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Form 990

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)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

Form header section containing organization name (SYCAMORE SCHOOL), address (1750 WEST 64TH STREET INDIANAPOLIS, IN 46260), principal officer (DIANE BORGMANN), and identification numbers.

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes rows for revenue (lines 8-12), expenses (lines 13-19), and net assets (lines 20-22).

Part II Signature Block

Signature block containing the signature of Diane Borgmann, Head of School, dated 3-5-10, and the preparer's information.

Preparer information section including the preparer's name (CROWE HORWATH LLP), address, and phone number.

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

SCANNED MAR 30 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SYCAMORE SCHOOL EXISTS SO THAT ACADEMICALLY GIFTED CHILDREN CAN
EXPERIENCE THE ENRICHED, ACCELERATED EDUCATION THEY NEED TO REACH
THEIR POTENTIAL AND LEAD RESPONSIBLE, CONSTRUCTIVE, FULFILLING LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 1,393,909. including grants of \$ 44,693.) (Revenue \$ 1,358,432.)
SEE STATEMENT 1

4b (Code: _____) (Expenses \$ 1,953,028. including grants of \$ 161,640.) (Revenue \$ 2,154,137.)
SEE STATEMENT 1

4c (Code _____) (Expenses \$ 1,969,812. including grants of \$ 166,638.) (Revenue \$ 2,115,160.)
SEE STATEMENT 2

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 5,316,749. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 27 rows of questions regarding organizational compliance with various IRS sections (501(c)(3), 501(c)(4), 501(c)(5), 501(c)(6), etc.) and their corresponding schedules (A, B, C, D, E, F, G, H, I, J, K, L).

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

Table with 11 rows of questions (1a-11) and columns for Yes/No. Includes sub-questions 1a, 1b, 7a, 7b, 8a, 8b, 9a, 9b. Responses include 'X' marks in the Yes/No columns.

Section B. Policies

Table with 8 rows of questions (12a-16b) and columns for Yes/No. Includes sub-questions 12a, 12b, 12c, 15a, 15b, 16a, 16b. Responses include 'X' marks in the Yes/No columns.

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. DIANE BORGMANN 1750 WEST 64TH STREET INDIANAPOLIS, IN 46260 (317) 253-5288

Part VIII Statement of Revenue

35-1627876

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	34,665.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	316,809.			
	g Noncash contributions included in lines 1a-1f: \$		17,895.			
	h Total. Add lines 1a-1f		351,474.			
	Program Service Revenue	Business Code				
2a TUITION AND FEES			5,282,946.	5,282,946.		
b LUNCH FEES			118,340.	118,340.		
c TESTING AND APPLICATION FEES			12,650.	12,650.		
d EXTRACURRICULAR PROGRAMS			150,261.	150,261.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f		5,564,197.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		88,300.		88,300.	
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)			NONE		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		11,891.		
		b Less cost or other basis and sales expenses		19,308.		
		c Gain or (loss)		-7,417.		
	d Net gain or (loss)		-7,417.		-7,417.	
	8a Gross income from fundraising events (not including \$ 34,665. of contributions reported on line 1c) See Part IV, line 18	a		88,715.		
		b Less direct expenses	b	NONE		
c Net income or (loss) from fundraising events			88,715.		88,715.	
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			NONE		
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory			NONE		
Miscellaneous Revenue		Business Code				
11a OTHER INCOME		63,532.	63,532.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		63,532.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		6,148,801.	5,627,729.	NONE	169,598.	

Part IX 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).

Do not include amounts reported on lines 6b, 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 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	372,971.	372,971.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	472,483.	167,629.	304,854.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	43,141.		43,141.	
7 Other salaries and wages	2,636,653.	2,335,534.	203,286.	97,833.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	224,088.	198,542.	16,499.	9,047.
9 Other employee benefits	249,913.	206,522.	36,355.	7,036.
10 Payroll taxes	216,801.	192,086.	18,006.	6,709.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	14,482.		14,482.	
c Accounting	15,500.		15,500.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	116,643.	116,643.		
12 Advertising and promotion	46,666.	46,666.		
13 Office expenses	49,324.	28,898.	16,601.	3,825.
14 Information technology	69,473.	46,898.	22,575.	
15 Royalties	NONE			
16 Occupancy	360,568.	356,169.	3,714.	685.
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	98,425.	97,224.	1,014.	187.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	649,147.	641,228.	6,686.	1,233.
23 Insurance	55,809.	55,128.	575.	106.
24 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)				
a INSTRUCTIONAL EXPENSE	260,368.	260,368.		
b PROFESSIONAL DEVELOPMENT	49,290.	47,286.	1,867.	137.
c BAD DEBT EXPENSE	30,526.	12,000.		18,526.
d SEARCH/RELOCATION	83,603.		83,603.	
e ENHANCEMENT/DESIGNATED FUND	76,768.	75,831.	937.	
f All other expenses	130,647.	59,126.	52,954.	18,567.
25 Total functional expenses. Add lines 1 through 24f	6,323,289.	5,316,749.	842,649.	163,891.
26 Joint Costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	5,983,157.	2	5,653,535.
	3	Pledges and grants receivable, net	429,556.	3	265,937.
	4	Accounts receivable, net	1,547,909.	4	1,401,264.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use	1,544.	8	1,079.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost basis	10a 12,548,660.		
	b	Less: accumulated depreciation Complete Part VI of Schedule D.	10b 4,555,740.	8,319,124.	10c 7,992,920.
	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		14	
	15	Other assets. See Part IV, line 11	149,656.	15	285,378.
16	Total assets. Add lines 1 through 15 (must equal line 34)	16,430,946.	16	15,600,113.	
Liabilities	17	Accounts payable and accrued expenses	640,827.	17	358,020.
	18	Grants payable		18	
	19	Deferred revenue	2,751,992.	19	2,570,308.
	20	Tax-exempt bond liabilities	3,825,000.	20	3,625,000.
	21	Escrow 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 of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable.		24	
	25	Other liabilities Complete Part X of Schedule D	71,309.	25	79,455.
	26	Total liabilities. Add lines 17 through 25.	7,289,128.	26	6,632,783.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	8,613,053.	27	8,681,607.
	28	Temporarily restricted net assets	528,765.	28	285,723.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,141,818.	33	8,967,330.
	34	Total liabilities and net assets/fund balances.	16,430,946.	34	15,600,113.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III 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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12).

14 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 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.

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

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

SYCAMORE SCHOOL

35-1627876

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		341,984.		341,984.
b Buildings		10,834,184.	3,495,118.	7,339,066.
c Leasehold improvements		37,908.	37,908.	NONE
d Equipment		1,334,584.	1,022,714.	311,870.
e Other		NONE	NONE	NONE
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				7,992,920.

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)	1	6,148,801.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,323,289.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-174,488.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-174,488.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,775,830.
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	Subtract line 2e from line 1	3	5,775,830.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	372,971.
c	Add lines 4a and 4b	4c	372,971.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,148,801.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,950,318.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,950,318.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	372,971.
c	Add lines 4a and 4b	4c	372,971.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	6,323,289.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

SCHEDULE D, PART X

FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

(FIN 48), ISSUED JULY 2006, WAS EFFECTIVE AS OF JANUARY 1, 2007.

SYCAMORE SCHOOL HAS ADOPTED FIN 48. FIN 48 REQUIRES THE SCHOOL TO

RECOGNIZE A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX

POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION

BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF

TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON

EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT

TEST, NO TAX BENEFIT IS RECORDED. THE SCHOOL HAS EXAMINED THIS ISSUE AND

HAS DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES OR

QUESTIONABLE TAX POSITIONS.

OTHER REVENUE INCLUDED IN FORM 990

SCHEDULE D, PART XII, LINE 4B

SCHOLARSHIPS \$372,971

TOTAL \$372,971

OTHER EXPENSES INCLUDED IN FORM 990

SCHEDULE D, PART XIII, LINE 4B

SCHOLARSHIPS \$372,971

TOTAL \$372,971

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization
SYCAMORE SCHOOL

Employer identification number
35-1627876

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain <u>SYCAMORE SCHOOL'S NONDISCRIMINATORY POLICY IS DISTRIBUTED ON PRINTED MATERIALS SO THAT ALL CONSTITUENTS ARE AWARE OF THE POLICY.</u>	X	
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		X
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	X	

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule E (Form 990 or 990-EZ) 2008

JSA
8E1273 1 000

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		AUCTION (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	123,380.			123,380.
	2 Less: Charitable contributions	34,665.			34,665.
	3 Gross revenue (line 1 minus line 2)	88,715.			88,715.
Direct Expenses	4 Cash prizes	NONE			NONE
	5 Non-cash prizes	NONE			NONE
	6 Rent/facility costs	NONE			NONE
	7 Other direct expenses	NONE			NONE
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(NONE)
9 Net income summary. Combine lines 3 and 8 in column (d)					88,715.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities. _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
Name ▶ _____ Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address.			
Name ▶ _____ Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions.			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

SYCAMORE SCHOOL

Employer identification number

35-1627876

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III.

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

HOUSING ALLOWANCES OR RESIDENCE FOR PERSONAL USE

SCHEDULE J, PART I, LINE 1A

A HOUSING ALLOWANCE WAS PROVIDED TO THE HEAD OF SCHOOL. THIS WAS TREATED

AS TAXABLE COMPENSATION TO THE INDIVIDUAL.

SEVERANCE OR CHANGE OF CONTROL PAYMENT

SCHEDULE J, PART I, LINE 4A

A SEVERANCE PAYMENT WAS MADE TO LEO P. DRESSEL DURING THE YEAR ENDED JUNE

30, 2009. THE AMOUNT OF THIS PAYMENT WAS \$95,750.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

SYCAMORE SCHOOL

35-1627876

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BILL AYRES TRUSTEE	1.	X					NONE	NONE	NONE	
MARTIN BOTT TRUSTEE	1.	X					NONE	NONE	NONE	
BOB BRODY TRUSTEE	1.	X					NONE	NONE	NONE	
TRACI CALDWELL TRUSTEE	1.	X					NONE	NONE	NONE	
FRANK CHENG TRUSTEE	1.	X					NONE	NONE	NONE	
JEFF HEARN CHAIR OF TRUSTEES	10.	X		X			NONE	NONE	NONE	
PHIL JOHNSON TREASURER	1.	X		X			NONE	NONE	NONE	
KRAIG KINCHEN EDUCATIONAL VICE PRESIDENT	1.	X		X			NONE	NONE	NONE	
ABBY KLEMSZ TRUSTEE	1.	X					NONE	NONE	NONE	
RANDY LOSER TRUSTEE	1.	X					NONE	NONE	NONE	
MICHAEL MERVIS TRUSTEE	1.	X					NONE	NONE	NONE	
MEREDITH MILES TRUSTEE	1.	X					NONE	NONE	NONE	
ANDY NEHER TRUSTEE	1.	X					NONE	NONE	NONE	
JEAN WRIGHT SECRETARY	1.	X		X			NONE	NONE	NONE	
SEEMA MERNITZ TRUSTEE	1.	X					NONE	NONE	NONE	
TRACY SWEARINGEN TRUSTEE	1.	X					NONE	NONE	NONE	
JACK TANSALLE TRUSTEE	1.	X					NONE	NONE	NONE	
LEO DRESSEL HEAD OF SCHOOL	40.			X			210,046.	NONE	19,481.	
SUSAN KARPICKE INTERIM CO-HEAD OF SCHOOL	40.			X			82,452.	NONE	16,943.	
GLENN LYKENS INTERIM HEAD OF SCHOOL	40.			X			84,753.	NONE	6,440.	
DIANNE RIDINGS BUSINESS MANAGER	40.			X			81,522.	NONE	8,652.	

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

Schedule J-2 (Form 990) 2008

Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Department of the Treasury
Internal Revenue Service

Name of the organization

SYCAMORE SCHOOL

Employer identification number

35-1627876

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A INDIANA DEVELOPMENT FINANCE AUTHORITY	35-1602316	45504RGW0	08/27/2004	4,215,000.	EDUCATIONAL FACILITIES PROJECTS		X		X
B									
C									
D									
E									

Part II Proceeds (Optional for 2008)

	A					B					C					D					E				
	Yes	No	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	No	
1 Total proceeds of issue																									
2 Gross proceeds in reserve funds																									
3 Proceeds in refunding or defeasance escrows																									
4 Other unspent proceeds																									
5 Issuance costs from proceeds																									
6 Working capital expenditures from proceeds																									
7 Capital expenditures from proceeds																									
8 Year of substantial completion																									
9 Were the bonds issued as part of a current refunding issue?																									
10 Were the bonds issued as part of an advance refunding issue?																									
11 Has the final allocation of proceeds been made?																									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?																									

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. ▶		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

Name of the organization

Employer identification number

SYCAMORE SCHOOL

35-1627876

ORGANIZATIONS THAT MAY RECEIVE DEDUCTIBLE CONTRIBUTIONS

FORM 990, PART V, LINE 7G AND LINE 7H

THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED

INTELLECTUAL PROPERTY, CARS, BOATS, AIRPLANES OR OTHER VEHICLES.

THEREFORE, THESE QUESTIONS ARE NOT APPLICABLE FOR THE CURRENT YEAR AND

HAVE BEEN INTENTIONALLY LEFT BLANK.

MEMBERS OF THE ORGANIZATION

FORM 990, PART VI, LINES 6-7A

THE ORGANIZATION HAS ONE CLASS OF MEMBERS THAT INCLUDES PARENTS OR LEGAL

GUARDIANS OF STUDENTS ENROLLED AT SYCAMORE SCHOOL. THE MEMBERS HAVE THE

RIGHT TO VOTE ON INDIVIDUALS ELECTED TO THE BOARD OF DIRECTORS.

COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

FORM 990, PART VI, LINE 8B

THIS QUESTION IS NOT APPLICABLE TO THE ORGANIZATION BECAUSE THERE ARE NO

COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

THEREFORE THIS QUESTION WAS INTENTIONALLY LEFT BLANK.

Name of the organization

Employer identification number

SYCAMORE SCHOOL

35-1627876

REVIEW OF FORM 990 BY GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 10

THE FORM 990 IS REVIEWED BY THE HEADMASTER AND THE FINANCE COMMITTEE.

ONCE REVIEWED AND APPROVED, EACH MEMBER OF THE BOARD OF TRUSTEES RECEIVES

A COPY OF THE FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE

SERVICE.

Name of the organization

Employer identification number

SYCAMORE SCHOOL

35-1627876

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

EACH TRUSTEE AND EACH PERSON IN SENIOR MANAGEMENT ARE REQUIRED TO

ANNUALLY STATE THEIR CONFLICTS OF INTEREST, IF ANY, AND SIGN A CONFLICT

OF INTEREST STATEMENT. THESE STATEMENTS ARE REVIEWED BY THE HEAD OF

SCHOOL. IF THERE IS A CONFLICT OF INTEREST, IT WILL BE BROUGHT TO THE

ATTENTION OF THE CHAIR OF TRUSTEES. THE INDIVIDUAL WITH A CONFLICT WILL

ABSTAIN FROM VOTING ON MATTERS RELATED TO THE CONFLICT OF INTEREST.

Name of the organization

Employer identification number

SYCAMORE SCHOOL

35-1627876

PROCESS USED TO ESTABLISH COMPENSATION FOR TOP OFFICIALS

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

THE COMPENSATION OF THE HEAD OF SCHOOL IS DETERMINED BY AN INDEPENDENT

COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE USES A COMPENSATION

SURVEY TO DETERMINE THE COMPENSATION. HOWEVER, THE DELIBERATIONS AND

DECISION ARE NOT DOCUMENTED.

THE COMPENSATION OF THE OTHER OFFICERS IS DETERMINED BY THE HEAD OF

SCHOOL, WHO IS NOT AN INDEPENDENT PERSON.

Name of the organization

Employer identification number

SYCAMORE SCHOOL

35-1627876

DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ETC.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND

GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART III - PROGRAM SERVICES
=====4A PROGRAM SERVICE

THE EARLY CHILDHOOD DIVISION OF SYCAMORE SCHOOL IS DIRECTED TOWARD STUDENTS RANGING IN AGE FROM TWO AND A HALF YEARS THROUGH KINDERGARTEN. THE CURRICULUM PROVIDES ENRICHING, STIMULATING ACTIVITIES AND EXPERIENCES FOR THE YOUNG GIFTED CHILD. CHILDREN ARE ABLE TO PLAY, WORK, AND LEARN IN A SUPPORTIVE ATMOSPHERE THAT SETS FREE A CHILD'S CURIOSITY AND INTERESTS, ENCOURAGING EXPLORATION AND EXPERIMENTATION. THE PROGRAM ATTEMPTS TO PRODUCE HAPPY, SELF-CONFIDENT CHILDREN WITH POSITIVE FEELINGS TOWARD THEMSELVES, LEARNING, AND SCHOOL. THE STUDENTS PARTICIPATE IN UNITS OF STUDY AND USE A VARIETY OF MATERIALS. PRESCHOOL STUDENTS READ AND WRITE TO THE EXTENT OF THEIR ABILITY. READING, WRITING, AND MATH INSTRUCTION BEGIN IN KINDERGARTEN, AND CHILDREN ARE GROUPED WITH OTHERS HAVING SIMILAR SKILLS. STUDENTS RECEIVE INSTRUCTION FROM SPECIALISTS IN SPANISH, ART APPRECIATION, MUSIC, AND PHYSICAL EDUCATION. EACH CLASSROOM IS EQUIPPED WITH TWO OR MORE NETWORKED COMPUTERS, AND KINDERGARTEN STUDENTS GO TO THE COMPUTER LAB FOR ADDITIONAL INSTRUCTION. THERE ARE 113 STUDENTS IN THIS DIVISION.

4B PROGRAM SERVICE

THE LOWER SCHOOL DIVISION OF THE SCHOOL IS COMPRISED OF 146 STUDENTS IN GRADES FIRST THROUGH FOURTH. THE EDUCATION AT THIS LEVEL IS BASED UPON SIGNIFICANT MODIFICATIONS IN KEY COMPONENTS OF A TRADITIONAL CURRICULUM:

CONTENT: THE CONTENT OF THE CURRICULUM IS COORDINATED AROUND READING AND OTHER LANGUAGE ARTS, MATHEMATICS, SCIENCE, SOCIAL STUDIES, AND THE ARTS. STUDENTS STUDY CONTENT THAT IS MORE ABSTRACT, MORE COMPLEX, BROADER, AND DEEPER THAN THE NORM. STUDIES ARE BOTH ACCELERATED AND ENRICHED THROUGH FLEXIBLE GROUPING STRATEGIES, FIELD TRIPS, RESOURCE PEOPLE, MENTORS, AND WRITTEN AND VISUAL MEDIA. INSTRUCTION IN MUSIC, ART, SPANISH, COMPUTER TECHNOLOGY, AND PHYSICAL EDUCATION IS PROVIDED BY SPECIALISTS IN THOSE AREAS.

THINKING SKILLS: AFTER ESTABLISHING A SOLID KNOWLEDGE BASE, EMPHASIS IS ON CRITICAL AND CREATIVE THINKING SKILLS, PROBLEM SOLVING AND LOGICAL REASONING, RESEARCH SKILLS, AND A WIDE VARIETY OF COMMUNICATION SKILLS.

PRODUCTS: STUDENTS ARE ASSISTED IN INDIVIDUAL AND GROUP

FORM 990, PART III - PROGRAM SERVICES

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INVESTIGATIONS OF REAL PROBLEMS THAT NECESSITATE RESEARCH AND INVOLVE THE DEVELOPMENT OF A PRODUCT. THEY LEARN TO DEVELOP PRODUCTS IN SEVERAL CATEGORIES: WRITTEN, ORAL, MEDIA/VISUAL ARTS, AND PERFORMING ARTS.

ENVIRONMENT: THE DEVELOPMENT OF POSITIVE SELF ESTEEM, INDEPENDENCE, INTERPERSONAL SKILLS, LEADERSHIP, RESPONSIBILITY, APPRECIATION OF DIVERSITY, AND THE UNDERSTANDING OF ONE'S GIFTEDNESS ARE AIMS OF SYCAMORE SCHOOL. TEACHERS PROMOTE CONCERN AND COMPASSION, RISK-TAKING, CURIOSITY, ORGANIZATION, COMMUNICATION, AND IMAGINATION BY ESTABLISHING CLASSROOMS THAT ARE COMPLEX, OPEN-ENDED, AND ACCEPTING ENVIRONMENTS.

4C PROGRAM SERVICE

THE SYCAMORE MIDDLE SCHOOL PROGRAM SERVES ACADEMICALLY GIFTED YOUNG ADOLESCENTS IN FIFTH THROUGH EIGHTH GRADES AND PROVIDES THEM OPPORTUNITIES TO BRANCH OUT FROM THEIR EXPERIENCES IN THE LOWER GRADES. STUDENTS MOVE FROM CLASS TO CLASS AND RECEIVE INSTRUCTION FROM MANY TEACHERS. THERE ARE 148 STUDENTS IN THE MIDDLE SCHOOL.

THE PROGRAM IS RIGOROUS AND BOTH ACCELERATED AND ENRICHED IN A MANNER SPECIFICALLY DIFFERENTIATED FOR GIFTED LEARNERS. A MAIN FOCUS OF THE PROGRAM IS LEARNING TO DEVELOP PERSONAL RESPONSIBILITY AND FIND A BALANCE BETWEEN INDEPENDENCE AND RELIANCE UPON ADULTS FOR GUIDANCE AND LIMITS.

THE MIDDLE SCHOOL CURRICULUM IS DESIGNED TO MEET THE SPECIAL NEEDS OF GIFTED AND TALENTED ADOLESCENTS AS THEY DEVELOP THEIR INCREASING ABILITY FOR COMPLEX THOUGHT. IN A MORE TYPICAL MIDDLE SCHOOL ENVIRONMENT WITH A BROADER MISSION, CURRICULUM AND ACADEMIC REQUIREMENTS MAY NOT BE SUFFICIENTLY CHALLENGING TO PROVIDE FOR INTELLECTUAL GROWTH AND THE DEVELOPMENT OF EFFECTIVE STUDY SKILLS AND HABITS. SYCAMORE'S MIDDLE SCHOOL CURRICULUM IS DESIGNED TO GIVE STUDENTS A SOLID FOUNDATION FOR FURTHER STUDY AND ENABLES THEM TO FUNCTION AS AUTONOMOUS LEARNERS. AT SYCAMORE, SUBJECTS DO NOT EXIST AS COMPLETELY SEPARATE ENTITIES, BUT OVERLAP AND INTERRELATE AS THE STUDENT BEGINS TO MAKE GREATER SENSE OF THE LARGER WORLD. IN ADDITION TO LAYING THE FOUNDATION FOR FUTURE LEARNING, THE CURRICULUM DEVELOPS STUDENTS' ABILITIES TO THINK CRITICALLY, EVALUATE, COMMUNICATE EFFECTIVELY, REASON, SOLVE PROBLEMS, AND VALUE THE DIVERSE VIEWPOINTS, HERITAGES, AND EXPERIENCES OF OTHERS.

FORM 990, PART III - PROGRAM SERVICES
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STUDENTS RECEIVE DAILY INSTRUCTION IN HISTORY, LANGUAGE ARTS, MATHEMATICS, AND SCIENCE. MATH CLASSES ARE GROUPED ACROSS GRADE LEVELS ACCORDING TO STUDENTS' LEVEL OF SKILL AND CONCEPT DEVELOPMENT. ALL STUDENTS ARE EXPECTED TO COMPLETE A YEAR OF HIGH SCHOOL ALGEBRA. ADVANCED STUDENTS HAVE THE OPPORTUNITY TO TAKE GEOMETRY AND ALGEBRA II. SPECIAL CLASSES MEET BETWEEN ONE TO THREE PERIODS PER WEEK THAT INCLUDE ART, COMPUTER TECHNOLOGY, PHYSICAL EDUCATION, AND SPANISH. STUDENTS MAY CHOOSE TO PARTICIPATE IN INSTRUMENTAL MUSIC AND/OR CHOIR. SYCAMORE MIDDLE SCHOOL STUDENTS MAY PARTICIPATE IN MANY AFTER SCHOOL ACTIVITIES, INCLUDING A FULL RANGE OF SPORTS, DRAMA, AND VARIOUS ACADEMIC COMPETITIONS.

SERVICE PROJECTS, SPEAKERS, TRIPS, AND OTHER ENRICHMENT OPPORTUNITIES ENHANCE THE EDUCATIONAL PROGRAM. MIDDLE SCHOOL STUDENTS TAKE OVERNIGHT TRIPS TO VARIOUS CITIES WITHIN INDIANA AND OTHER LOCATIONS INCLUDING CHICAGO, CULVER, THE FLORIDA KEYS, THE SMOKY MOUNTAINS, AND WASHINGTON D.C.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

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NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

QUALITY BUILDING MAINTENANCE
7740 MOLLER RD.
INDIANAPOLIS, IN 46268

JANITORIAL SERVICES

113,919.

TOTAL COMPENSATION

113,919.
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Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

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

Type or print	Name of Exempt Organization <u>SYCAMORE SCHOOL</u>	Employer identification number <u>35-1627876</u>
	Number, street, and room or suite no. If a P.O. box, see instructions <u>1750 WEST 64TH STREET</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>INDIANAPOLIS, IN 46260</u>	
	File by the due date for filing your return. See instructions	

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

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

• The books are in the care of ► DIANNE RIDINGS

Telephone No ► 317 253-5288 FAX No ► _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or
► tax year beginning 07/01, 2008, and ending 06/30, 2009

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

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

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization SYCAMORE SCHOOL	Employer identification number 35-1627876
	Number, street, and room or suite no. If a P O box, see instructions 1750 WEST 64TH STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions INDIANAPOLIS, IN 46260	

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

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

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

- The books are in the care of DIANE BORGMANN
Telephone No. 317 202-2500 FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 05/15/2010
- For calendar year _____, or other tax year beginning 07/01/2008, and ending 06/30/2009
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c \$	NONE

Signature and Verification

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

Signature Brittney W. King Title CPA Date 1/25/2010

CROWE HORWATH LLP
3815 RIVER CROSSING PKWY, SUITE 300
INDIANAPOLIS, IN 46240-0977