Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07/01 **, 2006, and ending** 06/30/2007

B Check if applicable: Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending ☐

Please use IRS label or print or type. See Specific Instructions.

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 — Room/suite:

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 [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes [X] No

I Group Exemption Number ▶

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

G Website: ▶ N/A

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,156,766.

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

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Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	458,840.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash $ 458,840. noncash $)			1e	458,840.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	637,856.
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	20,852.
	5 Dividends and interest from securities			5	39,218.
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) Subtract line 6b from line 6a			6c	
	7 Other investment income (describe ▶)			7	

	(A) Securities		(B) Other
8 a Gross amount from sales of assets other than inventory		8a	
b Less cost or other basis and sales expenses		8b	
c Gain or (loss) (attach schedule)		8c	

	d Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	
	9 Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☐				
	a Gross revenue (not including $ ____ of contributions reported on line 1b)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events Subtract line 9b from line 9a			9c	
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11 Other revenue (from Part VII, line 103)			11	
	12 **Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	1,156,766.
Expenses	13 Program services (from line 44, column (B))			13	653,928.
	14 Management and general (from line 44, column (C))			14	285,402.
	15 Fundraising (from line 44, column (D))			15	101,085.
	16 Payments to affiliates (attach schedule)			16	
	17 **Total expenses** Add lines 16 and 44, column (A)			17	1,040,415.
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12			18	116,351.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,358,425.
	20 Other changes in net assets or fund balances (attach explanation)			20	
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	1,474,776.

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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
22a Grants paid from donor advised funds (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a	NONE	NONE		
22b Other grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	25a	122,676.	61,338.	36,803.	STMT 1 24,535.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b				
c 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) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	260,865.	125,215.	109,563.	26,087.
27 Pension plan contributions not included on lines 25a, b, and c	27	4,581.	2,315.	1,663.	603.
28 Employee benefits not included on lines 25a - 27	28	39,203.	19,809.	14,231.	5,163.
29 Payroll taxes	29	32,787.	16,567.	11,902.	4,318.
30 Professional fundraising fees	30				
31 Accounting fees	31	9,213.	5,304.	2,868.	1,041.
32 Legal fees	32	14,114.	8,125.	4,394.	1,595.
33 Supplies	33	3,829.	2,204.	1,192.	433.
34 Telephone	34	2,011.	1,158.	626.	227.
35 Postage and shipping	35	13,158.	7,575.	4,096.	1,487.
36 Occupancy	36	32,160.	18,515.	10,011.	3,634.
37 Equipment rental and maintenance	37	1,444.	831.	450.	163.
38 Printing and publications	38	14,176.	8,161.	4,413.	1,602.
39 Travel	39	72,508.	41,743.	22,572.	8,193.
40 Conferences, conventions, and meetings	40	35,876.	20,654.	11,168.	4,054.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	16,801.	9,672.	5,230.	1,899.
43 Other expenses not covered above (itemize)					
a MARKETING AND PROMOTION	43a	15,131.	8,711.	4,710.	1,710.
b PROFESSIONAL SERVICES	43b	14,621.	8,417.	4,552.	1,652.
c CURRICULUM ASSISTANCE EXP	43c	219,733.	219,733.		
d OFFICE OPERATIONS	43d	9,499.	5,469.	2,957.	1,073.
e OTHER EXPENSES	43e	3,232.	3,232.		
f I-CAR ALLOCATION OF EXPEN	43f	102,797.	59,180.	32,001.	11,616.
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,040,415.	653,928.	285,402.	101,085.

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? ▶ SEE STATEMENT 2 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a THE ORGANIZATION ASSISTS IN THE RECRUITMENT AND TRAINING OF QUALIFIED ENTRY-LEVEL TECHNICIANS TO THE COLLISION REPAIR INDUSTRY THROUGH THE DEVELOPMENT OF INSTRUCTIONAL MATERIALS AND RESOURCES TO BE UTILIZED BY THE VOCATIONAL/TECHNICAL EDUCATION SYSTEM: (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b DURING THE FISCAL YEAR, 520 VOCATIONAL/TECHNICAL SCHOOLS PURCHASED 4,781 INSTRUCTOR PROGRAM MATERIALS AND 82,728 STUDENT PROGRAM MATERIALS FROM THE ORGANIZATION. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	587,812.
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. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	44,795.
d SEE STATEMENT 3 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	21,321.
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . ▶	653,928.

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			391,382.	45	222,959.
46 Savings and temporary cash investments			192,262.	46	240,001.
47a Accounts receivable	47a	45,137.			
b Less allowance for doubtful accounts	47b	1,000.	82,266.	47c	44,137.
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			7,858.	52	11,036.
53 Prepaid expenses and deferred charges STMT. 4			5,432.	53	2,214.
54a Investments - publicly-traded securities STMT 5 ▶ ☐ Cost ☒ FMV			785,302.	54a	1,048,657.
b Investments - other securities (attach schedule) ▶ ☐ Cost ☐ 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 7	57a	103,410.			
b Less accumulated depreciation (attach schedule)	57b	86,499.	33,714.	57c	16,911.
58 Other assets, including program-related investments (describe ▶)				58	
59 **Total assets** (must equal line 74) Add lines 45 through 58			1,498,216.	59	1,585,915.
Liabilities					
60 Accounts payable and accrued expenses			115,931.	60	80,368.
61 Grants payable				61	
62 Deferred revenue STMT. 8			23,860.	62	30,771.
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 ▶)				65	
66 **Total liabilities.** Add lines 60 through 65			139,791.	66	111,139.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			1,251,314.	67	1,377,005.
68 Temporarily restricted			107,111.	68	97,771.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
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 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			1,358,425.	73	1,474,776.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			1,498,216.	74	1,585,915.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions)*

a	Total revenue, gains, and other support per audited financial statements			a	1,156,766.
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	1,156,766.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	1,156,766.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	1,040,415.
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	1,040,415.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	1,040,415.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) *(See the instructions)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		122,676.	9,092.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 20			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". ▶	75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR and check whether it is [X] exempt or [ ] nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions). 81a NONE			
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
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?	82a		X
b	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) — 82b: N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	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?	85h	N/A	
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b: N/A			
88b	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	88a		X
b	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 ▶	88b		X
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			
b	*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	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*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?	89g	N/A	

90a List the states with which a copy of this return is filed ▶

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 90b 6

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

			Yes	No
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)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts			

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
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 ▶	92		N/A

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

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a ADVANCE TECH PRGM					4,813.
b ENHANCED DELIVERY					489,750.
c ALLIANCE REVENUE					143,170.
d OTHER PROGRAM SVCS					123.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	20,852.	
96 Dividends and interest from securities			14	39,218.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
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 a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				60,070.	637,856.
105 Total (add line 104, columns (B), (D), and (E)) ▶					697,926.

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.)*

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)
	STMT 14

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

(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? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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).*

	Yes	No
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	N/A	

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

	Yes	No
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	N/A	

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

	Yes	No
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?	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

Thomas C McGee [signature] — Signature of officer — Date 11/8/07

THOMAS C McGEE JR PRESIDENT & CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	[signature] CPA	Date 10-22-07	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen Inst X) P00099345
Firm's name (or yours if self-employed), address, and ZIP + 4	SCANLAN & LEO, LTD.		EIN	36-2758343
	1110 JORIE BOULEVARD, SUITE 304		Phone no	630-990-1110
	OAK BROOK, IL 60523			

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

2006

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 2 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 15				
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.

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 ▶ $ ____ (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 16	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 7 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 [X] 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 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 7 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? Yes	No	(e) Amount of support
Total . . . . ▶					

14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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*

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	442,635.	440,885.	296,207.	327,084.	1,506,811.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	696,323.	567,460.	417,616.	288,895.	1,970,294.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,535.	21,874.	6,885.	23,508.	56,802.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,143,493.	1,030,219.	720,708.	639,487.	3,533,907.
24 Line 23 minus line 17	447,170.	462,759.	303,092.	350,592.	1,563,613.
25 Enter 1% of line 23	11,435.	10,302.	7,207.	6,395.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a 31,272.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 388,049.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 1,563,613.

d Add Amounts from column (e) for lines 18 56,802. 19 ______ 22 ______ 26b 388,049. ▶ 26d 444,851.

e Public support (line 26c minus line 26d total) ▶ 26e 1,118,762.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 71.5498 %

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" **Do not file this list with your return.** Enter the sum of such amounts for each year

NOT APPLICABLE

(2005) ______ (2004) ______ (2003) ______ (2002) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2005) ______ (2004) ______ (2003) ______ (2002) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 **Do not file this list with your return** Do not include these grants in line 15

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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
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)			
34a	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 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 10 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)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying 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.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)	X	
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51B(IV)	681,340.	INTER-INDUSTRY	THE I-CAR EDUCATION
		CONFERENCE ON	FOUNDATION REIMBURSES
		AUTO COLLISION	THE INTER-INDUSTRY
		REPAIR	CONFERENCE ON AUTO
			COLLISION REPAIR FOR
			RENT, PAYROLL, EMPLOYEE
			BENEFITS, OFFICE EXPENSES,
			AND OTHER ADMINISTRATIVE
			EXPENSES PAID BY THE
			CONFERENCE ON BEHALF OF
			THE FOUNDATION

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ [X] Yes [ ] No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
INTER-INDUSTRY	501(C)(6)	I-CAR EDUCATION FOUNDATION IS
CONFERENCE ON AUTO		AN AUXILIARY ORGANIZATION TO
COLLISION REPAIR		THE INTER-INDUSTRY CONFERENCE
		ON AUTO COLLISION REPAIR.

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
RONALD W. RAY COMPENSATION:	61,338.	36,803.	24,535.
TOTALS	61,338.	36,803.	24,535.

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 D

TWO WEBSITES WERE MAINTAINED AND ADDTIONAL CONTENT WAS ADDED 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. DURING THE FISCAL YEAR, THE WEBSITES COLLISIONKIDS.ORG AND COLLISIONCAREERS.ORG RECEIVED 77,196 AND 23,680 VISITORS, RESPECTIVELY.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	2,214.
TOTALS	2,214.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		ENDING BOOK VALUE
CORPORATE BONDS		668,323.
GOVERNMENT BONDS		88,770.
MUTUAL FUNDS		291,564.
	TOTALS	1,048,657.

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 & FIXTURF	SL	1,891.			1,891.	1,891.			1,891.
FURNITURE & FIXTR.F	SL	442.			442.	442.			442.
DATA PROC. EQUIP.	SL	7,467.			7,467.	7,467.			7,467.
FURNITURE & FIXTR.F	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.	7,264.	1,193.		8,457.
DATA PROC. EQUIP	SL	6,323.			6,323.	4,040.	2,108.		6,148.
DATA PROC. EQUIP	SL	6,802.			6,802.	3,968.	2,267.		6,235.
DATA PROC. EQUIP	SL	4,934.			4,934.	1,919.	1,645.		3,564.
DATA PROC. EQUIP	SL	1,887.			1,887.	1,494.	393.		1,887.
CLASSROOM EQUIP	SL	3,928.			3,928.	546.	1,309.		1,855.

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.	290.	871.		1,161.
CLASSROOM EQUIP	SL	2,949.			2,949.	246.	983.		1,229.
COMPUTER EQUIP	SL	16,160.			16,160.	3,591.	5,387.		8,978.
DATA PROC. EQUIP	SL	3,235.			3,235.	216.	647.		863.
TOTALS		103,410.			103,410.	69,696.			86,499.

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
UNEARNED REVENUE	30,771.
TOTALS	30,771.

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

NAME AND ADDRESS	TITLE AND TIME 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	122,676.	9,092.	NONE
THOMAS C. MCGEE I-CAR EDUCATION FOUNDATION 5125 TRILLIUM BOULEVARD HOFFMAN ESTATES, IL 60192	EXECUTIVE VICE PRES.	NONE	NONE	NONE
JERRY BURNS AUTOMOTIVE IMPRESSIONS, INC. 108 FRONTAGE ROAD RIO RANCHO, NM 87124	TRUSTEE	NONE	NONE	NONE
BRUCE W. COOLEY DUPONT PERFORMANCE COATINGS 7354 WEST FIRELANDS DRIVE HUDSON, OH 44236	TRUSTEE	NONE	NONE	NONE
JIM DICKENS CCC INFORMATION SERVICES, INC. 444 MERCHANDISE MART WORLD TRADE CENTER CHICAGO CHICAGO, IL 60654-1005	TRUSTEE	NONE	NONE	NONE
JOHN G. EAGER PROPERTY CASUALTY INSURERS ASSOC. 2600 S. RIVER ROAD DES PLAINES, IL 60018	TRUSTEE	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHRIS EVANS STATE FARM MUTUAL AUTO INSURANCE CO ONE STATE FARM PLAZA BLOOMINGTON, IL 61704	TREASURER	NONE	NONE	NONE
GREG GAMBREL WALKER CAREER CENTER 9651 EAST 21ST STREET INDIANAPOLIS, IN 46229	TRUSTEE	NONE	NONE	NONE
LIREL G. HOLT CCAR 8400 W. 110TH STREET, #200 OVERLAND PARK, KS 66210-1449	TRUSTEE EMERITUS	NONE	NONE	NONE
TERRY FORTNER NATIONWIDE INSURANCE ENTERPRISE ONE NATIONWIDE PLAZA, 1-23-17 COLUMBUS, OH 43215-2220	TRUSTEE	NONE	NONE	NONE
CLARK PLUCINSKI TRUE2FORM COLLISION REPAIR CENTERS 22546 SWEETLEAF LANE GAITHERSBURG, MD 20882	CHAIRMAN	NONE	NONE	NONE
STEVE SEIDNER SEIDNER'S COLLISION CENTERS 1000 EVERGREEN AVE. DUARTE, CA 91010	SECRETARY	NONE	NONE	NONE
GREGORY S. SETTLE	TRUSTEE	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MERCEDES-BENZ USA, INC. ONE MERCEDES DRIVE P.O. BOX 350 MONTVALE, NJ 07645-0350				
FREDA THOMPSON ACE AUTO BODY P.O. BOX 1194 1998 HWY. 31 N. HARTSELLE, AL 35640	TRUSTEE	NONE	NONE	NONE
JOSE VARGAS TEXAS STATE TECHNICAL COLLEGE 1902 NORTH LOOP 499 HARLINGEN, TX 78550-3653	TRUSTEE	NONE	NONE	NONE
BRIAN WHITCOMB GENERAL MOTORS CORP. 3007 VAN DYKE AVENUE MC 480-205-145 WARREN, MI 48090	IMMED PAST CHAIRMAN	NONE	NONE	NONE
MARK ALGIE 3M CORPORATION 3M CENTER BUILDING 223-6N-01 ST. PAUL, MN 55144	TRUSTEE	NONE	NONE	NONE
ROLAND TAUBE AKZO NOBEL COATINGS, INC. 110 WOODBINE DOWNS BLVD., UNIT 4 ETOBICOKE, ON M9W 5S6	TRUSTEE	NONE	NONE	NONE
ROGER TADAJEWSKI	TRUSTEE	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
AUTOMOTIVE YOUTH EDUCATIONAL SYSTEM 12777 NORTH ROCKWELL OKLAHOMA CITY, OK 73142				
RICK JAZWIN UNIVERSAL TECHNICAL INSTITUTE, INC. 20410 N. 19TH AVENUE, SUITE 200 PHOENIX, AZ 85027	TRUSTEE	NONE	NONE	NONE
DOUG WEBB CSI COMPLETE, INC. 8080 CORPORATE BOULEVARD PLAIN CITY, OH 43064	PRESIDENT	NONE	NONE	NONE
DON F. ASKEW ASKEW ENTERPRISES 7326 STATE ROUTE 19, UNIT 1009 MOUNT GILEAD, OH 43338	CHAIRMAN EMERITUS	NONE	NONE	NONE
O. GUY BARGNES BASF CORPORATION 26701 TELEGRAPH ROAD SOUTHFIELD, MI 48034	TRUSTEE	NONE	NONE	NONE
GEORGINA CARSON BODY SHOP BUSINESS MAGAZINE 3550 EMBASSY PARKWAY AKRON, OH 44333	TRUSTEE	NONE	NONE	NONE
LARRY J. CARTER CAR-O-LINER COMPANY 29900 ANTHONY DRIVE	CHAIRMAN EMERITUS	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WIXOM, MI 48393-3609				
J. LAURENCE COSTIN CCC INFORMATION SERVICES, INC. 444 MERCHANDISE MART WORLD TRADE CENTER CHICAGO CHICAGO, IL 60654-1005	TRUSTEE EMERITUS	NONE	NONE	NONE
BILL DALY ALLSTATE INSURANCE COMPANY 2775 SANDERS ROAD NORTHBROOK, IL 60062	TRUSTEE	NONE	NONE	NONE
CHARLES S. SULKALA ACME BODY & PAINT, INC. 3430 WASHINGTON STREET BOSTON, MA 02130	TRUSTEE EMERITUS	NONE	NONE	NONE
	GRAND TOTALS	122,676.	9,092.	NONE

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
93	CONDUCTED DURING THE PAST YEAR THROUGHOUT THE UNITED STATES.
93	THESE ACTIVITES INCREASED THE INDUSTRY'S AWARENESS OF AND
93	ITS ABILITY TO PROPERLY TRAIN INDIVIDUALS IN THE AUTOMOBILE
93	COLLISION REPAIR INDUSTRY.
93A	--ADVANCE TECH IS THE FOUNDATION'S BOOK-AND-TAPE BASED
93A	COLLISION REPAIR TRAINING SYSTEM.
93B	--ENHANCED DELIVERY IS THE FOUNDATION'S INTERACTIVE CD-ROM
93B	COLLISION REPAIR TRAINING SYSTEM.
93C	--ALLIANCE REVENUE IS THE FOUNDATIONS'S REVENUE SHARING
93C	FOR COLLISION REPAIR TRAINING CLASSES WITH I-CAR,
93C	THE INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR.
93D	--OTHER PROGRAM SERVICES INCLUDE THE FOUNDATION'S OTHER
93D	RELATED OR EXEMPT FUNCTION INCOME.

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
RUSSELL THRALL I-CAR EDUCATION FOUNDATION HOFFMAN ESTATES, IL 60192	TECHNICAL SVCS MGR 40.00	72,288.	2,380.	NONE
MICHELLE SHOTKOSKI I-CAR EDUCATION FOUNDATION HOFFMAN ESTATES, IL 60192	PROD & SVCS ADMIN 40.00	46,696.	4,925.	NONE
	TOTAL COMPENSATION	118,984.	7,305.	NONE

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