items		. .
	(i) Revenues included in Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		. ▶ \$
2	If the organization received or held works of art, historical treas		ai gain, provide
_	the following amounts required to be reported under SFAS 11	o (ASC 938) relating to these items	~ ¢
a	Revenues included in Form 990, Part VIII, line 1		\$
D	Assets included in Form 990, Part X		> \$

	dule D (Form 990) 2013 EDUCATTO		ad Idia	laviaal Tu		O4b	Cii	14-24			ige 2
 -	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a s	ignificant	use of its	collection	ı ıtem:	S
	(check all that apply):		. —								
а	Public exhibition	C			hange progra	ams					
b	Scholarly research	e		Other			_				
С	Preservation for future generations										-
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o					er sımıla	r assets	_	٦	_	1
<u> </u>	to be sold to raise funds rather than to be ma								Yes	<u> </u>	No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete If the	organizatio	on answered '	"Yes" to	Form 99	0, Part IV, i	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	t included	i	_		_
	on Form 990, Part X?								」Yes	L_	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	flowing t	table:				_			
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e	<u> </u>			
f	Ending balance						1f	<u> </u>			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?		-				Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete in								1		
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance		ļ								
b	Contributions				ļ						
С	Net investment earnings, gains, and losses				<u></u>						
d	Grants or scholarships		ļ		ļ						
е	Other expenditures for facilities										
	and programs .				ļ						
f	Administrative expenses		ļ		↓ -						
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland		g, column (a	a)) held as [.]						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should	•									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for t	the organ	ization	г	1	
	by.									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations				-				3a(ii)		
_	If "Yes" to 3a(II), are the related organizations	·				•			3b		
4	Describe in Part XIII the intended uses of the		owment	tunds							
rai	t-VI Land, Buildings, and Equipm		N Dest No	/ lima 44 - 0	\ Fa 000	D-+ 1/	t 10				
	Complete if the organization answered				T				, n = :		
	Description of property	(a) Cost or o			t or other		ccumulat		(d) Bool	(value	÷
	Land	basis (investi	nent)	Dasis	(other)	de	preciatio	'' 	-		
	Land				1		 				
þ	Buildings										
C	Leasehold improvements	<u> </u>									
a	Equipment		-			<u> </u>					
	Other I. Add lines 1a through 1e. (Column (d) must e	qual Form 990 Port	Y colu	nn (R) //nc 1	10(c))						0.
IUld	n Add mies la unough le looidhin (d) must e	quair onn sso, rail	A, 00101	(<i>U)</i> , III 16 1	, -(-, ,						•

EDUCATION FUND 74-2488379 Page 3 Schedule D (Form 990) 2013 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part:VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1)(2)(3) (4)(5) (6)(7)(8)(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2)(3)(4) (5) (6)(7) (8) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4) (5) (6)(7)(8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

74-2488379 Page 4 EDUCATION FUND Schedule D₍Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 614,503. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 267,142. d Other (Describe in Part XIII.) 2d 267,142. e Add lines 2a through 2d 2e 347,361. Subtract line 2e from line 1 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII) 4b 0. c Add lines 4a and 4b 4c 347,361. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 622,734. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 267,142. d Other (Describe in Part XIII.) 2d 267,142. e Add lines 2a through 2d 355,592. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c 355,592. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information SCHEDULE D, PAGE 4, PART XI & XII, LINE 2D EXPLANATION: THIS IS SPECIAL EVENTS.

SCHEDULE G

Department of the Treasury

(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.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Name of the organization COLORAD EDUCATI	O RESTAURANT ASSOC ON FUND	IAT	ION			74-2488	ntification number 379
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, II	ne 17	7. Form 990·EZ	filers are not
Indicate whether the organization rais	ed funds through any of the following Solicitates Golicitates Goli	tion of tion of fundra (includ	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
-							
		<u> </u>					
Fotal .			>				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
					-		
							
						<u>-</u>	
							

Schedule G (Form 990 or 990 EZ) 2013 EDUCATION FUND

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 (b) Event #2 (c) Other events (d) Total events DENVER FOOD STUDENT (add col. (a) through 5 AND WINE INVITATIONAL col. (c)) (event type) (event type) (total number) Revenue 243,811 40,000 Gross receipts 67,441. 351,252. 2 Less: Contributions 243,811. 40,000. 67,441. 351,252. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment ... 212,864. 23,964. Other direct expenses 267,142. 10 Direct expense summary. Add lines 4 through 9 in column (d) 84,110. 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes 3 Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? Yes No b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain:

74-2488379 Page 2

Sch	edule G.(Form 990 or 990 EZ) 2013 EDUCATION FUND /4	-2488	379	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	ls 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			
	The organization's facility	13a		%
	An outside facility	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	LIOD		
1	Title the hame and address of the person who prepares the organization's garming special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	e If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information			
	Name			
	Gaming manager compensation > \$			
	Calling Harager Compensation P			
	Description of services provided			
		* -		
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
+	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year > \$			
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III lines 0	9h 1/)b 15b
<u></u>	15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions		JD, 10	<i>,</i> 100,
	Too, To, and Tro, as applicable river complete the part to provide any additional information (cost instructions	7		

SCHEDULE	ı
(Form 990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form9900 COLORADO RESTAURANT ASSOCIATION

Employer identification number

EDUCATION	FUND						74-2488379
Part I General Information on Grants a	ind Assistance				· -		
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or as	sistance, and the selection	חח
criteria used to award the grants or assi				•			X Yes No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	t funds in the Unite	d States			
Part II Grants and Other Assistance to	Governments an	d Organizations in th	e United States.	Complete if the org	anization answered "	Yes" to Form 990, Part IV	, line 21, for any
recipient that received more than							•
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					,		
	<u> </u>						
							-
2 Enter total number of section 501(c)(3) a	-	•	ne line 1 table	<u> </u>	L	 	<u> </u>

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

332101 10-29 13

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_	STAURANT ASS	OCIATION			54 0400050	
Schedule I (Form 990) (2013) EDUCATION FU Part III Grants and Other Assistance to Individuals in t		solete if the organiza	ation answered "Yes"	* to Form 990 Part IV line 22	74-2488379	Page 2
Part III can be duplicated if additional space is ne	eded	pioto ii tito organiz		10 10111000,1 41111, 1110 22		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance
EDUCATIONAL SCHOLARSHIP TO INDIVIDUALS.	28	35,250.	0.			
Part IV Supplemental Information, Provide the information	ion required in Part I, lin	e 2, Part III, column	(b), and any other ac	dditional information		
	· · · · · · · · · · · · · · · · · · ·		<u>.</u>			
			_ 			
						
	. <u>-</u>					
						
332102 10-29-13					Schedule i (Fo	rm 990) (2013)

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SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization

COLORADO RESTAURANT ASSOCIATION

Employer identification number

	EDUCATION						74	-24	883	79		
Part I Excess Ben	efit Transact	ions (section 5	01(c)(3	3) and s	section 501(c)(4) org	janizations only).						
Complete if the	organization ans	wered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25i	b, or Form 990-EZ, F	Part V,	line 40)b	,		
1 (a) Name of disqualified	person (b)	Relationship bet			lified	c) Description of trai	nsactic	ın.		(d)	Corre	cted?
(a) Mario di dioqualifor		person and o	rganız	ation			1340110			<u> </u>	es	No
										+		
		·			<u>-</u>							
										+		
· -										+		
						·	•					
2 Enter the amount of tax	incurred by the	organization mar	nagers	or disc	qualified persons du	ring the year under	_					
section 4958		•						▶ \$				
3 Enter the amount of tax	, if any, on line 2,	above, reimburs	sed by	the or	ganızatıon	•		▶ \$				
Part II Loans to an	d/or From In	tarastad Dar	conc		- :-		-					
					, Part V, line 38a or l	Farms 000 Dort IV Iv	00.	:£ 41.				
	organization ans				, Part V, line 38a or i	rom 990, Paπ IV, III	ne 26;	or II tr	ne orga	anızatı	on	
(a) Name of	(b) Relationship		(d) Lo	oan to or	(e) Original	(f) Balance due	(q)	ln	(h) Ap	proved	(i) W	/ritten
interested person	with organization			n the ization?	principal amount	(,, = =================================		ult?	by bo comm	aru or nttee?	agree	ment?
			То	From			Yes	No	Yes	No	Yes	No
				ļ								<u> </u>
			 	+					-			
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Total	Da	2'A'		J 5-	. \$				<u> </u>			
<u> </u>	ssistance Be	_										
	organization ans					(-0.T				\ D		
(a) Name of interested	person	(b) Relationship interested personal the organization (b) Relationship in the interest of the control of the co	son an		(c) Amount of assistance	(d) Type assistar			•) Purp assist	ose o ance	ſ
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Schedule L (Form 990 or 990-EZ) 2013 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 (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No PETER MEERSMAN 0.PETER MEERS Х Part V Supplemental Information 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 DESCRIPTION OF TRANSACTION: PETER MEERSMAN ALSO SERVES AS PRESIDENT AND CEO OF THE COLORADO RESTAURANT ASSOCIATION, EXECUTIVE DIRECTOR OF THE COLORADO RESTAURANT EDUCATION FUND (EX-OFFICIO NON-VOTING), AND TREASURER OF HOST-PAC AND HI-PAC.

74-2488379 Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

COLORADO RESTAURANT ASSOCIATION

Inspection Employer identification number 74-2488379

EDUCATION FUND FORM 990, PART I, DOING BUSINESS AS: COLORADO RESTAURANT ASSOCIATION EDUCATION FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HOSPITALITY INDUSTRIES WITHIN COLORADO. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE FORM 990 WAS REVIEWED AND APPROVED BY THE COLORADO RESTAURANT ASSOCIATION EDUCATION FUND BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THE BOARD OF DIRECTORS IS GIVEN THE CONFLICT OF INTEREST POLICY ANNUALLY AT ORIENTATION. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: THE PRESIDENT'S SALARY IS APPROVED BY THE COLORADO RESTAURANT ASSOCIATION'S BOARD OF DIRECTORS AS PART OF THE ADMINISTRATIVE SERVICES PROVIDED TO THE EDUCATION FUND BY THE COLORADO RESTAURANT ASSOCIATION. THE EDUCATION FUND BOARD OF DIRECTORS THEN APPROVES THE ADMINISTRATIVE SERVICES BUDGET. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REOUEST.

Schedule O (Form 990 or	r 990-EZ) (2013)							Page 2
Name of the organization	COLORAI EDUCAT	OO RI	ESTAT FUND	URANT AS	SOCIA'	TION		Employer identification number 74-2488379
FORM 990, PA	RT XII, 1	LINE	2C					
EXPLANATION:	PROCESS	HAS	NOT	CHANGED	FROM	PRIOR	YEARS.	
								
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			_					
								
		. <u>.</u>						

SCHEDULE	R
(Form 990)	

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions. See separate instructions.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

COLORADO RESTAURANT ASSOCIATION

EDUCATION FUND

OMB No 1545-0047 Open to Public '

Department of the Treasur Internal Revenue Service Name of the organization

Employer identification number 74-2488379

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
					-

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13 rolled uty?
201000000000000000000000000000000000000		 		501(c)(3))		Yes	No
COLORADO RESTAURANT ASSOCIATION - 84-0503735 430 EAST SEVENTH AVENUE	SERVICE TO THE RESTAURANT						
DENVER, CO 80203	INDUSTRY.	COLORADO	501(C)(6)				x
HOST-PAC - 84-0845514	SUPPORT CANDIDATES					1	
430 EAST SEVENTH AVENUE	AFFECTING THE COLORADO					1	
DENVER, CO 80203	RESTAURANT INDUSTRY.	COLORADO	527				x
HI-PAC - 84-1552817	SUPPORT STATE AND LOCAL		·			 	
430 EAST SEVENTH AVENUE	LEGISLATURE AFFECTING THE						
DENVER, CO 80203	RESTAURANT INDUSTRY IN CO.	COLORADO	527				х
]						
	4					1	
	L		1				l

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

Schedule R (Form 990) 2013 EDUCATION FUND

74-2488379 Page 2

Part III organizations treated as a pa			ership Complete ii t	ne organization answe	rea "res" on Forn	1 990, Part IV, line	34 De	cause	π nad one or mor	e reia	.tea	
(a)	(b)	(c)	(d)	(e)	(1)	(g)	(t	1)	(1)	(i)	ıΠ	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	partn	iging ter?	Percentage ownership
		country)	_	sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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	(b) Primary activity	(C) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	Sec 5120 contr	tion b)(13)
oryonatoa organization		foreign country)	o,	or trust)	""GOITIG	assets	Ownership	ent	No
COLORADO RESTAURANT SERVICE AGENCY, INC	INSURANCE SERVICES TO							_	
84-1222765, 430 EAST SEVENTH AVENUE, DENVER,	THE RESTAUARANT								
CO 80203	INDUSTRY IN COLORADO	CO		C CORP	0.	0.	100%	1	х
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332162 09-12-13

Schedule R (Form 990) 2013

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332163 09-12-13

74-2488379 EDUCATION FUND Schedule R (Form 990) 2013 Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 10 d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e 1f f Dividends from related organization(s) g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 11 Exchange of assets with related organization(s) J Lease of facilities, equipment, or other assets to related organization(s) 1j k Lease of facilities, equipment, or other assets from related organization(s) 1k 11 I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n Sharing of paid employees with related organization(s) 10 p Reimbursement paid to related organization(s) for expenses 1p q Reimbursement paid by related organization(s) for expenses 1q r Other transfer of cash or property to related organization(s) 1r Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (d)
Method of determining amount involved (a) Name of related organization (b) Transaction (c) Amount involved type (a-s) (1) COLORADO RESTAURANT ASSOCIATION ₽ 23,662.FAIR MARKET VALUE (2) COLORADO RESTAURANT ASSOCIATION C 40,000.FAIR MARKET VALUE (3) COLORADO RESTAURANT ASSOCIATION 0 194,742. BUDGETED WAGES AND SALARIES

Schedule R (Form 990) 2013

EDUCATION FUND Schedule R (Form 990) 2013

74-2488379 Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EiN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all pariners sec 501(c)(3) orgs?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor tionate allocations Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2013

332164 09-12-13

*	COLORADO RESTAURANT ASSOCIATION EDUCATION FUND	74-2488379 Page 5
Schedule R.(Form 990) 2013 Part VII Supplemental Infor	rmation	,1 21003/3 Fages
Provide additional inform	ation for responses to questions on Schedule R (see instructions)	
		
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	<u></u>	
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Form 8868 (Rev. 1-2014)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month E	extension,	complete only Part II and check this	box		▶ X	
Note. Only complete Part II if you have already been granted ar	automatic	3-month extension on a previously fi	led Form	8868		
 If you are filing for an Automatic 3-Month Extension, comp 						
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no c	opies need	ded).	
· · · · · · · · · · · · · · · · · · ·		Enter filer's	identifyi	ng number,	see instructions	
				nployer identification number (EIN) or		
print COLORADO RESTAURANT ASSOCIATION						
File by the EDUCATION FUND					74-2488379	
return See 430 EAST SEVENTH AVENUE					er (SSN)	
Orty, town or post office, state, and ZIP code. For a DENVER, CO 80203	foreign add	dress, see instructions				
Enter the Return code for the return that this application is for (f	ile a separa	ite application for each return)			01	
Application	Return	rn Application		Return		
Is For		Is For			Code	
Form 990 or Form 990-EZ	Code 01	10701			Oode	
Form 990-BL		Form 1041-A	orm 1041-A			
Form 4720 (individual)		Form 4720 (other than individual)			08	
Form 990-PF		Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)		Form 6069			11	
Form 990-T (trust other than above)		Form 8870			12	
STOP! Do not complete Part II if you were not already grante	ed an autor	natic 3-month extension on a prev	iously file	ed Form 886	i8.	
• The books are in the care of ▶ 430 EAST SEVEN Telephone No. ▶ 3038302972						
If the organization does not have an office or place of busine	no in the Lie	Fax No.			. [
If this is for a Group Return, enter the organization's four digit			f this is fo	r the whole (group, check this	
box ► . If it is for part of the group, check this box ►	_	ach a list with the names and EINs of		•	• • •	
4 I request an additional 3-month extension of time until			an mem.	ers the exte	113101113 101	
5 For calendar year, or other tax year beginning _	NOV 1	, 2013 and ending	OCT	31, 2	014	
6 If the tax year entered in line 5 is for less than 12 months, Change in accounting period			Final			
7 State in detail why you need the extension						
INFORMATION IS NEEDED FROM OUTSIDE SOURCES IN ORDER TO PREAPRE A						
COMPLETE AND ACCURATE RETURN						
					·	
8a If this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
previously with Form 8868					0.	
Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using						
EFTPS (Electronic Federal Tax Payment System) See instructions.					0.	
		st be completed for Part II o	•			
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this	iding accomp form.	panying schedules and statements, and to	the best o	f my knowled	ge and belief,	
Signature ▶ Title ▶	CPA		Date	•		

Form 8868 (Rev 1-2014)