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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For th	e 2009 calen	dar year,	or tax year beginning 9/01 , 2009, and ending	ng 8/31		,	2010			
В	Check if	applicable		C	D	Employ	er Identifi	cation Nu	nber		
	□ Add	dress change	Please use IRS label	INSTITUTE FOR BETTER EDUCATION		33	71028	32			
	_	•	or print	911 S CRAYCROFT	 -						
	Nar	me change	or type. See	TUCSON, AZ 85711	-	E Telephone number					
	(niti	ial return	specific	10030N, AZ 63711		(520	0) 51	2-543	18		
	Ter	mination	Instruc- tions.								
		ended return			ء ا	Cress a	eceipts \$	5	607,325.		
	\vdash		E	CHADLOSSEE P. DEPCHED							
	Apr	olication pending.		and address of principal officer CHARLOTTE E BEECHER	H(a) is this a gre			ates '	Yes X No		
				As C Above	H(b) Are all affil If 'No,' atta			uctions)	Yes No		
1	Tax-	exempt statu	ıs 🛛 501	(c) (3) ◄ (insert no.) 4947(a)(1) or 527	1 110, 010	G7 B 113(. 1	(Sec insu	uction is y			
J	Web	site: > IB	ESCHOL	ARSHIPS.ORG	H(c) Group exer	motion ou	mber ►	N/A			
K		of organization			* 	-					
	art i		Corpora	ation Trust Association Other LYear of Forma	ition	I IVI S	tate or leg	gal domicil	}		
P	arti	Summa	ary								
	1	Briefly descri	be the or	ganization's mission or most significant activities: HELP STU	<u> IDENTS_GA</u>	IN_E	QUAL	ACCE:	<u> </u>		
0	1 _	<u>QUALITY</u>	<u>EDUCAT</u>	ION BY PROVIDING SCHOLARSHIPS TO ATTEND	THE PRIV	/ATE_	OR P	AROCH	IAL		
E S	1 _			R_CHOICE							
Ě											
8	2 0	Check this bo	x ►	if the organization discontinued its operations or disposed of me	ore than 25%	of its:	assets				
ð	3 1			bers of the governing body (Part VI, line 1a)	0.0 (01,113	3		4		
حق ص	4 1			t voting members of the governing body (Part VI, line 1b)		ŀ	4				
<u>چ</u>	5			yees (Part V, line 2a)		ł	5		8		
₩	6			eers (estimate if necessary)		}	6		0		
Act	72			ousiness revenue from Part VIII, column (C), line 12.		ŀ	7a		0.		
9	, a			taxable income from Form 990-T, line 34		. }	7b		0.		
BEST CHIMINADS & GOVERNANCE ACTIVITIES & GOVERNANCE		vet unrelated	Dusiness	taxable income from Form 990-1, line 34			_/D		<u> </u>		
<u>Fin</u>						r Year			ent Year		
	8 (Contributions	and gran	ts (Part VIII, line 1h)	4,9	61,8	93.	5,	599,261.		
ᅲᄛ	9 F			ue (Part VIII, line 2g) . <u>.</u>							
TT \$	10 (nvestment in	come (Pa	ort VIII, column (A) liges 3, 4, and 7d)		11,5	40.	·	8,064.		
	11 (II, Rolung (A) (mes 5) 6d, 8d, 9c, 10c, and 11e)				•			
	12 7	Total revenue	- add lu	nes 8 through 11 (must equal Part VIII, column (A), line 12)	4.9	73,4	33.	5.	607,325.		
₩				punts paid (Part IX column QA), lines 1-3)		36, 9			019,120.		
~	14	Donofito noid	(<u>)</u>	100 2 4 201 161 (a)	7,,	30, 3	03. 		019,120.		
2011	14 8	serients paid	10 or 182	merabels (Part IX, Column (2), line 4).							
				sation, employee benefits (Part IX, column (A), lines 5-10)	1 1	.67,2	43.		158,611.		
28	16a F	Professional 1	fundrajsın	g teg (fath) column (A), line 11e)							
Expenses				nses (Part IX, column (D), line 25)							
ũ	1				·		-		051 601		
	1	= -	•	X, column (A), lines 11a-11d, 11f-24f).		263,193.			251,601.		
	18 7	Fotal expense	es. Add lii	nes 13-17 (must equal Part IX, column (A), line 25)	5,1	67,4	05.	5,	429,332.		
	19 F	Revenue less	expense	S Subtract line 18 from line 12	-1	.93,9	72.		177,993.		
8					Beginnir			End	of Year		
¥ <u>š</u>	20 7	Total assets (Part Y In	ne 16)		$\frac{19011}{32,3}$			361,206.		
\$0	1	Fotal liabilitie		•				<u> </u>			
ĘĘ	1					36,8			487,714.		
- <u>- L</u>				inces. Subtract line 21 from line 20	6	<u> 95,4</u>	99.		873,492.		
Pa	art II	Signatu	re Bloc	<u>:K</u>							
		Under penaltie	s of perjury,	l declare that I have examined this return, including accompanying schedules and stat Declaration of preparer (gifter than officer) is based on all information of which prepare	tements, and to th	ne best of	my know	ledge and	belief, it is		
		true, correct,	ng complete	Declaration of preparer (other than officer) is based on all information of which preparer	arer has any know	ledge	•	•			
Sig	an	1>X () X	arkel	Webselle	\times ι			117	1011		
He	re	Signature	of officer		Date			\ · · · ·			
	-	CHADI	. Omaric 1	E BEECHER		· .	\. \	J			
			Int name and		Executi	rve r	rec				
		Турс ог ра	A	<u> </u>							
_			<i>K</i> .	Date	Check	. tf	Prep	parer's idei instruction	ntifying number		
Pa		Preparer's	139	the lead and least	self- emplo	yed ►	X		•		
Pr		signature	Bet	cy A Sprot1, CPA / 1/3/2	011			Ά			
	rer's	Firm's name (c	r CPA	Management Services, LLC							
Ųs		yours if self-		5 E. Grant Road		_ BT	/7				
Or	บัง	employed), address, and			EIN		/A				
		ZIP + 4		son, AZ 85712	Phone	no 🏲	520-	<u>603-8</u>	/48		
Ma	y the IF	RS discuss th	ıs return ı	with the preparer shown above? (see instructions)				X Ye	s No		
RΛ	A For	Privacy Act a	ind Paner	work Reduction Act Notice, see the senarate instructions	TE	E 001131	12/20/0	0 Fo	rm 991 (2009)		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part L	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5	:	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	 Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 			
•	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			,
(• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.			1
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I.	14b	-	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	10		v
20	complete Schedule G, Part III	19 20		X

Form 990 (2009) INSTITUTE FOR BETTER EDUCATION
Part.IV. Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization 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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			1
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
~ 4				

Form 990 (2009)

a	Statements Regarding Other IRS Finings and Tax Compliance			
1:	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		Yes	No
, (Information Returns Enter -0- if not applicable			
ı	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
21	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			ĺ
	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
ı	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3ь		ļ
48	a 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)?.	4 a		Х
ŀ	b If 'Yes,' enter the name of the foreign country: ►			ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
•	t If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
ŧ	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
ā	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- 7a		Х
Ł	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
C	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
•	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ŀ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	a Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		
	Section 501(c)(7) organizations. Enter:	-		
a	a Initiation fees and capital contributions included on Part VIII, line 12	- 1		
Ł	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	1	ĺ
11				ĺ
	a Gross income from other members or shareholders			İ
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ŀ	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form **990** (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>	ction A. Governing Body and Management		Г 	
1:	a Enter the number of voting members of the governing body.	1	Yes	No
	b Enter the number of voting members that are independent 1b	3		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	Х	
١	b Each committee with authority to act on behalf of the governing body?.	8b		Х
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
	ction B. Policies (This Section B requests information about policies not required by the Interna-			
Rev	enue Code.)			
10:	a Does the organization have local chapters, branches, or affiliates?	100	Yes	No X
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
	and branches to ensure their operations are consistent with those of the organization?	10ь		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	ļ		·
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 .	12a	Х	
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
•	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. See Schedule O.	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			i .
á	a The organization's CEO, Executive Director, or top management official	15a	X	
ı	b Other officers of key employees of the organization See Schedule 0	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			. 4
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
ı	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16ь		_
Sec	ction C. Disclosures	1,00		
	List the states with which a copy of this Form 990 is required to be filed ► AZ			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection indicate how you make these available. Check all that apply.	vailabl	e for p	oublic
	X Own website Another's website X Upon request			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public. See Schedule O			incial
	State the name, physical address, and telephone number of the person who possesses the books and records of the orce CHARLOTTE E BEECHER 911 S CRAYCROFT TUCSON AZ 85711 (520) 512-5438	anızat 	ion:	-

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A)	(B) Average						lvì	(D)	(E)	(F)	
Name and Title	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
GENETTA HOLT									_		
BOARD MEMBER	0	X			_		ļ	0.	0.	0.	
CHARLOTTE E BEECHER Executive Direc	40	X	İ	 	Х			60,250.	0.	0.	
RON SMITH					*	<u> </u>		00,230.	<u> </u>	<u> </u>	
President	0	<u> </u>		Х				0.	0.	0.	
MARI ROTTY	_							_	_		
Secretary	0	-		Х				0.	0.	0.	
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(A)	(B)				c)			(D)	(E)	Τ	(F)	
Name and Title		rage Position (check all that ap						Reportable compensation from	Reportable compensation from		Estimate amount of	ed other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		from the organization organizat	ation e tion ted
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				-						-		
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				_								
	 		-	-						+		
1b Total	<u> </u>	<u> </u>	L	l		L		60,250.	0	+		0
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	l ab	ove)	wh						sation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	or trust	ee,	key	emp	oloy	ee, (or h	ghest compensate	ed employee		Yes	s No X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater transvidual	portable han \$15	co: 60,00	mpe 00?	nsa If 'Y	'es'	and com	plet	er compensation e Schedule J for s	such		4	Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	ompens hedule	atio <i>I for</i>	n fro	om a ch pe	any erso	unre n	elate	ed organization for	r services		5	х
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization	ted inde	pen	dent	cor	ntrac	ctors	tha	t received more t	han \$100,000 of			
Name and business addres	ss							Description of) of Services	Со	(C) mpensat	ion
			_ _							_		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		lımı	ted	to ti	nose	e list	ed a	above) who receiv	ed more than			

1. 4.	T VIII Statement of Nevenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a	-	7000	· · · · · · · · ·	0.2,0.0,0.0
ANSTA	b Membership dues 1b				
a S	c Fundraising events 1c				
FTS	d Related organizations . 1d				
2,₹	e Government grants (contributions).				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f 5,599,261.				
S S	g Noncash contribns included in lns 1a-1f: . \$	r			
3	h Total. Add lines 1a-1f	5,599,261.			
Š	Business Code	-	-	-	
Ž	2a				
Ä.	b				
Ž	c				
# SE	d	 			
RAN	e				
စ္တ	f All other program service revenue.	- · · · · · · · · · · · · · · · · · · ·			
	3 Investment income (including dividends, interest and other similar amounts).	8,064.			8,064.
	4 Income from investment of tax-exempt bond proceeds.	0,004.			0,004.
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses.				
	c Rental income or (loss)				
	d Net rental income or (loss)			-	-
	(i) Securities (ii) Other	 			
	7 a Gross amount from sales of assets other than inventory				1
l					
	b Less. cost or other basis and sales expenses.				
i	c Gain or (loss)	+			ì
	d Net gain or (loss)				
¥	8a Gross income from fundraising events (not including \$				
Ē	of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18 . a				
	b Less: direct expenses b				
5	c Net income or (loss) from fundraising events.				İ
	9a Gross income from gaming activities See Part IV, line 19 . a				-
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				1
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a	·-·			
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	5,607,325.	0.	0.	8,064.

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		on periode	-5	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,019,120.	5,019,120.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	60,250.	0.	60,250.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	78,017.	70,215.	7,802.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,732.	1,559.	173.	
9	Other employee benefits	7,851.	7,066.	785.	
10	Payroll taxes	10,761.	9,685.	1,076.	
11	Fees for services (non-employees)				
a	Management	3,856.	3,470.	386.	
t	Legal				
c	: Accounting	12,589.	11,330.	1,259.	
C	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
-	Other	74,304.	66,874.	7,430.	
	Advertising and promotion	21,445.	19,301.	2,144.	
13	Office expenses.	20,394.	18,355.	2,039.	
14	Information technology				
15	Royalties	61 010	FF (20	C 101	
16 17	Occupancy Travel	61,810. 3,523.	55,629. 3,171.	6,181.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,323.	3,171.	332.	
19	Conferences, conventions, and meetings	3,508.	3,157.	351.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,216.	4,694.	522.	
	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	2,557.	2,301.	256.	
a	COMPUTER EXPENSES	18,561.	16,705.	1,856.	
	Postage and Shipping	9,333.	8,400.	933.	
	Printing and Publications	7,535.	6,782.	753.	
	COMMUNITY SUPPORT	4,000.	3,600.	400.	
	DEVELOPMENT OF STAFF	2,766.	2,489.	277.	
	All other expenses	204.	184.	20.	
	Total functional expenses. Add lines 1 through 24f	5,429,332.	5,334,087.	95,245.	0.
26	Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	•			· 	Form 990 (2009)

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing.	129,451.	1	756,481
1 2	Savings and temporary cash investments	895,199.	2	601,578
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		1	
	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
S E 8	Notes and loans receivable, net		7	
] 8	Inventories for sale or use		8	
s 9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other basis. 10a 20,489.			
	Complete Part VI of Schedule D			
	b Less: accumulated depreciation	5,163.	10 c	1,748
11	Investments – publicly-traded securities		11	
12	! Investments – other securities See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11 [13	
14	Intangible assets	2,518.	14	1,399
15	Other assets. See Part IV, line 11		15	
16	Total assets Add lines 1 through 15 (must equal line 34)	1,032,331.	16	1,361,206
17	Accounts payable and accrued expenses	3,622.	17	3,760
18	Grants payable	333,210.	18	483,954
19	Deferred revenue		19	
¦ 20	Tax-exempt bond liabilities		20	· <u>-</u>
A 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	_		
<u>:</u>	of Schedule L		22	
5 23	Secured mortgages and notes payable to unrelated third parties		23	
24	In Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	336,832.	26	487,714
y F	Organizations that follow SFAS 117, check here ► X and complete lines	-		
ř	27 through 29 and lines 33 and 34.		1	_
27	Unrestricted net assets	362,288.	27	87,349
28	Temporarily restricted net assets .	333,211.	28	786,143.
29	Permanently restricted net assets		29	
₹	Organizations that do not follow SFAS 117, check here and complete			
-	lines 30 through 34.		ĺ	
30	Capital stock or trust principal, or current funds		30	
1	``		31	
31 32 33 33 34 34			32	
ود الإ		695,499.	33	873,492
ਫ਼ੋ 33		1,032,331.	34	1,361,206.

Form 99	<i>(2</i> 009)	INSTITUTE	FOR	BETTER	EDUCATION
יכב ווווטיי	u (2003)	THOTTIOIR	LOK	DELIER	PDOCULION

23-7102832

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Olit 350 (2003) INSTITUTE FOR BETTER EDUCATION	23 /102032	· f	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2	a X	
b Were the organization's financial statements audited by an independent accountant?	2	b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	c	X
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O	ın		
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both:	ere issued on a		
Separate basis Consolidated basis Both consolidated and separate basis		1	1
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	n in the Single	a	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the required audit 3	ь	

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

INS	NSTITUTE FOR BETTER EDUCATION 23-7102832											
Part	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ir	nstructi	ons		
The o	rganization is not a pri	vate foundation becau	ise it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1	A church, conventi	on of churches or ass	ociation of churches des	cribed ir	section	n 170(b)	(1)(A)(i)).				
2	A school described	I in section 170(b)(1) (A)(ii). (Attach Schedule	E)								
3	A hospital or coope	erative hospital servic	e organization described	in secti	ion 1 70 (ЬХ1Х АХ	iii).					
4	A medical research	n organization operate	ed in conjunction with a h	ospital (describe	d in sec	tion 17	0(b)(1)(A)(iii) En	iter the hosp	otal's	ı
	name, city, and sta			. _	- -			_ _				
5	An organization op 170(b)(1)(A)(iv). ((perated for the benefit Complete Part II)	of a college or university	y owned	or oper	ated by	a gove	rnmental	unit des	scribed in s e	ection	ì
6			governmental unit descri									
7	in section 170(b)(1	(Complete P	•		•	vernme	ntal uni	t or from	the ger	neral public (descr	iped
8			170(b)(1)(A)(vi). (Comple		•							
9	from activities relate	ed to its exempt function	more than 33-1/3 % of its ns – subject to certain excess taxable income (less complete Part III.)	entions.	and (2) r	no more i	han 33-	1/3 % of	its suppo	ort from aross	;	fter
10	An organization or	ganized and operated	exclusively to test for pu	ublic safe	ety. See	section	509(a)	(4).				
11	more publicly supp	orted organizations of	exclusively for the bene described in section 509(zation and complete line:	a)(1) or	section	509(a)(2	ctions (2). See	of, or ca section	rry out th 509(a)(3	ne purposes). Check the	of or e box	ne or that
	a Type I	b Type II	c 🗌 Type II	l – Fund	ctionally	ıntegrat	ed		d 🗌	Type III- (Other	
е	By checking this be than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not control in one or more publicly s	led direc	ctly or in d organi	directly zations	by one describ	or more ed in sec	disquali tion 509	fied person (a)(1) or se	s oth	er
f	If the organization check this box	received a written de	termination from the IRS	that is a	a Type I	, Type II	or Typ	e ill sup	porting o	organization	,	
g	Since August 17, 2	2006, has the organiza	ition accepted any gift o	r contrit	oution fr	om any	of the f	ollowing	persons	? _		
											Yes	No
	(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	r with pe	ersons d	escribe ·	d ın (11) a	and (III)	11 g (i)		
	(ii) a famıly mem	nber of a person desc	cribed in (i) above?		•					11 g (ii)		
	(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) a	bove?						11 g (iii)		
h	Provide the following	ng information about	the supported organization	ons								
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in col d in your erning ment?		ızatıon in (i) of	(vi) l: organizati (i) organiz U S	on in col	(vii) Amount	of Supp	port
				Yes	No	Yes	No	Yes	No			
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Total												

2 Tax revenues leved for the organization's benefit and either paid to if or expended on its behalf and either paid to if or expended on its behalf and either paid to if or expended on its behalf and either paid to if or expended on its behalf and either paid to if or expended on its behalf and either paid to if or expended on its behalf and either paid to if or expended on its behalf and either paid to if or expended on its behalf and either paid to if or expended on its behalf and its paid in the public without charge to its publi	Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	tl)				
2 Tax revenues leved for the organization's benefit and either paid to if or expended or the organization's benefit and either paid to if or expended or the organization's benefit and either paid to if or expended or grant the paid to if or expended or a state of the organization's benefit and either paid to if or expended or a state of the organization of a governmental unit without charge to not include the value of services or the public without charge to not include the value of services or the public without charge to not include the value of services or the public without charge to not include the value of services or the public without charge to not include the value of services or the public without charge to not include the value of services or the public visitors to the state of public support. Subtract line 5 to min let 4 to public support. Subtract line 5 to min let 4 to public support. Subtract line 5 to min let 4 to public support. Subtract line 5 to min let 4 to public support. Subtract line 5 to min let 4 to public support. Subtract line 5 to min let 4 to public support. Subtract line 5 to min let 4 to public support. Subtract line 5 to public support. Subtract line 5 to public support. Subtract line 5 to public support. Subtract line 5 to public support. Subtract line 5 to public support. Subtract line 5 to public support. Subtract line 5 to public support. Subtract line 5 to public support. Add lines 7 through 10 to public support. Add lines 7 through 10 to the remove the subtract lines subtra	begi	nning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200)9	(f) Total
organization's benefit and either part of 1 or expended on 15 behalf or 1 or expended on 15 behalf or 1 or expended on 15 behalf or 15	1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	1,954,817.	3,091,328.	4,285,619.	4,961,893.	5,599,2	261.	19,892,918.
facilities furnished to the organization by a governmental unit without charge Dends or facilities generally furnished to the public without charge 1. 1, 954, 817. 3, 091, 328. 4, 285, 619. 4, 961, 893. 5, 599, 261. 19, 892, 918. 1, 754, 817. 3, 091, 328. 4, 285, 619. 4, 961, 893. 5, 599, 261. 19, 892, 918. 1, 754, 817. 3, 091, 328. 4, 285, 619. 4, 961, 893. 5, 599, 261. 19, 892, 918. 1, 824, 817. 3, 091, 328. 4, 285, 619. 4, 961, 893. 5, 599, 261. 19, 892, 918. 1, 954, 817. 3, 091, 328. 4, 285, 619. 4, 961, 893. 5, 599, 261. 19, 892, 918. 1, 954, 817. 3, 091, 328. 4, 285, 619. 4, 961, 893. 5, 599, 261. 19, 892, 918. 1, 954, 817. 3, 091, 328. 4, 285, 619. 4, 961, 893. 5, 599, 261. 19, 892, 918. 1, 954, 817. 3, 091, 328. 4, 285, 619. 4, 961, 893. 5, 599, 261. 19, 892, 918. 2, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	2	organization's benefit and either paid to it or expended							0.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1, column (f) 6 Public support. Subtract line 5 from line 4 7 Amounts from line 4 8 Gross income from interest, substanctine 5 frows such that the substance of the substance of the substance of the substance of the substance of the substance of the substance of the substance of the substance of the substance of the substance organization due to the substance organization and stop here. The organization meets the Tacts-and-circumstances test. The organization qualities as a publicly supported organization and stop here. Explain in Part IV) 17 Public support test — 2009. If the organization did not check the box on line 13, 6a, not 15a, 15b, and 15a por more, and if the organization meets the Tacts-and-circumstances test. The organization qualities as a publicly supported organization in Privat Programments on the substance or substances and stop here. Explain in Part IV) 10 If July 4-acts-and-circumstances test — 2009 If the organization did not check the box on line 13, 6a, and line 15 is 33-1/3% or more, check this box and stop here. The organization meets the Tacts-and-circumstances test. The organization qualities as a publicly supported organization meets the Tacts-and-circumstances test. The organization qualities as a publicly supported organization meets the Tacts-and-circumstances test. The organization qualities as a publicly supported organization meets the Tacts-and-circumstances test. The organization qualities as a publicly supported organization. 18 Private foundation. If the organization meets the Tacts-and-circumstances test. The organization qualities as a publicly supported organization.	3	facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to							0.
contributions by each person (other than a governmental unit or publicly supported or control than a governmental unit or publicly supported or control than a governmental unit or publicly supported or control than a governmental unit or publicly supported or control than a governmental unit or publicly supported test — 2009. If the organization dut not check a box on line 13, and the line 14 is 33-1/3 support test — 2009. If the organization dut not check a box on line 13, and the line 14 is 33-1/3 support test — 2009. If the organization dut not check a box on line 13, and the line 14 is 33-1/3 support test — 2009. If the organization dut not check a box on line 13, and the line 14 is 33-1/3 support test — 2009. If the organization dut not check a box on line 13, fisa, or 15b, and line 15 is 10% or more, and if the organization meets the facts and circumstances' test. The organization qualifies as a publicly supported organization. Privated by an organization meets the facts and circumstances' test. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test. — 2009 If the organization dut oft check he box on line 13, fisa, or 15b, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, fisa, or 15b, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, fisa, or 15b, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 19 Private foundation. If the organization did not check abox on line 13, fisa, or 15b, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances' test. The organizatio	4	Total. Add lines 1-through 3	1,954,817.	3,091,328.	4,285,619.	4,961,893.	5,599,2	261.	19,892,918.
Section B. Total Support Calendar year (or fiscal year beginning in) * 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 19, 330. 29, 271. 46, 639. 11, 540. 8, 064. 114, 844. 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loos from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage from 2008 Schedule A, Part III, line 14. 15 99.3 % 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2008 If the organization did not check a box on line 13, fac, and line 15 is 33-1/3 or more, check this box and stop here. The organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, fac, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2008. If the organization dual for check a box on line 13, fac, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 17b 10%-facts-and-circumstances test. — 2008. If the organization qualifies as a publicly support	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							0.
Calendar year (or fiscal year beginning in) 7 Amounts from line 4 1, 954, 817. 3, 091, 328. 4, 285, 619. 4, 961, 893. 5, 599, 261. 19, 892, 918. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income form similar sources 19, 330. 29, 271. 46, 639. 11, 540. 8, 064. 114, 844. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 12 O. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Computation of Public Support Percentage 14 Public support percentage from 2008 Schedule A, Part II, line 14. 15 Public support percentage from 2008 Schedule A, Part II, line 14. 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2009 if the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization of and of check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization of and of check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foun		from line 4							19,892,918.
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			zation did not che	eck a box on line,	13, 16a, 16b, 17a				

Schedule A (Form 990 or 990-EZ) 2009 INSTITUTE FOR BETTER EDUCATION 23-7102832 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b. . 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 18 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990	or 990-EZ	2009 11	12111015	L PUR D	EITER EDO	CALION	23	-/102832	Page 4
Part IV.#	Supplen Part II, I	nental Inf ine 17a c	formation or 17b; and	Complet Dert III,	e this pa line 12.	rt to provide Provide any	e the explana other addition	tions required onal information	l by Part II, li on. See instri	ne 10; uctions.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection
Employer Identification number

INSTITUTE FOR BETTER EDUCATION

1110	IIIIII ION BEITEN EBOCHITON		23-7102832
Par	Organizations Maintaining Donor	Advised Funds or Other Similar I	
	the organization answered 'Yes' to	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held to the organization's exclusive legal contro	in donor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	the benefit of the donor or donor advisor of	funds may be r for any other Yes No
Par	II Conservation Easements Comple	ete if the organization answered 'Ye	es' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (e.g , r	ecreation or pleasure) Preservati	on of an historically important land area
	Protection of natural habitat	Preservat	ion of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizations to day of the tax year	on held a qualified conservation contribution	in in the form of a conservation easement on the
			Held at the End of the Year
	Total number of conservation easements	•	2a
	Total acreage restricted by conservation ease		2b
	Number of conservation easements on a certification of conservation easements on a certification of the conservation easements on a certification of the conservation easements on a certification of the conservation easements on a certification of the conservation easements on a certification of the conservation easements on a certification of the conservation easements on a certification of the conservation easements on a certification of the conservation easements on a certification of the conservation easements on a certification of the conservation easements of the certification of the c	• • • • • • • • • • • • • • • • • • • •	2c
	Number of conservation easements included i	• • •	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or tern	ninated by the organization during the tax
4	year Number of states where property subject to co	onservation easement is located.	
			handling of walstrops
	Does the organization have a written policy re and enforcement of the conservation easemer	nt it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring the year •	ng, inspecting, and enforcing conservation	easements
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation ease	ments \$
	Does each conservation easement reported or $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?		∐ Yes ☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revenue and e to the organization's financial statements the	xpense statement, and balance sheet, and nat describes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures wered 'Yes' to Form 990, Part IV, li	, or Other Similar Assets ne 8.
1a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statements.	lic exhibition, education, or research in furt	atement and balance sheet works of art, historical herance of public service, provide, in Part XIV,
		lic exhibition, education, or research in furt	herance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar ass 116 relating to these items:	ets for financial gain, provide the following
	Revenues included in Form 990, Part VIII, line		> \$
b	Assets included in Form 990, Part X		•\$

O to the D Course COOK COOK THEFT	TOTAL FOR	וחשמם	en enucam	TON.		2	2 7100	2022		D 0
Schedule D (Form 990) 2009 INSTI Part III Organizations Maintai			ER EDUCATI		Treasures, or		3-7102 ar Asse		ontinu	Page 2 led)
3 Using the organization's acquisitintems (check all that apply):					· · · · · · · · · · · · · · · · · · ·					
a Public exhibition			d Loan	or exc	hange programs					
b Scholarly research			e Other		3- p 3					
c Preservation for future gener	ations									
4 Provide a description of the organ Part XIV.	nızatıon's colle	ections a	and explain hov	w they	further the organi	zation's exemp	ot purpos	e in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to b	oe main	tained as part of	of the	organization's coll	ection?		Yes		No
9, or reported an amou	I Arrangeme unt on Form	ents C 1 990, I	omplete if o Part X, line	rganı 21.	zation answere	ed 'Yes' to F	orm 99	0, Paı	rt IV, ∣ 	ıne
1 a is the organization an agent, trus included on Form 990, Part X?	stee, custodian	, or oth	er intermediary	for co	ontributions or other.	er assets not	[Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV ar	nd comp	lete the follow	ng tab	ole:					
							,	Amount	<u> </u>	
c Beginning balance			•			1 c				
d Additions during the year .	-					1 d				
e Distributions during the year			•	-		1 e				
f Ending balance .	•		-			1f				
2a Did the organization include an a		n 990, F	Part X, line 21?	٠.	•	•	- L	_ Yes	Ĺ	No
b If 'Yes,' explain the arrangement			 				10			
Part V Endowment Funds Co										
	(a) Current y	rear	(b) Prior year	Г	(c) Two years back	(d) Three ye	ears back	(e)	our year	s back
1a Beginning of year balance								ļ		
b Contributions								 		
c Net Investment earnings, gains, and losses										
d Grants or scholarships										
Other expenditures for facilities and programs .										
f Administrative expenses								<u> </u>		
g End of year balance				1		.				
2 Provide the estimated percentage	•	nd bala	nce held as:							
a Board designated or quasi-endov	vment 🟲		[%]							
b Permanent endowment ▶										
c Term endowment	₽									
3a Are there endowment funds not a organization by:	n the possess	ion of th	e organization	that a	ere held and admir	istered for the			Yes	No
(i) unrelated organizations.					-			3a(i)		<u> </u>
(ii) related organizations								3a(ii)		
b if 'Yes' to 3a(ıı), are the related of	organizations l	isted as	required on So	chedul	e R?			3b		<u> </u>
4 Describe in Part XIV the intended							,			
Part VI Investments—Land, B				For	<u>m 990, Part X,</u>					
Description of investment			or other basis estment)		Cost or other oasis (other)	(c) Accumul Depreciati		(d) E	Book Va	alue
1a Land	-									
b Buildings	·									
c Leasehold improvements	Ļ				22 : 5	·				
d Equipment					20,489.	18,	741.		1	<u>,748.</u>
e Other .										
Total. Add lines 1a through 1e (Colum	n (d) must equ	ual Form	990, Part X, c	column	1 (B), line 10(c).)					,748.
BAA							Sched	ule D (F	orm 99	90) 2009

Schedule D (Form 990) 2009 INSTITUTE FOR BET		23-7102832 Pag
Part VII Investments—Other Securities See Fo		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	000 Dad V Iva	12) 37/3
Part VIII Investments—Program Related (See I		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)	U 15) 37/3	
Part IX Other Assets (See Form 990, Part X,		(A) Pool volue
(a) De	scription	(b) Book value
		
	,, , , , , , , , , , , , , , , ,	
Total. (Column (b) must equal Form 990, Part X, col.(B), I.		
Part X Other Liabilities (See Form 990, Part	X, line 25)	· · · · · · · · · · · · · · · · · · ·
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
	_	
		
		╡
		_
		
		
	 	
T-1-1 (0-1(1)		\dashv
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 Footnote In Part XIV, provide the text of the foot for uncertain tax positions under FIN 48.	note to the organization's	1 's financial statements that reports the organization's liab

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Page 3

Schedule D (Form 990) 2009 INSTITUTE FOR BETTER EDUCATION		23-7102832 Page
Part XI Reconciliation of Change in Net Assets from Form 990	to Financial Statements	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	o i manolal o actoritorità	
2 Total expenses (Form 990, Part IX, column (A), line 25) .		
3 Excess or (deficit) for the year. Subtract line 2 from line 1		•
4 Net unrealized gains (losses) on investments	•	
5 Donated services and use of facilities		
6 Investment expenses .		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		·
9 Total adjustments (net) Add lines 4 through 8		•
10 Excess or (deficit) for the year per audited financial statements. Combine lin	os 3 and 0	
Part XII Reconciliation of Revenue per Audited Financial Statem		r Peturn N/A
Total revenue, gains, and other support per audited financial statements	rents with Nevenue per	1 I
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d .		2e 3
3 Subtract line 2e from line 1	1 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		
Part XIII Reconciliation of Expenses per Audited Financial State	ments with Expenses	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	
a Donated services and use of facilities .	2a	
b Prior year adjustments	2b	
c Other losses.	_2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b.		4c
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line	18.)	5
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9 line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines information.		rt IV, lines 1b and 2b, Part V, is part to provide any additiona
		

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 INSTITUTE FOR BETTER EDUCATION	23-7102832	Page 5
Part No. Supplemental Information (continued)		
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	· 	

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed 23-7102832 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) See Part IV Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ▶ Attatch to Form 990. Grants and Other Assistance to Organizations, Governments and Individuals in the United States (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable Part I General Information on Grants and Assistance (P) EIN INSTITUTE FOR BETTER EDUCATION 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) Part II

×

(h) Purpose of grant or assistance

% □

X Yes

Open to Public Inspection

OMB No 1545-0047 2009 Schedule I (Form 990) 2009

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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 23-7102832 (e) Method of valuation (book, FMV, appraisal, other) EXECUTIVE DIRECTOR AND HER EMPLOYEES. THERE ARE GUIDELINES AND CRITERIA THAT NEED TO BE MET IN ORDER FOR ASSISTANCE TO BE GRANTED. ALSO, THE SCHOOLS PROVIDE INFORMATION ON THE AMOUNT OF ASSISTANCE NEEDED FOR EACH CHILD FOR A PARTICULAR SCHOOL YEAR OR INDIVIDUAL FAMILIES FILE AN APPLICATION FOR ASSISTANCE THAT IS REVIEWED BY THE (d) Amount of non cash assistance 5,019,120 (c) Amount of cash grant __Part I, Line 2. Grantmaker's Description of How Grants are Used INSTITUTE FOR BETTER EDUCATION 2,766 (b) Number of recipients SCHOLARSHIPS TO VARIOUS SCHOOLS FOR (a) Type of grant or assistance Schedule I (Form 990) 2009 STUDENTS GRADES K -12. SEMESTER. Part III BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer Identification number					
INSTITUTE FOR BETTER EDUCATION	23-7102832					
Form 990, Part VI, Line 11 - Form 990 Review Process						
THE EXECUTIVE DIRECTOR REVIEWS THE 990 WITH THE TAX PREPARER PE	RIOR TO FILING.					
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts					
EMPLOYEES SIGN A NON-DISCLOSURE STATEMENT WHEN THEY ARE HIRED.	THE_CHAIRPERSON'S					
ROLE IS TO ASSURE THE INTEGRITY OF THE BOARD'S PROCESSES AND MO	ROLE IS TO ASSURE THE INTEGRITY OF THE BOARD'S PROCESSES AND MONITORS THE ACTIVITY					
WITH RESPECT TO CONFLICTS OF INTEREST. IF A SITUATION OF CONFLI	CTED INTEREST ARISES					
THEN THE SITUATION MUST BE DEALT WITH SANS THE PARTY INVOLVED A	ND THE PARTY SHOULD					
RECUSE HIM OR HERSELF FROM THE SITUATION. NO JUDGEMENTS WILL BE	VOICED AGAINST THE					
EXECUTIVE DIRECTOR OR THE STAFF AND CONFIDENTIALITY IS ADHERED	<u>TO.</u>					
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	s & Key Employees					
SYSTEMATIC AND RIGOROUS MONITORING BY THE BOARD OF DIRECTORS						
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available						
WEBSITE HAS INFORMATION WITH RESPECT TO PROVIDING THE DOCUMENTS	UPON REQUEST.					
EVERY YEAR AN IN-DEPTH REPORT PROVIDED BY THE AZ DEPT OF REVENU	E IS MADE AVAILABLE					
UPON REQUEST.						
	·					

Schedule O (Form 990) 2009 Name of the organization	Fage .
INSTITUTE FOR BETTER EDUCATION	23-7102832
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