

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**I CAR EDUCATION FOUNDATION**  
 Doing business as **COLLISION REPAIR EDUCATION FOUND**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**5125 TRILLIUM BLVD.**  
 City or town, state or province, country, and ZIP or foreign postal code  
**HOFFMAN ESTATES, IL 60192**

**D** Employer identification number  
**36-3768028**

**E** Telephone number  
**847-590-1198**

**G** Gross receipts \$ **11,403,874.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.ED-FOUNDATION.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1990** **M** State of legal domicile: **IL**

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO SUPPORT SECONDARY AND POST-SECONDARY AUTOMOTIVE COLLISION TRAINING PROGRAMS THROUGH</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,552,451.	10,572,012.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,815.	31,427.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<89,575.>	<41,915.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,533,691.	10,561,524.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,382,211.	9,301,527.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	417,896.	492,973.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	180,000.	116,866.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶	578,407.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	394,584.	478,224.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,374,691.	10,389,590.
	19	Revenue less expenses. Subtract line 18 from line 12	159,000.	171,934.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,310,000.	End of Year 2,513,068.
	21	Total liabilities (Part X, line 26)	141,012.	210,739.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,168,988.	2,302,329.

**Part II Signature Block**

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.

Sign Here: *Clark Plucinski* Signature of officer Date: **5/8/16**

CLARK PLUCINSKI, EXECUTIVE DIRECTOR  
Type or print name and title

Paid Preparer: Print/Type preparer's name: **MARCY STEINDLER** Preparer's signature: *Marcy Steindler* Date: **4/28/16** Check if self-employed:  PTIN: **P00573131**

Firm's name: **MANN. WEITZ & ASSOCIATES L.L.C.** Firm's EIN: **36-3963131**

Firm's address: **111 DEER LAKE ROAD, SUITE 125 DEERFIELD, IL 60015** Phone no.: **(847) 267-3400**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No