

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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, 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C THE INSTITUTE FOR EDUCATIONAL ADVANCEMENT, 625 FAIR OAKS AVENUE #285, SOUTH PASADENA, CA 91030. D Employer Identification Number 95-4695698. E Telephone number (626) 403-8900. F Accounting method: Accrual.

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

G Web site: WWW.EDUCATIONALADVANCEMENT.ORG

J Organization type (check only one): 501(c) 3 (insert no.)

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.

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Schedule B.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... 4,859,872.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

**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 *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 sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule)	23				
<b>24</b> Benefits paid to or for members (attach schedule)	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	175,000.	84,062.	65,982.	24,956.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
<b>c</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)	25c	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	26	314,790.	190,668.	62,175.	61,947.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	27	5,925.	2,820.	1,751.	1,354.
<b>28</b> Employee benefits not included on lines 25a - 27	28	21,259.	11,992.	5,474.	3,793.
<b>29</b> Payroll taxes	29	36,931.	20,832.	9,510.	6,589.
<b>30</b> Professional fundraising fees	30				
<b>31</b> Accounting fees	31	16,548.		16,548.	
<b>32</b> Legal fees	32				
<b>33</b> Supplies	33	3,139.	1,771.	808.	560.
<b>34</b> Telephone	34	6,364.	3,543.	1,166.	1,655.
<b>35</b> Postage and shipping	35	7,790.	5,281.	1,122.	1,387.
<b>36</b> Occupancy	36	57,684.	32,571.	14,810.	10,303.
<b>37</b> Equipment rental and maintenance	37				
<b>38</b> Printing and publications	38				
<b>39</b> Travel	39	246,862.	240,514.		6,348.
<b>40</b> Conferences, conventions, and meetings	40	20,579.	20,579.		
<b>41</b> Interest	41				
<b>42</b> Depreciation, depletion, etc (attach schedule)	42	6,650.	3,751.	1,712.	1,187.
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> SEE STATEMENT 2	43a	1,582,312.	1,507,596.	46,944.	27,772.
<b>b</b> _____	43b				
<b>c</b> _____	43c				
<b>d</b> _____	43d				
<b>e</b> _____	43e				
<b>f</b> _____	43f				
<b>g</b> _____	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	2,501,833.	2,125,980.	228,002.	147,851.

**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 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 .....		45		
	46	Savings and temporary cash investments .....	574,145.	46	302,358.	
	47 a	Accounts receivable .....		47 a		
	b	Less: allowance for doubtful accounts .....		47 b	47 c	
	48 a	Pledges receivable .....		48 a	377,056.	
	b	Less: allowance for doubtful accounts .....		48 b		
	49	Grants receivable .....		49		
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		50 a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		50 b		
	51 a	Other notes and loans receivable (attach schedule) .....		51 a		
	b	Less: allowance for doubtful accounts .....		51 b	51 c	
	52	Inventories for sale or use .....		52		
	53	Prepaid expenses and deferred charges .....	9,872.	53	8,272.	
	54 a	Investments — publicly-traded securities . . . STMT. 5 . . . ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54 a	1,027.	
	b	Investments — other securities (attach sch) . . . ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b		
55 a	Investments — land, buildings, & equipment: basis . . .		55 a			
b	Less: accumulated depreciation (attach schedule) .....		55 b	55 c		
56	Investments — other (attach schedule) .....	SEE STMT. 6 .	243,254.	56	824,932.	
57 a	Land, buildings, and equipment: basis .....		57 a	74,926.		
b	Less: accumulated depreciation (attach schedule) .....	STATEMENT 7 . . .		57 b	57,877.	
58	Other assets, including program-related investments (describe ▶ _____).		9,647.	57 c	17,049.	
58	Other assets, including program-related investments (describe ▶ _____).			58		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	1,202,125.	59	1,530,694.		
LIABILITIES	60	Accounts payable and accrued expenses .....	44,237.	60	36,522.	
	61	Grants payable .....		61		
	62	Deferred revenue .....		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule) .....		63		
	64 a	Tax-exempt bond liabilities (attach schedule) .....		64 a		
	b	Mortgages and other notes payable (attach schedule) .....		64 b		
	65	Other liabilities (describe ▶ . . . SEE STATEMENT 8 _____).		67,462.	65	20,226.
66	<b>Total liabilities.</b> Add lines 60 through 65 .....	111,699.	66	56,748.		
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted .....	91,645.	67	264,076.	
	68	Temporarily restricted .....	998,781.	68	1,209,870.	
	69	Permanently restricted .....		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> 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	<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) .....	1,090,426.	73	1,473,946.	
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	1,202,125.	74	1,530,694.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	2,885,353.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	
	2 Donated services and use of facilities .....	<b>b2</b>	
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): .....	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	2,885,353.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	2,885,353.

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

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	2,501,833.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities .....	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
	3 Losses reported on Part I, line 20 .....	<b>b3</b>	
	4 Other (specify): .....	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	2,501,833.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	2,501,833.

**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 and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		175,000.	0.	0.



Part VI Other Information (continued)		Yes	No
82 a	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? .....		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		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? .....		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....		N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		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 .....		N/A
	d Section 162(e) lobbying and political expenditures .....		N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....		N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e) .....		N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		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? .....		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 .....		N/A
	b Gross receipts, included on line 12, for public use of club facilities .....		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders .....		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.) .....		N/A
88 a	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 .....		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 .....		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
	b 501(c)(3) and 501(c)(4) organizations. 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 .....		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		0.
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....		X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....		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? .....		X
90 a	List the states with which a copy of this return is filed ▶ CA		
	b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) .....	90b	12
91 a	The books are in care of ▶ INSTITUTE FOR EDUCATIONAL ADV Telephone number ▶ (626) 403-8900 Located at ▶ 625 FAIR OAKS AVE., #285, SOUTH PASADENA, CA ZIP + 4 ▶ 91030		
	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)

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 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. . . . . N/A  
 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 CONSULTING REVENUE			3	1,800.	
b OTHER PROGRAM REVENUE			3	48.	
c PROGRAM REVENUE			3	144,910.	
d _____					
e _____					
f Medicare/Medicaid payments. . . . .					
g Fees & contracts from government agencies. . . . .					
94 Membership dues and assessments. . . . .					
95 Interest on savings & temporary cash invmnts. . . . .			14	386.	
96 Dividends & interest from securities. . . . .			14	45,656.	
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 pers prop. . . . .					
99 Other investment income. . . . .					
100 Gain or (loss) from sales of assets other than inventory. . . . .			18	-6,692.	
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)). . . . .				186,108.	
105 Total (add line 104, columns (B), (D), and (E)). . . . .					186,108.

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).
N/A	

**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
N/A	%			
	%			
	%			
	%			

**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).

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

	(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

	(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

**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: *Elizabeth D. Jones* Date: 11/12/08

ELIZABETH D. JONES, PRESIDENT  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: *Ariel E. Drachenberg* Date: 11/11/08 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction X): P00086688

Firm's name (or yours if self-employed), address, and ZIP + 4: LUCAS, HORSEALL, MURPHY & PINDROH, LLP  
100 EAST CORSON ST, SUITE 200  
PASADENA, CA 91103-3841 EIN: 95-4659692 Phone no.: (626) 744-5100

**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 **THE INSTITUTE FOR EDUCATIONAL  
ADVANCEMENT** Employer identification number  
**95-4695698**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 10		60,000.	0.	0.
Total number of other employees paid over \$50,000	▶	0		

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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	▶	0

**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 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	▶	0

**Part III** Statements About Activities (See 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. . . . ▶ \$ <u>N/A</u> (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)?	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 of donor advised funds owned at the end of the tax year. . . . ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. . . . ▶		N/A
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 right to provide advice on the distribution or investment of amounts in such funds or accounts. . . . ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See 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.)
- 11 a  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.)
- 11 b  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 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> .....					0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...	2,172,921.	1,650,797.	587,651.	951,532.	5,362,901.
<b>16</b> Membership fees received.....					0.
<b>17</b> 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 .....	122,733.	95,023.	236,714.	67,492.	521,962.
<b>18</b> Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975...	46,890.	17,100.	2,551.	3,368.	69,909.
<b>19</b> Net income from unrelated business activities not included in line 18 .....					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
<b>21</b> 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.....					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					0.
<b>23</b> Total of lines 15 through 22.....	2,342,544.	1,762,920.	826,916.	1,022,392.	5,954,772.
<b>24</b> Line 23 minus line 17.....	2,219,811.	1,667,897.	590,202.	954,900.	5,432,810.
<b>25</b> Enter 1% of line 23 .....	23,425.	17,629.	8,269.	10,224.	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24.....					<b>26a</b> 108,656.
<b>b</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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					<b>26b</b> 4,225,514.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) .....					<b>26c</b> 5,432,810.
<b>d</b> Add: Amounts from column (e) for lines:	18	69,909.	19		
	22		26b	4,225,514.	<b>26d</b> 4,295,423.
<b>e</b> Public support (line 26c minus line 26d total) .....					<b>26e</b> 1,137,387.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)).....					<b>26f</b> 20.94 %
<b>27 Organizations described on line 12:</b> N/A					
<b>a</b> 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: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</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: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add: Amounts from column (e) for lines:	15		16		
	17	20	21		<b>27c</b> _____
<b>d</b> Add: Line 27a total..... and line 27b total.....					<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total) .....					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ..					<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					<b>27h</b> _____ %
<b>28 Unusual Grants:</b> 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. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		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? .....		
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? .....		
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.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	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? .....		
	b Admissions policies? .....		
	c Employment of faculty or administrative staff? .....		
	d Scholarships or other financial assistance? .....		
	e Educational policies? .....		
	f Use of facilities? .....		
	g Athletic programs? .....		
	h Other extracurricular activities? .....		
	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? .....		
	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.		
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. ....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
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 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.....	41	
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	
<b>Caution:</b> 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.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

	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.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization <b>THE INSTITUTE FOR EDUCATIONAL ADVANCEMENT</b>	Employer identification number <b>95-4695698</b>
--	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

**General Rule –**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they *must* check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

THE INSTITUTE FOR EDUCATIONAL

95-4695698

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANN PEPPERS FOUNDATION P.O. BOX 50146 PASADENA, CA 91115	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE FLETCHER JONES FOUNDATION 523 WEST SIXTH STREET LOS ANGELES, CA 90014	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SARAH BARDER P.O. BOX 2569 PALM SPRINGS, CA 92263	\$ 1,962,723.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JIM DAVIS GROUP 625 FAIR OAKS AVENUE SOUTH PASADENA, CA 91030	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SALLY JONES 3413 E. 58TH PLACE TULSA, OK 74135	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BRADLEY FOUNDATION P.O. BOX 510860 MILWAUKEE, WI 53203	\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE INSTITUTE FOR EDUCATIONAL

95-4695698

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	RALPH M. PARSONS FOUNDATION 1055 WILSHIRE BLVD. #1701 LOS ANGELES, CA 90017	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	EVELYN STUART FOUNDATION 3400 ARROWLEAF LANE WILSON, WY 83014	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	AVERY DENNISON FOUNDATION 150 N. ORANGE GROVE BLVD. PASADENA, CA 91103	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	STUART FOUNDATION 50 CALIFORNIA STREET, STE 3350 SAN FRANCISCO, CA 94111-4735	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CHARLES D. MILLER 150 NORTH ORANGE GROVE BLVD PASADENA, CA 91103-3596	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	THE ANNENBERG FOUNDATION 10877 WILSHIRE BLVD., STE 1605 LOS ANGELES, CA 90024	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE INSTITUTE FOR EDUCATIONAL

95-4695698

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	THE AHMANSON FOUNDATION 9215 WILSHIRE BLVD. BEVERLY HILLS, CA 90210	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	MARGARET JOYCE LARSON 1645 HEATHER RIDGE DRIVE GLENDALE, CA 91207	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	DAVID SHUKAN 2619 OAK KNOLL SAN MARINO, CA 91108	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	BILL ROMANS 660 EVERGREEN STREET MENLO PARK, CA 94025	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	FRANK MOULTON PO BOX 2946 PALOS VERDES PENINSU, CA 90274	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	CHARLES V. WISE 1550 EL CAMINO REAL, SUITE 275 MENLO PARK, CA 94025	\$ 7,741.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE INSTITUTE FOR EDUCATIONAL

95-4695698

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	CASCADE FDN - V. C. DIBNER P.O. BOX 913 ROCKPORT, ME 04856	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE INSTITUTE FOR EDUCATIONAL

Employer identification number

95-4695698

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	PUBLICLY TRADED SECURITIES	\$ 1,962,723.	VARIOUS
18	100 SHARES OF ALTRIA GROUP, INC. @ \$77.41	\$ 7,741.	12/05/07
		\$	
		\$	
		\$	
		\$	

Name of organization <b>THE INSTITUTE FOR EDUCATIONAL</b>	Employer identification number 95-4695698
--	--

**Part III** Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**Depreciation and Amortization  
(Including Information on Listed Property)**

**2007**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return **THE INSTITUTE FOR EDUCATIONAL  
ADVANCEMENT**

Identifying number  
**95-4695698**

Business or activity to which this form relates

**FORM 990/990-PF**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses.	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation.	3	\$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs).	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12.	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions).	14	
15	Property subject to section 168(f)(1) election.	15	
16	Other depreciation (including ACRS).	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007.	17	5,244.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		14,053.	5	HY	S/L	1,406.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C – Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28.	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.	22	6,650.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>THE INSTITUTE FOR EDUCATIONAL ADVANCEMENT</b>	Employer identification number <b>95-4695698</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>625 FAIR OAKS AVENUE #285</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SOUTH PASADENA, CA 91030</b>	

**Check type of return to be filed** (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of. ▶ INSTITUTE FOR EDUCATIONAL ADV.

Telephone No. ▶ (626) 403-8900 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. . If it is for part of the group, check this box.  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 2008, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 2007 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Name of Exempt Organization: THE INSTITUTE FOR EDUCATIONAL ADVANCEMENT
Employer identification number: 95-4695698
625 FAIR OAKS AVENUE #285
SOUTH PASADENA, CA 91030

Check type of return to be filed (File a separate application for each return):

Form 990 (checked), Form 990-PF, Form 1041-A, Form 6069, Form 990-BL, Form 990-T (section 401(a) or 408(a) trust), Form 4720, Form 8870, Form 990-EZ, Form 990-T (trust other than above), Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in care of: INSTITUTE FOR EDUCATIONAL ADV. Telephone No: (626) 403-8900
If the organization does not have an office or place of business in the United States, check this box.
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

I request an additional 3-month extension of time until 11/15, 2008.
For calendar year 2007, or other tax year beginning, 20, and ending, 20.
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.
State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO GATHER ALL THE NECESSARY INFORMATION TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

Table with 3 rows: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8b \$
8c Balance Due. Subtract line 8b from line 8a. 8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title: PRESIDENT Date

Notice to Applicant. (To be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
Other

Director By: Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: LUCAS, HORSEFALL, MURPHY & PINDROH, LLP
Number and street (include suite, room, or apartment number) or a P.O. box number: 100 EAST CORSON ST, SUITE 200
City or town, province or state, and country (including postal or ZIP code): PASADENA, CA 91103-3841

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 1,967,827.  
 COST OR OTHER BASIS: 1,974,519.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -6,692.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -6,692.

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT &amp; GENERAL</u>	<u>FUNDRAISING</u>
ADVERTISING	14,056.	10,036.	254.	3,766.
BAD DEBT EXPENSE	2,650.		2,650.	
BANK FEES	1,145.	646.	295.	204.
BROCHURE DESIGN	5,612.	20.		5,592.
COMPUTER EXPENSE	20,931.	12,558.	4,946.	3,427.
CONSULTANTS	79,286.	45,954.	29,871.	3,461.
DEVELOPMENT	263.	197.		66.
DUES & SUBSCRIPTIONS	2,735.	1,737.	415.	583.
EQUIPMENT	7,184.	4,094.	1,616.	1,474.
INSURANCE	9,207.	5,193.	2,371.	1,643.
INTERNET EXPENSE	2,619.	2,274.	204.	141.
LICENSES & FEES	3,401.	2,124.	764.	513.
MEETINGS FOOD	4,483.	3,616.	320.	547.
MISCELLANEOUS	2,329.	1,785.	229.	315.
PHOTOCOPYING	15,106.	9,841.	859.	4,406.
STUDENT ENTERTAINMENT	1,511.	1,511.		
STUDENT FOOD	4,733.	4,733.		
SUPPLIES PROGRAM	10,231.	8,683.		1,548.
TELECONFERENCING	621.	411.	124.	86.
TEMPORARY EMPLOYMENT	2,026.		2,026.	
TUITION AND BOOKS	1,392,183.	1,392,183.		
<b>TOTAL</b>	<u>\$ 1,582,312.</u>	<u>\$ 1,507,596.</u>	<u>\$ 46,944.</u>	<u>\$ 27,772.</u>

**STATEMENT 3**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO SUPPORT OUR NATION'S MOST TALENTED YOUNG PEOPLE IN IDENTIFYING AND DEVELOPING THEIR FULLEST POTENTIAL. THE INSTITUTE FOCUSES ITS ATTENTION ON CREATING AND SUPPORTING EDUCATIONAL PRACTICES AND POLICIES THAT ARE STUDENT-CENTERED AND THAT PROMOTE ACADEMIC RIGOR, EXCELLENCE IN ARTS, HIGH STANDARDS AND EDUCATIONAL INNOVATION.

**STATEMENT 4**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
SPONSORING OF APPRENTICESHIP PROGRAM WHERE EXCEPTIONALLY ABLE HIGH SCHOOL STUDENTS ARE MATCHED WITH PREEMINENT SCIENTISTS, MATHEMATICIANS, AND ARTISTS TO HAVE A SUMMER EXPERIENCE AND FOLLOW-UP ACTIVITIES THROUGHOUT THE YEAR. INCLUDES FOREIGN GRANTS: NO		187,590.
OTHER YOUTH PROGRAMS DESIGNED TO SUPPORT TALENTED YOUNG PEOPLE IN IDENTIFYING AND DEVELOPING THEIR FULLEST POTENTIAL IN ACADEMICS AND ARTS. INCLUDES FOREIGN GRANTS: NO		151,187.
TO IDENTIFY EXCEPTIONALLY GIFTED MIDDLE SCHOOL STUDENTS WHO HAVE DEMONSTRATED ACADEMIC AND PERSONAL EXCELLENCE AND AWARD THEM WITH A HIGH SCHOOL SCHOLARSHIP TO A SCHOOL WHERE THEY CAN ACTUALIZE THEIR INTELLECTUAL AND PERSONAL POTENTIAL. INCLUDES FOREIGN GRANTS: NO		1,557,289.
TO DESIGN A PROGRAM FOR PASADENA UNIFIED SCHOOL DISTRICT (PUSD) FOR GIFTED AND TALENTED STUDENTS TO PREPARE THEM FOR COLLEGE BY PROVIDING THEM WITH CHALLENGING ACADEMIC COURSEWORK AND ADDITIONAL RESOURCES AND EXPERIENCES THROUGHOUT THEIR MIDDLE AND HIGH SCHOOL CAREERS. INCLUDES FOREIGN GRANTS: NO		93,191.
TO PROVIDE A CUSTOMIZED STARTING POINT WHICH CONTAINS INFORMATION ON SCHOLARSHIP OPPORTUNITITES, ACADEMIC CONTESTS, DISTANCE LEARNING RESOURCES, ENRICHMENT AND SUMMER PROGRAMS, TESTING AND COUNSELING SERVICES, SCHOOLS FOR THE ACADEMIC YEAR, AND OTHER EDUCATIONAL RESOURCES TAILORED TO THE HIGHLY ABLE AND GIFTED. INCLUDES FOREIGN GRANTS: NO		14,056.
ESTABLISHED FOR THE GIFTED A PHYSICALLY AND EMOTIONALLY SAFE ENVIRONMENT TO EXPLORE AND STUDY THE DUNAL ECOSYSTEM, TO GAIN CONFIDENCE AND NEW SKILLS RELATED TO THEIR PHYSICAL, EMOTIONAL AND SOCIAL ABILITIES AND TO BE CHALLENGED TO ACHIEVE THEIR PERSONAL BEST. INCLUDES FOREIGN GRANTS: NO		122,667.
	<u>\$ 0.</u>	<u>\$ 2,125,980.</u>

**STATEMENT 5**  
**FORM 990, PART IV, LINE 54A**  
**INVESTMENTS - PUBLICLY TRADED SECURITIES**

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
22 SH HEINZ H J CO	MARKET VALUE	\$ 1,027.
	TOTAL	\$ 1,027.

STATEMENT 5 (CONTINUED)  
FORM 990, PART IV, LINE 54A  
INVESTMENTS - PUBLICLY TRADED SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
	PUBLICLY TRADED SECURITIES	\$ 1,027.

STATEMENT 6  
FORM 990, PART IV, LINE 56  
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
SCHWAB MONEY MARKET FUNDS	MARKET VALUE	\$ 824,932.
	TOTAL	\$ 824,932.

STATEMENT 7  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 13,976.	\$ 13,051.	\$ 925.
MACHINERY AND EQUIPMENT	60,950.	44,826.	16,124.
TOTAL	\$ 74,926.	\$ 57,877.	\$ 17,049.

STATEMENT 8  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

SCHOLARSHIPS PAYABLE	\$ 20,226.
TOTAL	\$ 20,226.

STATEMENT 9  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROGER BENJAMIN 625 FAIR OAKS AVE #285 SOUTH PASADENA, CA 91030	BOARD MEMBER	\$ 0.	\$ 0.	0.

STATEMENT 9 (CONTINUED)  
 FORM 990, PART V-A  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SAM P. BELL 625 FAIR OAKS AVE #285 SOUTH PASADENA, CA 91030	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
JAMES W. DAVIS 625 FAIR OAKS AVE #285 SOUTH PASADENA, CA 91030	SECRETARY 0	0.	0.	0.
CHARLES V. WISE 625 FAIR OAKS AVE SOUTH PASADENA, CA 91030	BOARD MEMBER 0	0.	0.	0.
ELIZABETH D. JONES 625 FAIR OAKS AVE., SUITE 285 SOUTH PASADENA, CA 91030	PRESIDENT 40.00	175,000.	0.	0.
PEGGY FUNKHOUSER 625 FAIR OAKS AVE #285 SOUTH PASADENA, CA 91030	BOARD MEMBER 0	0.	0.	0.
HERBERT L. LUCAS 625 FAIR OAKS AVE #285 SOUTH PASADENA, CA 91030	BOARD MEMBER 0	0.	0.	0.
DAVID S. SHUKAN 625 FAIR OAKS AVE #285 SOUTH PASADENA, CA 91030	BOARD MEMBER 0	0.	0.	0.
DONNA B. FORD 625 FAIR OAKS AVE., SUITE 285 SOUTH PASADENA, CA 91030	BOARD MEMBER 0	0.	0.	0.
ROBERT MASSA 625 FAIR OAKS AVE., SUITE 285 SOUTH PASADENA, CA 91030	BOARD MEMBER 0	0.	0.	0.
ALISON SOWDEN 625 FAIR OAKS AVE., SUITE 285 SOUTH PASADENA, CA 91030	BOARD MEMBER 0	0.	0.	0.
TOTAL		\$ 175,000.	\$ 0.	\$ 0.

**STATEMENT 10  
 SCHEDULE A, PART I  
 COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
BONNIE RASKIN 625 FAIR OAKS AVE. SUITE 285 PASADENA, CA 91030	SCHOL'SHIP COOR 40.00	60,000.	0.	0.
TOTAL		<u>\$ 60,000.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 11  
 SCHEDULE A, PART III, LINE 3A  
 QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS**

THE ORGANIZATION AWARDS SCHOLARSHIPS. THE SCHOLARSHIP'S MISSION IS TO IDENTIFY EXCEPTIONALLY GIFTED MIDDLE SCHOOL STUDENTS WHO HAVE DEMONSTRATED ACADEMIC AND PERSONAL EXCELLENCE AND AWARD THEM WITH A SCHOLARSHIP TO A HIGH SCHOOL WHERE THEY CAN ACTUALIZE THEIR INTELLECTUAL AND PERSONAL POTENTIAL.

SCHOLARSHIP WINNERS ARE SELECTED BY THE CAROLINE D. BRADLEY SCHOLARSHIP SELECTION COMMITTEE. THE COMMITTEE IS COMPRISED OF THE CDB SCHOLARSHIP PROGRAM DIRECTOR, THE INSTITUTE PRESIDENT AND A COMMITTEE OF OVER 30 ADMISSIONS DIRECTORS FROM PRIVATE SCHOOLS AROUND THE COUNTRY.

SCHOLARSHIPS ARE AWARDED TO STUDENTS WHO MEET SELECTION GUIDELINES ELIGIBLE TO SUBMIT A PORTFOLIO APPLICATION. FOR ADDITIONAL INFORMATION, PLEASE GO TO [WWW.EDUCATIONALADVANCEMENT.ORG](http://WWW.EDUCATIONALADVANCEMENT.ORG) - CAROLINE D. BRADLEY SCHOLARSHIP OR CALL THE INSTITUTE AT (626)403-8900.

**2007 FEDERAL BOOK DEPRECIATION SCHEDULE**  
**THE INSTITUTE FOR EDUCATIONAL ADVANCEMENT**

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS /REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<b>COMPUTER EQUIPMENT</b>																
1	DELL COMPUTER W/MONITOR	12/20/98		2,477							2,477	1,974	200DB	HY	5	0
2	DELL COMPUTER W/MONITOR	12/20/98		2,477							2,477	1,974	200DB	HY	5	0
3	DELL COMPUTER W/MONITOR	12/20/98		2,476							2,476	1,973	200DB	HY	5	0
4	DELL COMPUTER W/MONITOR	12/20/98		2,870							2,870	2,288	200DB	HY	5	0
5	SUPER 870 LASER PRINTER	12/23/98		421							421	378	S/L	HY	5	0
6	QUICKBOOKS 99	12/26/98		122							122	108	S/L	HY	5	0
7	NETWORK INSTALLATION	9/03/99		538							538	538	S/L	HY	5	0
18	DELL LAPTOP	3/25/00		2,962							2,962	2,962	S/L	HY	5	0
19	HP 4040 PRINTER	2/18/00		1,233							1,233	1,233	S/L	HY	5	0
20	DELL COMPUTER	10/05/01		1,770							1,770	1,770	S/L	HY	5	0
22	DELL COMPUTER	7/27/01		1,662							1,662	1,662	S/L	HY	5	0
26	DELL COMPUTER	3/31/02		1,526							1,526	1,373	S/L	HY	5	153
27	DELL COMPUTER	2/19/03		2,830							2,830	1,981	S/L	HY	5	566
28	DELL COMPUTER	3/21/03		2,279							2,279	1,596	S/L	HY	5	456
29	HP 2200	4/16/03		750							750	525	S/L	HY	5	150
30	DELL COMPUTER	7/18/03		1,522							1,522	1,064	S/L	HY	5	304
31	2 DELL COMPUTERS	5/17/04		4,414							4,414	3,678	S/L	HY	3	736
32	DVD RECORDER	8/24/04		617							617	515	S/L	HY	3	102
33	DELL COMPUTER	8/24/04		1,758							1,758	1,465	S/L	HY	3	293
34	DELL COMPUTER	10/08/04		2,072							2,072	1,727	S/L	HY	3	345
35	2003 SERVER	12/08/04		1,079							1,079	900	S/L	HY	3	179
36	VARIOUS COMPUTER EQUIPMEN	12/08/04		1,253							1,253	1,045	S/L	HY	3	208
37	COMPUTER	1/25/05		1,214							1,214	364	S/L	HY	5	243

2007 FEDERAL BOOK DEPRECIATION SCHEDULE  
THE INSTITUTE FOR EDUCATIONAL  
ADVANCEMENT

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP_DEPR	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
38	TECHNOLOGY REFRESH SERVER	4/19/07		11,775							11,775		S/L	HY	5	.10000	1,178
39	HP COMPUTER	12/06/07		2,278							2,278		S/L	HY	5	.10000	228
	TOTAL COMPUTER EQUIPMENT			54,375		0	0	0	0	0	54,375	33,093					5,141
	FURNITURE AND FIXTURES																
8	24X72 CREDENZA W/DOOR	2/15/99		427							427	427	S/L	HY	7		0
9	8 EXEC MID CHAIRS	2/15/99		1,035							1,035	1,035	S/L	HY	7		0
10	2 EXEC CHAIRS	2/15/99		704							704	704	S/L	HY	7		0
11	36" ROUND TABLE WITH BASE	2/15/99		175							175	175	S/L	HY	7		0
12	96" CONF TABLE WITH BASE	2/15/99		565							565	565	S/L	HY	7		0
13	END TABLE	5/20/99		379							379	379	S/L	HY	7		0
14	CHAIR & LOVESEAT	5/20/99		1,544							1,544	1,544	S/L	HY	7		0
15	LEASEHOLD IMPROVEMENTS	6/30/99		2,058							2,058	2,058	S/L	HY	7		0
17	24X72 CREDENZA	2/15/99		355							355	355	200DB	HY	7		0
21	OFFICE FURNITURE	8/14/01		3,641							3,641	2,860	S/L	HY	7	.14290	520
24	OFFICE FURNITURE	11/08/02		1,214							1,214	779	S/L	HY	7	.14280	173
25	OFFICE FURNITURE	5/07/02		1,879							1,879	1,209	S/L	HY	7	.14280	268
	TOTAL FURNITURE AND FIXTURE			13,976		0	0	0	0	0	13,976	12,090					961
	OFFICE EQUIPMENT																
16	PHONE SYSTEM	7/15/99		1,127							1,127	1,127	S/L	HY	5		0
23	PROJECTOR ETC	3/29/02		5,467							5,467	4,919	S/L	HY	5	.10000	548
	TOTAL OFFICE EQUIPMENT			6,594		0	0	0	0	0	6,594	6,046					548
	TOTAL DEPRECIATION			74,945		0	0	0	0	0	74,945	51,229					6,650

2007 FEDERAL BOOK DEPRECIATION SCHEDULE  
THE INSTITUTE FOR EDUCATIONAL  
ADVANCEMENT

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	BUS. PCT.	COST/ BASIS	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
-----	-------------	------------------	--------------	--------------	----------------	---------------------	----------------------------	--------------------------------------	----------------------------	------------------------------	----------------	----------------	--------	------	------	------------------

74,945      0      0      0      0      0      0      0      0      0      0      74,945      51,229      6,600

GRAND TOTAL DEPRECIATION