

Form **990**

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

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization I CAR EDUCATION FOUNDATION Doing business as COLLISION REPAIR EDUCATION FOUND		D Employer identification number 36-3768028
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5125 TRILLIUM BLVD.	E Telephone number 847-590-1198	
	City or town, state or province, country, and ZIP or foreign postal code HOFFMAN ESTATES, IL 60192		G Gross receipts \$ 12,591,997.
	F Name and address of principal officer: CLARK PLUCINSKI SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.ED-FOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: TO SUPPORT SECONDARY AND POST-SECONDARY AUTOMOTIVE COLLISION TRAINING PROGRAMS THROUGH		
	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 27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 27
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 7
	6	Total number of volunteers (estimate if necessary)	6 50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 11,972,548. Current Year: 12,035,094.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,161. 76,569.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-359,685. -417,789.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,651,024. 11,693,874.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,256,250. 10,228,304.
	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)	618,310. 698,001.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	49,503. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 517,609.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	550,910. 638,256.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,474,973. 11,564,561.	
19	Revenue less expenses. Subtract line 18 from line 12	176,051. 129,313.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,805,757. End of Year: 2,943,027.
	21	Total liabilities (Part X, line 26)	278,275. 208,074.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,527,482. 2,734,953.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>See attached 990-ED for signature</i>	Date 6/14/18
	CLARK PLUCINSKI, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MARCY STEINDLER	Preparer's signature <i>Marcy Steindler</i>	Date 6/14/18	Check <input type="checkbox"/> PTIN if self-employed 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

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2017, or tax year beginning _____, 2017, and ending _____, 20_____

2017

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

I CAR EDUCATION FOUNDATION

Employer identification number 36-3768028

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b, 1b-5b). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 11,693,874.

Part II Declaration of Officer

6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return...

[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

Sign Here [Signature] CLARK W. PIVCINSKI Date 6/14/18 EXECUTIVE DIRECTOR Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

Form fields for ERO's signature (MANN. WEITZ & ASSOCIATES L.L.C.), date (6/14/18), EIN (36-3963131), and address (111 DEER LAKE ROAD, SUITE 125 DEERFIELD, IL 60015).

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Table for Paid Preparer information with columns for name, signature, date, self-employed status, PTIN, firm name, EIN, and phone number.