

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

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: I-CAR EDUCATION FOUNDATION
Number and street (or P O box if mail is not delivered to street address): 5125 TRILLIUM BOULEVARD
City or town, state or country, and ZIP + 4: HOFFMAN ESTATES, IL 60192

D Employer identification number: 36-3768028
E Telephone number: (847) 590-1198
F Accounting method: Cash [X] Accrual [ ] Other (specify) [ ]

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes [ ] No [X]
H(b) If "Yes," enter number of affiliates: [ ]
H(c) Are all affiliates included? Yes [ ] No [ ]
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

G Website: WWW.ED-FOUNDATION.ORG
J Organization type (check only one): [X] 501(c) ( 3 ) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number [ ]

M Check [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,071,851.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

SCANNED RECEIVED NOV 10 2008 IRS-OSC
Revenue
EXPENSES
Net Assets

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

Handwritten signature: G175 27

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc listed in Part V-A	48,122.	24,061.	14,437.	9,624.
<b>25b</b>	Compensation of former officers, directors, key employees, etc listed in Part V-B				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	238,591.	90,665.	95,436.	52,490.
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	4,032.	1,399.	1,534.	1,099.
<b>28</b>	Employee benefits not included on lines 25a - 27	18,975.	6,582.	7,220.	5,173.
<b>29</b>	Payroll taxes	40,118.	13,917.	15,265.	10,936.
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees	9,472.	3,740.	3,339.	2,393.
<b>32</b>	Legal fees	2,783.	1,099.	981.	703.
<b>33</b>	Supplies	3,829.	1,512.	1,350.	967.
<b>34</b>	Telephone	2,012.	795.	709.	508.
<b>35</b>	Postage and shipping	13,158.	5,196.	4,638.	3,324.
<b>36</b>	Occupancy	24,474.	9,665.	8,627.	6,182.
<b>37</b>	Equipment rental and maintenance	1,444.	570.	509.	365.
<b>38</b>	Printing and publications	14,176.	5,598.	4,997.	3,581.
<b>39</b>	Travel	38,309.	15,128.	13,504.	9,677.
<b>40</b>	Conferences, conventions, and meetings	32,996.	13,030.	11,631.	8,335.
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc (attach schedule)	8,857.	3,498.	3,122.	2,237.
<b>43</b>	Other expenses not covered above (itemize):				
<b>43a</b>	MARKETING AND PROMOTION	47,817.	18,883.	16,855.	12,079.
<b>43b</b>	PROFESSIONAL SERVICES	400.	158.	141.	101.
<b>43c</b>	CURRICULUM ASSISTANCE EXP	199,186.	199,186.		
<b>43d</b>	OFFICE OPERATIONS	14,908.	5,887.	5,255.	3,766.
<b>43e</b>	OTHER EXPENSES	2,410.	2,410.		
<b>43f</b>	I-CAR ALLOCATION OF EXPEN	65,462.	25,851.	23,075.	16,536.
<b>43g</b>					
<b>44</b>	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	831,531.	448,830.	232,625.	150,076.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>SEE STATEMENT 1</b>	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>a THE ORGANIZATION SECURES DONATIONS THAT SUPPORT PHILANTHROPIC AND COLLISION REPAIR EDUCATION ACTIVITIES THAT PROMOTE AND ENHANCE CAREER OPPORTUNITIES IN THE COLLISION INDUSTRY. THROUGH SECURING THESE FUNDS, THE ORGANIZATION IS ABLE TO AWARD CURRICULUM GRANTS, INSTRUCTOR TRAINING GRANTS, AND STUDENT SCHOLARSHIPS.</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>b SEE STATEMENT 2</b> ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	390,088.
<b>c 72 SCHOOLS PARTICIPATED IN THE PACE+ST3 PROGRAM, WHICH IS DEDICATED TO PROVIDING STUDENTS WITH COMPETENCY-BASED COLLISION REPAIR TRAINING AND WILL ENABLE THE COLLISION REPAIR SHOP OWNERS TO HIRE HIGH-QUALITY INTERNS THAT CAN PERFORM ENTRY-LEVEL TASKS IN A COMPETENT MANNER WITH LITTLE OR NO SUPERVISION.</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	43,075.
<b>d WWW.COLLISIONCAREERS.ORG AND WWW.COLLISIONKIDS.ORG ARE TWO ADDITIONAL WEBSITES MAINTAINED BY THE FOUNDATION TO BUILD INTEREST AND GUIDE THOSE WHO ARE PURSUING A CAREER IN THE COLLISION REPAIR INDUSTRY. CONTENT ON THESE SITES ARE GEARED TOWARD DIFFERENT AGE GROUPS.</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	15,667.
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	448,830.

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing . . . . .	222,959.	45	523,225.
	46 Savings and temporary cash investments . . . . .	240,001.	46	259,841.
	47a Accounts receivable . . . . .	47a 40,319.		
	b Less allowance for doubtful accounts . . . . .	47b 1,000.	44,137.	47c 39,319.
	48a Pledges receivable . . . . .	48a		
	b Less allowance for doubtful accounts . . . . .	48b		48c
	49 Grants receivable . . . . .			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .			50b
	51a Other notes and loans receivable (attach schedule) . . . . .	51a		
	b Less allowance for doubtful accounts . . . . .	51b		51c
	52 Inventories for sale or use . . . . .		11,036.	52 1,609.
	53 Prepaid expenses and deferred charges . . . . .		2,214.	53 6,190.
	54a Investments - publicly-traded securities STMT. 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,048,657.	54a 1,037,938.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
	55a Investments - land, buildings, and equipment basis . . . . .	55a		
	b Less accumulated depreciation (attach schedule) . . . . .	55b		55c
	56 Investments - other (attach schedule) . . . . .			56
	57a Land, buildings, and equipment basis STMT. 6 <input type="checkbox"/> Cost <input type="checkbox"/> FMV	57a 85,751.		
	b Less accumulated depreciation (attach schedule) . . . . .	57b 83,955.	16,911.	57c 1,796.
58 Other assets, including program-related investments (describe <input type="checkbox"/> )			58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		1,585,915.	59 1,869,918.	
Liabilities	60 Accounts payable and accrued expenses . . . . .		60 80,368.	111,317.
	61 Grants payable . . . . .			61
	62 Deferred revenue . . . . .		30,771.	62 43,505.
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			63
	64a Tax-exempt bond liabilities (attach schedule) . . . . .			64a
	b Mortgages and other notes payable (attach schedule) . . . . .			64b
	65 Other liabilities (describe <input type="checkbox"/> )			65
	66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		111,139.	66 154,822.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted . . . . .		1,377,005.	67 1,566,224.
	68 Temporarily restricted . . . . .		97,771.	68 148,872.
	69 Permanently restricted . . . . .			69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds . . . . .			70
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .			72
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		1,474,776.	73 1,715,096.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		1,585,915.	74 1,869,918.





Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs Enter a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)
91a The books are in care of MICHAEL BREY Telephone no (847) 590-1191
Located at 5125 TRILLIUM BLVD, HOFFMAN ESTATES, IL ZIP + 4 60192
b 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)?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 13: STMT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	N/A

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Scott Kruger, EXECUTIVE DIRECTOR Date: 11/3/08

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 10-24-08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SCAWLAN & LEO, LTD.  
1110 JORIE BOULEVARD, SUITE 204  
OAK BROOK, IL 60523

Preparer's SSN or PTIN (See Gen Inst X): P00099345  
 EIN: 36-2758343  
 Phone no: 630-990-1110

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2007**

Name of the organization

**I-CAR EDUCATION FOUNDATION**

Employer identification number

**36-3768028**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 14				
Total number of other employees paid over \$50,000 . . . ▶		NONE		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		NONE

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ NONE (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . STMT . 15

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number or donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶

NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

NONE

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 12  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 charitable, etc , 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) (Also complete the Support Schedule in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
  - Type I
  - Type II
  - Type III - Functionally Integrated
  - Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions )

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns for years (a) 2006, (b) 2005, (c) 2004, (d) 2003, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 22; e Public support; f Public support percentage; 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person"; b For any amount included in line 17 that was received from each person (other than "disqualified persons"); c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total and line 27b total; e Public support; f Total support for section 509(a)(2) test; g Public support percentage; h Investment income percentage; 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant.

**Part V Private School Questionnaire** (See page 9 of the instructions.) **NOT APPLICABLE**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) . . . . . ----- ----- -----	31	
32	Does the organization maintain the following . . . . .		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	32d	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) . . . . . ----- -----		
33	Does the organization discriminate by race in any way with respect to . . . . .		
a	Students' rights or privileges? . . . . .	33a	
b	Admissions policies? . . . . .	33b	
c	Employment of faculty or administrative staff? . . . . .	33c	
d	Scholarships or other financial assistance? . . . . .	33d	
e	Educational policies? . . . . .	33e	
f	Use of facilities? . . . . .	33f	
g	Athletic programs? . . . . .	33g	
h	Other extracurricular activities? . . . . .	33h	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) . . . . . ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a	
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement . . . . .	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (2007, 2006, 2005, 2004) and Total. Rows include lines 45-50 for nontaxable amounts, ceilings, and total expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table for reporting lobbying activity with columns Yes, No, Amount. Rows list activities a-i: Volunteers, Paid staff, Media advertisements, Mailings, Publications, Grants, Direct contact, Rallies, and Total lobbying expenditures.



FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

TO SERVE AS AN EDUCATIONAL ORGANIZATION IN THE FIELD OF AUTO REPAIR,  
INSURANCE CLAIMS AND RELATED INDUSTRIES.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS  
=====

PROGRAM SERVICE ACCOMPLISHMENT B  
-----

DURING THE FISCAL YEAR, THE ORGANIZATION ADMINISTERED 3 STUDENT SCHOLARSHIPS. FUNDING FOR 2 OF THOSE SCHOLARSHIPS WAS PROVIDED BY AKZO NOBEL AND CCC INFORMATION SERVICES. THE THIRD SCHOLARSHIP WAS AN I-CAR EDUCATION FOUNDATION SCHOLARSHIP, WHICH WAS FUNDED IN PART BY THE COLLISION REPAIR EDUCATION CAMPAIGN (\$100 PER COLLISION REPAIR BUSINESS PER YEAR CAMPAIGN). BETWEEN THESE 3 SHCOLARSHIPS, \$80,000 WAS MADE AVAILABLE TO STUDENTS TO CONTINUE THEIR COLLISION REPAIR EDUCATION.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	6,190.
TOTALS	----- 6,190. =====

FORM 990; PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
CORPORATE BONDS	642,961.	FMV
GOVERNMENT BONDS	119,816.	FMV
MUTUAL FUNDS	275,161.	FMV
	-----	
TOTALS	1,037,938.	
	=====	

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
FURNITURE & FIXTUR	SL	1,891.			1,891.	1,891.			1,891.
FURNITURE & FIXTR.	SL	442.			442.	442.			442.
DATA PROC. EQUIP.	SL	7,467.			7,467.	7,467.			7,467.
FURNITURE & FIXTR.	SL	2,570.			2,570.	2,570.			2,570.
DATA PROC. EQUIP.	SL	5,200.			5,200.	5,200.			5,200.
DATA PROC. EQUIP.	SL	11,911.			11,911.	11,911.			11,911.
DATA PROC. EQUIP.	SL	2,552.			2,552.	2,552.			2,552.
DATA PROC. EQUIP.	SL	4,820.			4,820.	4,820.			4,820.
DATA PROC. EQUIP.	SL	1,753.			1,753.	1,753.			1,753.
DATA PROC. EQUIP.	SL	2,005.			2,005.	2,005.			2,005.
DATA PROC. EQUIP.	SL	2,228.			2,228.	2,228.			2,228.
DATA PROC. EQUIP.	SL	3,283.			3,283.	3,283.			3,283.
DATA PROC. EQUIP.	SL	8,457.			8,457.	8,457.			8,457.
DATA PROC. EQUIP	SL	6,323.			6,323.	6,148.	175.		6,323.
DATA PROC. EQUIP	SL	6,802.			6,802.	6,235.	567.		6,802.
DATA PROC. EQUIP	SL	4,934.		4,934.		3,564.	822.	4,386.	
DATA PROC. EQUIP	SL	1,887.			1,887.	1,887.			1,887.
CLASSROOM EQUIP	SL	3,928.		3,928.		1,855.	655.	2,510.	

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
COMPUTER EQUIP	SL	2,613.		2,613.		1,161.	436.	1,597.	
CLASSROOM EQUIP	SL	2,949.		2,949.		1,229.	492.	1,721.	
COMPUTER EQUIP	SL	16,160.			16,160.	8,978.	5,387.		14,365.
DATA PROC. EQUIP	SL	3,235.		3,235.		863.	324.	1,187.	
TOTALS		103,410.			85,751.	86,499.			83,956.

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
UNEARNED REVENUE	43,505.
TOTALS	----- 43,505. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RONALD W. RAY I-CAR EDUCATION FOUNDATION 5125 TRILLIUM BOULEVARD HOFFMAN ESTATES, IL 60192	EXECUTIVE DIRECTOR 40.00	48,122.	NONE	NONE
LARRY CUMMINGS AUTOMOTIVE YOUTH EDUCATIONAL SYSTEM 100 WEST BIG BEAVER, SUITE 300 TROY, MI 48084	TRUSTEE			
TERRY W. ANGELL WARREN TECH 13300 W. 2ND PLACE LAKEWOOD, CO 80228	TRUSTEE			
JIM DICKENS CCC INFORMATION SERVICES, INC. 444 MERCHANDISE MART WORLD TRADE CENTER CHICAGO CHICAGO, IL 60654-1005	TRUSTEE			
GERALYNN KOTTSCHADE JERRY'S BODY SHOP 1671 MADISON AVENUE MANKATO, MN 56001	TRUSTEE			
CHRIS EVANS STATE FARM MUTUAL AUTO INSURANCE CO ONE STATE FARM PLAZA, A-4 BLOOMINGTON, IL 61710-0001	CHAIRMAN			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
------------------	--	--------------	---	-----------------------------------

CHRIS NORTHUP  
 KEYSTONE AUTOMOTIVE  
 700 EAST BONITA AVENUE  
 POMONA, CA 91767

TRUSTEE

LIREL G. HOLT  
 CCRAR  
 8400 W. 110TH STREET, #200  
 OVERLAND PARK, KS 66210-1449

TRUSTEE EMERITUS

TERRY FORTNER  
 NATIONWIDE INSURANCE ENTERPRISE  
 ONE NATIONWIDE PLAZA, 1-23-17  
 COLUMBUS, OH 43215-2220

TRUSTEE

CLARK PLJCINSKI  
 TRUE2FORM COLLISION REPAIR CENTERS  
 22546 SWEETLEAF LANE  
 GAITHERSBURG, MD 20882

IMMEDIATE PAST CHAIR

STEVE SEIDNER  
 SEIDNER'S COLLISION CENTERS  
 1000 EVERGREEN AVE.  
 DUARTE, CA 91010

SECRETARY

GREGORY S. SETTLE  
 MERCEDES-BENZ USA, LLC.  
 ONE MERCEDES DRIVE  
 P.O. BOX 350  
 MONTVALE, NJ 07645-0350

MEMBER AT-LARGE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN SAIA TOYOTA MOTOR SALES USA, INC. 19001 S. WESTERN AVENUE., S-102 TORRANCE, CA 90509	TRUSTEE			
JOSE VARGAS TEXAS STATE TECHNICAL COLLEGE 1902 NORTH LOOP 499 HARLINGEN, TX 78550-3653	TRUSTEE			
JOHN WARD ENTERPRISE RENT-A-CAR 600 CORPORATE PARK DRIVE ST. LOUIS, MO 63105	TRUSTEE			
MARK ALGIE 3M CORPORATION 3M CENTER BUILDING 223-6N-01 ST. PAUL, MN 55144	TRUSTEE			
ROLAND TAUBE AKZO NOBEL COATINGS, INC. 110 WOODBINE DOWNS BLVD., UNIT 4 M9W 5S6 ETOBICOKE ONTARIO CANADA	VICE CHAIRMAN			
DOUG WEBB CSI COMPLETE, INC. 8080 CORPORATE BOULEVARD	TREASURER			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PLAIN CITY, OH 43064			
DON F. ASKEW ASKEW ENTERPRISES 7326 STATE ROUTE 19, UNIT 1009 MOUNT GILEAD, OH 43338	CHAIRMAN EMERITUS		
O. GUY BARGNES BASF CORPORATION 26701 TELEGRAPH ROAD SOUTHFIELD, MI 48034	TRUSTEE		
LARRY J. CARTER CAR-O-LINER COMPANY 29900 ANTHONY DRIVE WIXOM, MI 48393-3609	CHAIRMAN EMERITUS		
J. LAURENCE COSTIN CCC INFORMATION SERVICES, INC. 444 MERCHANDISE MART WORLD TRADE CENTER CHICAGO CHICAGO, IL 60654-1005	TRUSTEE EMERITUS		
BILL DALY ALLSTATE INSURANCE COMPANY 2775 SANDERS ROAD NORTHBROOK, IL 60062	MEMBER-AT-LARGE		
CHARLES S. SULKALA ACME BODY & PAINT, INC. 3430 WASHINGTON STREET BOSTON, MA 02130	TRUSTEE EMERITUS		

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
		48,122.	NONE	NONE
GRAND TOTALS				

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93	PROGRAM SERVICES RESULTED IN NUMEROUS EDUCATIONAL UNITS CONDUCTED DURING THE PAST YEAR THROUGHOUT THE UNITED STATES. THESE ACTIVITES INCREASED THE INDUSTRY'S AWARENESS OF AND ITS ABILITY TO PROPERLY TRAIN INDIVIDUALS IN THE AUTOMOBILE COLLISION REPAIR INDUSTRY.
93A	--ENHANCED DELIVERY IS THE FOUNDATION'S INTERACTIVE CD-ROM COLLISION REPAIR TRAINING SYSTEM.
93B	--ALLIANCE REVENUE IS THE FOUNDATIONS'S REVENUE SHARING FOR COLLISION REPAIR TRAINING CLASSES WITH I-CAR, THE INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR.
93C	--OTHER PROGRAM SERVICES INCLUDE THE FOUNDATION'S OTHER RELATED OR EXEMPT FUNCTION INCOME.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
RUSSELL THRALL I-CAR EDUCATION FOUNDATION HOFFMAN ESTATES, IL 60192	TECHNICAL DIRECTOR 40.00	72,896.	2,190.	NONE
TOTAL COMPENSATION		72,896.	2,190.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
=====

SEE FORM 990, PART V, LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, FOR PAYMENTS OF COMPENSATION. ALSO SEE SCHEDULE A, PART I FOR COMPENSATION OF KEY EMPLOYEES.