

Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **INSTITUTE FOR PRO. ADVANCEMENT, INC.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8329 COLE STREET
 City or town, state or country, and ZIP + 4
ARVADA CO 80005

D Employer identification number: **36-3803305**

E Telephone number: **303-463-1801**

G Gross receipts \$: **602,828**

F Name and address of principal officer:
SUSANNAH HART
8329 COLE STREET
ARVADA CO 80005

I Tax-exempt status: 501(c) (**6**) (insert no.) 4947(a)(1) or 527

J Website: **WWW.MRERF.ORG**

K Type of organization: Corporation Trust Association Other

L Year of formation: **1991** **M** State of legal domicile: **IL**

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

H(c) Group exemption number

Done 3/10/2010 SA

Part I Summary		3	7
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ESTABLISH STANDARDS AND TO AWARD PROFESSIONAL DESIGNATION TO THOSE PROPERLY QUALIFIED MEMBERS OF THE MANUFACTURERS' REPRESENTATIVES PROFESSION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	4	1600
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	3
	5 Total number of employees (Part V, line 2a)	6	
	6 Total number of volunteers (estimate if necessary)	7a	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	728,695	601,605
	9 Program service revenue (Part VIII, line 2g)	14,510	1,136
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		87
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	743,205	602,828
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		151,427
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	558,146	487,773
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	558,146	639,200	
19 Revenue less expenses. Subtract line 18 from line 12	185,059	-36,372	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	761,174	638,712
	22 Net assets or fund balances. Subtract line 21 from line 20	369,972	283,882
		391,202	354,830

CLIENT COPY

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **SUSANNAH HART** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer's Use Only

Preparer's signature: _____ Date: **02/26/10** Check if self-employed: Preparer's identifying number (see instructions): **P00306584**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **PROBST, DALLMANN & ASSOCIATES, P.C.**
5610 WARD RD STE 110
ARVADA, CO 80002-1309 EIN: **84-1209093**
 Phone no.: **303-477-1484**

Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
MANUFACTURERS REPRESENTATIVES EDUCA
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8329 COLE STREET
 City or town, state or country, and ZIP + 4
ARVADA CO 80005

D Employer identification number
36-3200155

E Telephone number
303-463-1801

G Gross receipts \$ **54,895**

F Name and address of principal officer:
SUSANNAH HART
8329 COLE STREET
ARVADA CO 80005

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

H(c) Group exemption number ▶

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

J Website: ▶ **WWW.MRERF.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1982** **M** State of legal domicile: **IL**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO INSTILL AND ENHANCE PUBLIC AWARENESS OF THE VALUE OF INDEPENDENT MULTIPLE-LINE SELLING ORGANIZATIONS WITH THE INVOLVEMENT OF THE BUSINESS AND ACADEMIC COMMUNITIES THROUGH RESEARCH, EDUCATION AND PROFESSIONAL		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	32,207	29,474
	9	Program service revenue (Part VIII, line 2g)	26,230	25,402
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,437	54,895
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	157,253	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
		b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	54,679	24,756
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	211,932	24,756	
19	Revenue less expenses. Subtract line 18 from line 12	-153,495	30,139	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	24,333	26,111
	21	Total liabilities (Part X, line 26)	446,728	418,367
	22	Net assets or fund balances. Subtract line 21 from line 20	-422,395	-392,256

CLIENT COPY

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **SUSANNAH HART** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer's Use Only

Preparer's signature: _____ Date: **02/26/10**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **PROBST, DALLMANN & ASSOCIATES, P.C.**
5610 WARD RD STE 110
ARVADA, CO 80002-1309
 Check if self-employed:
 Preparer's identifying number (see instructions): **P00306584**
 EIN: **84-1209093**
 Phone no.: **303-477-1484**

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

YEAR OF 2010
DUE PRIOR TO 1-1-2010

SECRETARY OF STATE JESSE WHITE
STATE OF ILLINOIS

PAGE 1
CORPORATION FILE #
N 5262-154-2

FILING FEE IS \$10.
IF LATE, ADD PENALTY OF \$3.

General Not For Profit Corporation Act

ANNUAL REPORT
(Form NFPCAF - Rev. 09/30/2009)

CLIENT COPY

** THIS REPORT CAN BE FILED ON-LINE @ www.cyberdriveillinois.com WITH AN EXPEDITED FEE. **
(USE BLACK INK)

08-08-05
COOK COUNTY

MANUFACTURERS REPRESENTATIVES EDUCATIONAL RESEARCH FOUNDATION
% PATRICK W MELVIN
10827 S WESTERN AVE
CHICAGO IL 60643

Item 1. Verify that the corporate name is correct.
Item 2. Verify that the name of the registered agent and the address of the registered office are correct. You cannot change the registered agent and/or registered office on the annual report form printed below. In order to change the registered agent and/or registered office, it will be necessary to file with the Secretary of State form NFP 105.10/105.20. Mail the NFP 105.10/105.20, Annual Report and \$5 filing fee TOGETHER in the SAME envelope. This form can be downloaded from our internet web site at www.cyberdriveillinois.com. Click on "Departments", then "Business Services" then "Publications and Forms".

Items 3(a), 3(b). Verify printed information is correct.

Item 4. Must set forth the names and addresses of all officers and directors of the corporation as of the date of signing. **ILLINOIS CORPORATIONS MUST HAVE AT LEAST THREE (3) DIRECTORS!** If there are additional officers and/or more than three directors, you must attach a list to this report setting forth all other name(s), title(s) and address(es). Please write the file number on all attachments.

Item 5. Please complete this item.

Item 6. Please mark the appropriate box where indicated in response to the following questions:

(a) Is this corporation a **CONDOMINIUM** Association as established under the Condominium Property Act?

(b) Is this corporation a **COOPERATIVE HOUSING CORPORATION** defined in Section 216 of the Internal Revenue Code of 1954?

(c) Is this corporation a **HOMEOWNER'S ASSOCIATION** which administers a Common Interest Community as defined in Subsection (c) of Section 9-102 of the Code of Civil Procedure?

Item 7. Please complete this item.

Item 8. **THIS REPORT MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE CORPORATION!** Please type or print the name and title of the officer signing this report as well as the date of signing.

DETACH AT PERFORATION - DO NOT SUBMIT A PHOTOCOPY

Page #: 004117

1) Corporate Name MANUFACTURERS REPRESENTATIVES EDUCATIONAL RESEARCH FOUNDATION		File Number N 5262-154-2
4) President Name/Address Bob Garrett, 15 E Palatine RD, STE 107, Prospect Heights, IL 60070		3a) Date of Inc./Qual. 01-14-1982
Secretary Name/Address Duncan Macdonald, 16604 Edwards RD, Cerritos, CA 90703		3b) State of Inc. ILLINOIS
Director Name/Address Kathleen Cahill, 10 Railroad ST, Victor, NY 14564		Annual Report General Not For Profit Corporation Act
Director Name/Address Charley Cohon, PO Box 152, Morton Grove, IL 60053		
Director Name/Address Kevin Adams, 7165 S.W. Fir Loop STE 107, Tigard, OR 97223		
Director Name/Address Thomas L. Wilson, 7419-34th AVE NW, Seattle, WA 98117		
5) Brief Description of the corporation's activities: Increase public awareness of value of independent multiple-line selling organizations		
7) Principal Address of the Corporation (Street, City, State, Zip Code) 8329 Cole ST, Arvada CO 80005		Year of: 2010
2) Registered Agent % PATRICK W MELVIN 08-08-05 10827 S WESTERN AVE CHICAGO IL 60643 COOK COUNTY		6a) Is this Corporation a CONDOMINIUM ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6b) Is this Corporation a COOPERATIVE HOUSING CORP.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6c) Is this Corporation a HOMEOWNER'S ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the General Not For Profit Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete

8) Signature

Title

Date

YEAR OF 2010
DUE PRIOR TO 2-1-2010

SECRETARY OF STATE JESSE WHITE
STATE OF ILLINOIS

PAGE 1
CORPORATION FILE #
N 5628-734-5

FILING FEE IS \$10.
IF LATE, ADD PENALTY OF \$3.

General Not For Profit Corporation Act

ANNUAL REPORT
(Form NFPCAF - Rev. 09/30/2009)

** THIS REPORT CAN BE FILED ON-LINE @ www.cyberdriveillinois.com WITH AN EXPEDITED FEE. **
(USE BLACK INK)

**CLIENT
COPY**
08-08-05
COOK COUNTY

THE INSTITUTE FOR PROFESSIONAL ADVANCEMENT, INC.
% PATRICK W MELVIN
10827 S WESTERN AVE
CHICAGO IL 60643

- Item 1. Verify that the corporate name is correct.
- Item 2. Verify that the name of the registered agent and the address of the registered office are correct. You cannot change the registered agent and/or registered office on the annual report form printed below. In order to change the registered agent and/or registered office, it will be necessary to file with the Secretary of State form NFP 105.10/105.20. Mail the NFP 105.10/105.20, Annual Report and \$5 filing fee TOGETHER in the SAME envelope. This form can be downloaded from our internet web site at www.cyberdriveillinois.com. Click on "Departments", then "Business Services" then "Publications and Forms".
- Items 3(a), 3(b). Verify printed information is correct.
- Item 4. Must set forth the names and addresses of all officers and directors of the corporation as of the date of signing. **ILLINOIS CORPORATIONS MUST HAVE AT LEAST THREE (3) DIRECTORS!** If there are additional officers and/or more than three directors, you must attach a list to this report setting forth all other name(s), title(s) and address(es). Please write the file number on all attachments.

- Item 5. Please complete this item.
- Item 6. Please mark the appropriate box where indicated in response to the following questions:
- (a) Is this corporation a **CONDOMINIUM** Association as established under the Condominium Property Act?
- (b) Is this corporation a **COOPERATIVE HOUSING CORPORATION** defined in Section 216 of the Internal Revenue Code of 1954?
- (c) Is this corporation a **HOMEOWNER'S ASSOCIATION** which administers a Common Interest Community as defined in Subsection (c) of Section 9-102 of the Code of Civil Procedure?
- Item 7. Please complete this item.
- Item 8. **THIS REPORT MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE CORPORATION!** Please type or print the name and title of the officer signing this report as well as the date of signing.

DETACH AT PERFORATION - DO NOT SUBMIT A PHOTOCOPY

Page #: 004124

1) Corporate Name THE INSTITUTE FOR PROFESSIONAL ADVANCEMENT, INC.		File Number N 5628-734-5
4) President Name/Address Mike Long, PO Box 6526, Ocean Isle Beach, NC 28469		3a) Date of Inc./Qual. 02-21-1991
Secretary Name/Address Duncan MacDonald, 16604 Edwards RD, Cerritos, CA 90703		3b) State of Inc. ILLINOIS
Director Name/Address Kathleen Cahill, 10 Railroad ST, Victor, NY 14564		Annual Report General Not For Profit Corporation Act Year of: 2010
Director Name/Address Steve Goldschmidt, 4404 Oakville DR, Cincinnati, OH 45211		
Director Name/Address Carl Mathis, PO Box 99356, Raleigh, NC 27624		
Director Name/Address John O'Brien, 60 Worcester RD, Framingham, MA 01702		
5) Brief Description of the corporation's activities. Business Assoc. of members of Manufacturers' Representative Profession		
7) Principal Address of the Corporation (Street, City, State, Zip Code) 8329 Cole ST, Arvada CO 80005		
2) Registered Agent % PATRICK W MELVIN 08-08-05 10827 S WESTERN AVE CHICAGO IL 60643 COOK COUNTY		6a) Is this Corporation a CONDOMINIUM ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		6b) Is this Corporation a COOPERATIVE HOUSING CORP.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		6c) Is this Corporation a HOMEOWNER'S ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the General Not For Profit Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.		8) Signature