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## Farm 990-EZ

Department of the Treasury

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## Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$0,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

	or the		ar year,	or tax year beginning The , 2009, and e	nding		, 20	
_		opticable:	Please	C Name of organization	DE	mployer it	ientification number	
		tologon use IRS The Institute for Educational Advancement inc			2	26-3981686		
□ ·	tame che	label or			elephone r	lephone number		
	utikal retu		type. See	4920 Roswell rd 45B #419	í	41	04-401-3505	
=	Terrubrate	_	Specific	City or town, state or country, and ZIP + 4		Group Exe		
=		led return Instruc-			Number			
=		n pending		Atlanta, GA 30342				
	• Seci	ion 501(c)(3)		npleted Schedule A (Form 990 or 990-EZ).	Other (spe	clfy) ▶	Cash Accrual	
							organization is not	
	Vebsit			forEducationalAdvancement.com			chedule B (Form 990,	
JT	ax-exe	mpt status	check o	ty one) - ✓ 501(c) ( 3 ) < (Insert no.)	990-EZ, o	r 990-PF).	·	
	heck 🕨			ration is not a section 509(a)(3) supporting organization and its gross recei				
				rum is not required, but if the organization chooses to file a return, be su			turn.	
L A	dd lines	5b, 6b, and	7b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of F	Form 990-EZ	<u> </u>		
Pa	art I	Revenu	е, Ехр	enses, and Changes in Net Assets or Fund Balances (S	See the ins	truction	s for Part I.)	
	1	Contribution	one, gift	s, grants, and similar amounts received		. 1	248,620	
	2	Program s	ervice r	evenue including government fees and contracts		. 2		
	3	-		and assessments		. 3		
	4	Investmen	t Incom			. 4		
	5a			m sale of assets other than inventory				
	b			r basis and sales expenses		7		
į	c			sale of assets other than inventory (Subtract line 5b from line 5a	1)	. 5с		
单	6	Special event	s and act	vities (complete applicable parts of Schedule G). If any amount is from gaming, ch	neck here ▶ [			
evenue	_					<b>-</b>		
Š	а		· · ·					
Œ		reported o						
70107 	þ			ses other than fundraising expenses 6b				
7	C			s) from special events and activities (Subtract line 6b from line 6b	a)	. <u>6c</u>		
ે	7a	Gross sale	s of inv	entory, less returns and allowances	<del>_</del>			
1	þ	Less: cost						
	C	Gross pro	fit or (lo:	ss) from sales of inventory (Subtract line 7b from line 7a)		. <u>7c</u>		
	8	Other reve	nue (de	scribe		) 8		
	9	Total reve	nue. A	id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	· · · · · · · · · · · · · · · · · · ·	▶ 9	248,620	
	10	Grants and	d simila	amounts paid (attach schedule)	$\mathcal{U}$ $ $	. 10	169,200	
Expenses	11	Benefits p	ald to o	r for members	0	. 11		
Ω	12	Salaries, o	ther co	npensation, and employee benefits . O . ADD 1 5 404	امّا	. 12		
, Si	13	Profession	al fees	npensation, and employee benefits .   5		. 13	13,800	
Expenses	14	Occupanc	v. rent.	utilities, and maintenance	82	. 14		
ă	15	•	• •			. 15		
	16	• • •		ons, postage, and shipping	"	16		
	17	•	•	Add lines 10 through 16		17	183,008	
_	18			for the year (Subtract line 17 from line 9)		. 18	65,592	
sets	19			d balances at beginning of year (from line 27, column (A)) (mus				
Ass				reported on prior year's return)		19	(	
	20	•	_	net assets or fund balances (attach explanation)		-20		
Net	21			balances at end of year. Combine lines 18 through 20		▶ 21	975,592	
9.	art II	Relenc	Shee	ts. If Total assets on line 25, column (B) are \$1,250,000 or more,	file Form 9			
	1111	Dalanc	- Orice	(See the instructions for Part II.)	(A) Beginnin		(B) End of year	
^^		- <b>L</b> d		·	7723		22 65,612	
22			•	vestments				
23		nd and build	-		<u> </u>		23 910,000	
24		her assets (					24	
25		tal assets			<u></u>		25 975,612	
26		tal liabilitie			<u> </u>		28	
27	<u>Ne</u>	t assets or	fund b	alances (line 27 of column (B) must agree with line 21)	<u> </u>		27 975,612	
For	Prtvac	y Act and Pa	perwor	Reduction Act Notice, see the separate instructions.	at. No. 10642		Form 990-EZ (2005	

Form	990-EZ (2009)					Page 2
Par	t III Statement of Program Service Accord	nplishments (See the inst	ructions for Part I	II.)		Expenses
What is the organization's primary exempt purpose? Granting Scholarships						ilred for section
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						)(3) and 501(c)(4)
manner, describe the services provided, the number of persons benefited, and other relevant information for						nizations and section (a)(1) trusts; optional
each	program title.					hers.)
28	Scholarships in the amount of \$169,200 were award	led to 9 students and 1 privat	te school scholarsh	lp	<u> </u>	
	organization			· <del></del>		
	01 Maria 201					
	(Grants \$ ) If this amoun	t Includes foreign grants, cl	naak hara	<u> </u>	28a	
29					200	L
20						
			••••••			
	(Cont. 6	t includes foreign grants, ci	ook boro		29a	
30	(Grants \$ ) If this amoun	t includes loreign grants, cr	TECK HEIE	<u> </u>	208	<del></del>
30						
	***************************************				]	
	Market A	A back doe forely			20-	
		t includes foreign grants, cl	ieck nere	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
		t includes foreign grants, ch			31a	
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke					
	(a) Name and address	(b) Title and average hours per week	(o) Compensation (if not paid,	(d) Contribution employee benefit	ns to Dians &	(a) Expense account and
		devoted to position	enter -0-1	employee benefit deferred comper	rsation	other allowances
Matt	hew Ornstein	- President		l		
4920	Roswell Rd 45B #419	Fiesident	0		0	0
Atlar	nta, GA 30350	_1				
		Director		1		
Chris	s Moriarity	Director	0		0	0
7500	Roswell Rd #9					
Atlar	nta, GA 30350	-				
		7		[		
Anna	Parker		1			
	Discovery Rd	- Director	0	ļ	0	0
	nia Beach, VA 23451		† · · · · · · · ·			
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					Form	990-EZ (2009)

Part	Other Information (Note the statement requirements in the instructions for Part V.)		<u>.</u>	-30 -
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	-	1
ь	If "Yes." has it filed a tax return on Form 990-T for this year?	35b		Γ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a 0			J
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		7
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4915 ▶;			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		; <b>√</b>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			- '
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>/</b>
41	List the states with which a copy of this return is filled. ▶ Georgia			
42a	1110 01 Marine 2001 10 10 10 10 10 10 10 10 10 10 10 10	04-40	1-350	5
	Located at ► 4920 Roswell Rd 45B #419 Atlanta, GA ZiP + 4 ►	303	42	******
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		Yes	No
	account)?	42b		
	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			ļ
	and Financial Accounts.	. 1	٠ ٠	
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country.	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. ' 	<b>-</b> □
		[	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	-	· /
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
<del>-</del>	ان المراقع الم	990	-EZ	(2009)

Form 99	D-EZ (2009)					Page 4	
Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	47(a)(1) nonexempt char.	xempt charitab itable trusts mus	le trusts only. A st answer question	all sections 46	on 49b	
46	Did the organization engage in direct or indirect		es on behalf of or	in opposition to	Y	es No	
	candidates for public office? If "Yes," complete				46		
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part II .		47	<u> </u>	
48	Is the organization a school as described in section		•		48	<b>→</b>	
49a	Did the organization make any transfers to an ex	•	•		49a		
	If "Yes," was the related organization a section to				49b		
50	Complete this table for the organization's five his employees) who each received more than \$100,						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and everage hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) E	xpense unt end lowances	
		4	1	1	1		
NONE		<u> </u>		<del> </del>	<del> </del>		
			•		ļ		
		i		1	<u> </u>		
					<u> </u>		
	Total number of other employees paid over \$100	2000	0	L	L		
•	Total number of other employees paid over \$100	J,000		-			
	Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each Independent contractor	n. If there is none, enter "N	one."	ors who each reco	(c) Comp		
	PA HER BITCH SECTION OF THE PROPERTY CONTRACTOR	pad filore trait \$100,000	(0) (9)	O O SEI VICE	(c) Ourit	en locution 1	
NONE		_,··		<del></del>			
d	Total number of other independent contractors	ach receiving over \$100.00	20	0			
_	Total Hollings of Office Holper Confidence of	34011,00011g 014. 4100j=1		<del></del>			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ed this return, including eccompan of preparer (other than officer) is b	ying schedules and states ased on all information	tements, and to the bes of which preparer has	at of my kn any knowle	nowledge edge.	
Sign Here	Walter 14-8-2						
	Signature of officer	PRESIDENT		Date			
	Matthew Ornstein  Type or print name and title	L KEZIDENI	<del> </del>	<del>~</del>			
	A table or brane usune sales rine						
	O	I Posts	Chool- II	Prenarer's identifulne me	her Coe in	structional	
Paid	Preparer's signature	Date	Check if	Preparer's identifying num	ber (See in	structions)	
Prepare	signature Firm's name (or		employed ▶ 🗀		nber (See in:	structions)	
	Signature  Firm's name (or  Firm's firstlermolower)		employed ▶ ☐ EIN		nber (See in	structions)	
Prepare Use On	signature Firm's name (or		employed ▶ ☐ EIN	sna no. ►	Yes [		

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## The Institute for Educational Advancement Donations - 2009

Jeffrey King	17000
Erlca King	17000
Hunter Williams	10000
Rachel Lewyn	9000
Rebecca Lewyn	15000
Sarah Lewyn	15000
Alexandra Lewyn	18000
Emily Sklar	8500
Isaac Moore	12000
GCA Worthy Student Funds	47700

169200