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DLN: 93493059001051

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

2008

OMB No 1545-0047

Department of the Treasury

benefit trust or private foundation) Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number B Check if applicable Ivymount School INC use IRS Address change 52-1195527 label or Doing Business As E Telephone number Name change print or type. See Specific (301) 469-0223 Initial return umber and street (or P O box if mail is not delivered to street address) Instruc-G Gross receipts \$ 20,022,032 11614 Seven Locks Road Termination tions. Amended return City or town, state or country, and ZIP + 4 Rockville, MD 20854 Application pending Name and address of principal officer **H(a)** Is this a group return for JAN WINTROL affiliates? 11614 SEVEN LOCKS ROAD ROCKVILLE, MD 20854 H(b) Are all affiliates included? If "No," attach a list (see instructions) Group exemption number 🕨 H(c)**Website: ►** www.ivymount.org K Type of organization ✓ Corporation Trust Association Other ► L Year of formation 1980 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities THE IVYMOUNT SCHOOL IS A PRIVATE, NON-PROFIT, NONSECTARIAN DAY SCHOOL FOR CHILDREN WITH MENTAL RETARDATION, MULTIPLE DISABILITIES, OTHER HEALTH IMPAIRMENTS, SPECIFIC LEARNING DISABILITIES, SPEECH OR LANGUAGE IMPAIRMENT, AND AUTISM THE SCHOOL IS LOCATED IN ROCKVILLE, MARYLAND AND RECEIVES THE Activities & Governance MAJORITY OF ITS FUNDING THROUGH TUITION REVENUE FROM LOCAL GOVERNMENTS AND CONTRIBUTIONS Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) $\,$. $\,$. 19 Total number of employees (Part V, line 2a) . . . 368 150 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 463,060 264,160 Program service revenue (Part VIII, line 2g) . 12,006,046 13,107,622 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 292,560 -9,059 10 49,860 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 67,590 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 12,829,256 13,412,583 12) . Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 10,134,411 11,565,252 Professional fundraising fees (Part IX, column (A), line 11e) . 0 16a Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 148,075$ b 1,988,856 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,732,622 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12,867,033 13,554,108 -37,777 -141,525 19 Revenue less expenses Subtract line 18 from line 12 . <u>ኞ</u> **Beginning of Year End of Year** Assets o d Bafance 20 14,650,293 Total assets (Part X, line 16) . . . 14,250,211 21 Total liabilities (Part X, line 26) . . 4,439,885 4,372,508 22 Net assets or fund balances Subtract line 21 from line 20. 10,210,408 9,877,703 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 2011-02-22 Sign Signature of officer Date Here Jan Wintrol DIRECTOR Type or print name and title Check If Preparer's identifying number Preparer's signature JOHN SQUIRE (see instructions) Paid empolyed 🕨 🧧 Preparer's SQUIRE LEMKIN COMPANY LLP Firm's name (or yours if self-employed), address, and ZIP + 4 **Use Only** 111 ROCKVILLE PIKE SUITE 475

ROCKVILLE, MD 20850

May the IRS discuss this return with the preparer shown above? (see instructions)

▼Yes 「No

Phone no (301) 424-6800

Part III Statement of Program Service Accomplishments (see instructions.)

	1	Briefly	describe	the c	organizatio	n's	missio
--	---	---------	----------	-------	-------------	-----	--------

4e	Total program co	rvice expenses ⊁ \$	10 872 08	5 (Must equal Part IX)	une 25 column (B)	
4d	Other program se (Expenses \$	ervices (Describe in Sch inc	edule O) udıng grants of	· \$) (Revenue \$)
	(Code) (Expenses \$	3,507,801	including grants of \$) (Revenue \$)
		provides educational therapy to nmer without additional therap		ere learning disabilities during	the summer months this program t	argets children who might
4c	(Code) (Expenses \$	•	including grants of \$) (Revenue \$)
	Autism program - pro	ovides education and behavior	al programs to chil	dren with autism		
4b	(Code) (Expenses \$	2,180,196	including grants of \$) (Revenue \$)
	Basic Program - prov	rides educational and therapeu	tic services to child	Iren with severe and multiple	learning disabilities throughout the r	normal school year
4a	(Code	ers, the total expenses, a 		any, for each program se 	rvice reported) (Revenue \$)
4	Section 501(c)(3)	and 501(c)(4) organizat	ions and sectio	on 4947(a)(1) trusts are	rgest program services by ex required to report the amoun	•
	If "Yes," describe	these changes on Sched	ule O			
3	Did the organization services?	on cease conducting, or i	make sıgnıfıcan	t changes in how it cond		Yes 🔽 No
	If "Yes," describe	these new services on S	chedule O			
2	_	on undertake any signific O or 990-EZ?		= -		Yes 🔽 No
		HOUGHTFUL CHOICES ON SO THAT OUR EXPE			LEADERS IN THE COMMUNI	ITY AND IN THE FIEL
					TO SUPPORT FAMILIES IN T	

Part IV Checklist o) f	Required	Schedules
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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 I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{2}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	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		
25a	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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

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			
а	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)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		Νο
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		Νο
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		Νο
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		Νο
	organization? If "Yes," complete Schedule R, Part V, line 2			

	990 (2008)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
	1a 13			
ь	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?	1c	Yes	
2a	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			
b	return			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the			

year

(301) 469-0223

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

Se	ction A. Governing Body and Management			
			Yes	No
	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.			
1a	Enter the number of voting members of the governing body 1a 21			
b	Enter the number of voting members that are independent 19			
2	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		Νο
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			_
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	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	11		No
Se	ction B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	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		Νο
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?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed MD			
18	Section 6104 requires an organization to make its Form 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 Own website. Another's website. Upon request			
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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	nızatıor	ı -
	The School 11614 Seven Locks Road Rockville, MD 20854			

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

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

- 1a Complete this table for all persons required to be listed. 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - 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, or 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

Check this box if the organization did not compensate any officer, director, trustee or key employee											
		(C) Position (check all that apply)								(F)	
(A) Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	 		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
Cathy bernard president	2 00	Х		х				0	0	0	
Patricia lowe vice president	2 00	X		х				0	0	0	
christopher abell secretary	2 00	Х		х				0	0	0	
Todd stokes treasurer	2 00	Х		х				0	0	0	
Jan wintrol director of school	40 00	Х		х		Х		120,052	0	19,850	
richard barth director	2 00	Х						0	0	0	
judith borten director	2 00	Х						0	0	0	
jonathan cutler director	2 00	Х						0	0	0	
maureen Del luca dırector	2 00	Х						0	0	0	
Maureen donnelly director	2 00	Х						0	0	0	
Gaıl feagles dırector	2 00	Х						0	0	0	
ann gibbons director	2 00	Х						0	0	0	
lısa greenman dırector	2 00	Х						0	0	0	
SARA hayes director	2 00	Х						0	0	0	
sarı hornstein PARENT REPRESENTATIVE	2 00	Х						0	0	0	
fonda lowe FACULTY REPRESENTATIVE	37 50	Х						88,402	0	13,229	
mary merrick director	2 00	Х						0	0	0	

from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

, ·		that apply)						(D)	(E)		(F) Estima	
(A) Name and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Key employee	Highest compensated employee	<u>P</u> C	Reportable compensation from the organization (W- 2/1099-	Reportable compensati from relate organization (W- 2/1099 MISC)	on d ns	amoun othe compens from t organiza and rela	nt of er sation the ation ated
1 Lee Sutherland Irrector	2 00	Х						0		0		0
lwight tennyson Iirector	2 00	Х						0		0		0
suzanne tull Irrector	2 00	Х						0		0		0
ichard weintraub Iirector	2 00	Х						0		0		0
1b Total						-		208,454		0		33,079
2 Total number of compensation fi		(including those in 1a) who rece anization ⊩ 1	ived m	ore t	than	\$100	00,00	0 in reportable				
											Yes	No
		y former officer, director or trust				ee, or	hıg	hest compensated	employee			
		te Schedule J for such individual line 1a, is the sum of reportable				• •	• •bar		 m +h a	3	+-+	N o
organization and		ganizations greater than \$150,0							iii tile			
individual 5 Did anv person	listed on liv	ne 1a receive or accrue compens	ation fr	• ·	•	unrola	• •	organization for s		4	+-+	N o
		n? If "Yes," complete Schedule J fo						_	• • •	5		No
Costion D. Indo		Combinactoria										
Section B. Inde 1 Complete this t		r five highest compensated indep	penden	t coi	ntra	ctors	that	received more tha	an			
\$100,000 of co	mpensation	n from the organization (A)						Ι (В)		(C)	
		Name and business address							of services		Compens	
										\downarrow		
										_		

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512,513,or 514
<u>⊈</u> 1a	Federated cam	paigns 1a					
<u>Б</u> Р	Membership du	es 1b					
ے ا ≩	Fundraising eve	ents 1c					
ਲ ਵ		rations 1d					
<u>≅</u> `							
E e	-						
f	All other contribution	ons, gifts, grants, and 1f ot included above	264,160				
and other similar amounts	Noncash contri lines 1a-1f \$ _	butions included in					
듄 h	Total. Add lines	s 1a-1f	▶	264,160			
2a	tuition		Business Code 900,099	11,012,349	11,012,349		
В в	Intensive therapy		900,099	1,922,470	1,922,470		
			<u> </u>		· · ·		
· C	PROFESSIONAL SV	Cs	900,099	158,502	158,502		
d	program income	_	900,099	14,301	14,301		
e	<u></u>						
2a b c d		am service revenue					
9	Total. Add lines	s 2a - 2f		13,107,622			
3	Investment inc	ome (including dividen	ds, interest				
	and other simils	aramounts)	🕨	118,149			118,149
4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
5	Royalties						
		(ı) Real	(II) Personal				
6a	Gross Rents						
b							
c	expenses Rental income						
	or (loss)		.				
d	Net rental inco	me or (loss)					
	C	(i) Securities	(II) O ther				
7a	Gross amount from sales of	6,482,241					
	assets other than inventory						
ь	Less cost or	6,609,449					
	other basis and sales expenses						
С		-127,208					
d	Net gaın or (los	s)		-127,208			-127,208
8a	Gross income f	rom fundraising					
	events (not ınc	luding					
	\$	reported on line 1c)					
	See Part IV, lin						
	•	а					
ь	Less directex	penses b					
С		· (loss) from fundraising ·	events 🟲				
9a	Gross income f	rom gamıng actıvıtıes					
	See Part IV, lin						
		а					
ь		penses b					
С	Net income or ((loss) from gaming acti	vities				
10a	Gross sales of returns and allo	owances .					
		a					
Ь		oods sold b	L .				
С		(loss) from sales of inve					
	Miscellaneous		Business Code	,			
11a	sublease rental	<u> </u>	532,000	44,684			44,684
b	Other Income		900,099	5,176	5,176		
c	=						
d	d All other reven	ue					
e	Total. Add lines		<u></u> ►	49,860			
12		Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	13,412,583	13,112,798	0	35,625

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organiz

	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).											
			(B), (C), and	(D).	(D)							
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$											
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22											
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	208,454	165,095	43,359								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$											
7	Other salaries and wages	9,137,773	7,122,327	1,901,741	113,705							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	691,818	537,543	145,957	8,318							
9	Other employee benefits	765,640	594,451	161,532	9,657							
10	Payroll taxes	761,567	593,790	158,511	9,266							
11	Fees for services (non-employees)											
а	Management											
b	Legal											
c	Accounting	30,001	30,001									
d	Lobbying											
e	Professional fundraising See Part IV, line 17											
f	Investment management fees											
g	Other	311,810	311,810									
12	Advertising and promotion											
13	Office expenses	534,275	534,275									
14	Information technology											
15	Royalties											
16	Occupancy	585,901	456,824	121,948	7,129							
17	Travel	51,134	51,134									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	47,716	47,716									
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	334,650	334,650									
23	Insurance											
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)											
а		59,862	59,862									
b	Dues	33,394	33,394	 								
С	OTHER EXPENSE	113	113									
d												
e												
f	All other expenses											
25	Total functional expenses. Add lines 1 through 24f	13,554,108	10,872,985	2,533,048	148,075							
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											

Pa	rt X	Balance Sheet					<u> </u>		
					(A)		(B	-	
					Beginning of year		End of	·	
	1	Cash—non-interest-bearing			441	1		441	
	2	Savings and temporary cash investments			1,212,757	2		1,777,603	
	3	Pledges and grants receivable, net	•		136,000	3		125,740	
	4	Accounts receivable, net			877,142	4		1,390,769	
	5	Receivables from current and former officers, directors, trustees other related parties $\it Complete Part II of Schedule L$				5			
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of				6			
14.	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
SS	9	Prepaid expenses and deferred charges			35,849	9		55,739	
⋖	10a	Land, buildings, and equipment cost basis	10a	10,635,330					
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	3,653,464	6,979,324	10c	1	6,981,866	
	11	Investments—publicly traded securities			5,168,594	11	:	3,475,474	
	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		_	240.186	15		442,579	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		-	14,650,293		1.	4,250,211	
	17	Accounts payable and accrued expenses .			1,055,408	17		924,585	
	18	Grants payable		-,,,	18				
	19	Deferred revenue		433,910			540,869		
	20	Tax-exempt bond liabilities		2,395,751	20		2,297,408		
8	21	Escrow account liability Complete Part IV of Schedule D		2,000,101	21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
<u> </u>		persons Complete Part II of Schedule L			22				
_	23	Secured mortgages and notes payable to unrelated third parties		500,000	23		497,034		
	24	Unsecured notes and loans payable	•		24				
	25	Other liabilities Complete Part X of Schedule D			54,816	25		112,612	
	26	Total liabilities. Add lines 17 through 25		4,439,885	26		4,372,508		
<u></u> ان		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27	1, 100,000			1,012,000	
Balance	27	through 29, and lines 33 and 34. Unrestricted net assets			9,902,197	27		9,600,368	
<u>।</u>	28	Temporarily restricted net assets		112,558	28		81,682		
8	29				195,653	29		195,653	
Fund	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ an	.al .a	mlat a	193,033	29			
ŏ		lines 30 through 34.		piece					
sets	30	Capital stock or trust principal, or current funds				30			
Š	31	Paid-in or capital surplus, or land, building or equipment fund				31			
t As	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32			
₹	33	Total net assets or fund balances			10,210,408	33		9,877,703	
	34	Total liabilities and net assets/fund balances			14,650,293	34	1	4,250,211	
Pa	rt XI			1					
	۸		- ^	ual 「Other			Yes	No	
1		ounting method used to prepare the Form 990 Cash 🔽 the organization's financial statements compiled or reviewed by			n n+7	3-		N	
2a L			2a 2b	Yes	No				
	b Were the organization's financial statements audited by an independent accountant?								
C	audıt	es" to 2a or 2b, does the organization have a committee that ass r, review, or compilation of its financial statements and selection	ofanı	ndependent accou	ntant?	2c	Yes		
3a	Sıngl	result of a federal award, was the organization required to underg e Audit Act and OMB Circular A-133?				3a		No	
b	If "Y€	es," did the organization undergo the required audit or audits? .				3b	1		

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DLN: 93493059001051

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Ivymo	ount Sch	nool INC											
							52-1195527						
	rt I			harity Status (to be co	•				Instruct	ions)			
The	organı:			ation because it is (Please									
1	<u> </u>	A church, o	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)((A)(i).				
2	굣	A school d	escribed in Sec	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)							
3	Г	A hospital	or a cooperativ	e hospital service organizati	on describ	bed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)		
4	Г	A medical	research organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the		
		hospital's i	name, city, and	state									
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						rıbed ın					
		Section 170(b)(1)(A)(iv). (Complete Part II)											
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ct ion 170	(b)(1)(A)	(v).				
7	Γ	An organiz	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public		
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)								
8	Γ	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)						
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross		
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of		
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses		
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)				
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)		
11	Γ	-	-	and operated exclusively fo					•	•			
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check								09(a)(3). Check			
		the box that describes the type of supporting organization and complete lines 11e throug a Type I b Type II c Type III - Functionally Integrated							1h d Type III - Other				
e	Г	•	• •	rtify that the organization is	• •								
_	•	•	-	agers and other than one or			•			•	· ·		
		section 50											
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,		
g		check this		as the organization accepted	d any dift i	or contrib	ution from	any of the	1		ı		
9		following pe		as the organization decepted	a any gne	or continb	acron mom	uni, or the	•				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No		
		and (III) be	low, the govern	ng body of the the supported	d organiza	tion?				11g	(i)		
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)		
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)		
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports						
			·		1				1				
		ame of	(ii) EIN	(iii) Type of organization		s the	I .	ou notify	I	s the	(vii) A mount of		
		oorted nization		(described on lines 1 - 9 above or IRC section		ation in Iisted in		inization i) of your	_	ation in rganized	support?		
	Organ	iizatioii		(See Instructions))		verning		ort?		US?			
				(ment?							
					Yes	No	Yes	No	Yes	No			

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
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 and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% 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 **33 1/3% 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

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) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)			
Facts and Circumstances Test				

Schedule A (Form 990 or 990-EZ) 2008

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DLN: 93493059001051

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

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.

Supplemental Financial Statements

Name of the organization Employer identification number Ivymount School INC 52-1195527 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year

Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control?

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?

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

Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year 2a 2b 2c 2d

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

Number of states where property subject to conservation easement is located

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

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

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

☐ Yes

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.

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

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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

▶ \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	•••• Organizations Maintaining Co	ollections of Art,	, His	tori	<u>cal Trea</u>	sures, or (<u>Othe</u>	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e foll	owing that	are a signific	ant u	ıse of its collect	ion	
а	a									
b	Scholarly research e Other									
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın hov	v they	further th	ne organizatio	n's e>	xempt purpose ı	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Г Yes	┌ No
Par	t IV Trust, Escrow and Custodial						answ	ered "Yes" to	Form 9	990,
	Part IV, line 9, or reported an an									
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for c	ontributioi	ns or other as	sets		┌ Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	ete the following tabl	е					T		
								An	nount	
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 Fo	orm 990, Part X, lıne	21?						☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/								
Pa	rt V Endowment Funds. Complete									
		(a)Current Year	(b)	Prior '	Year (c	:)Two Years Bac	k (d)	Three Years Back	(e) Four \	ears Back
la	Beginning of year balance	6,224,690					+			
Ь	Contributions	355,396					+			
С	Investment earnings or losses						_			
d	Grants or scholarships	205 207					+			
e	Other expenditures for facilities and programs	285,387								
f	Administrative expenses									
g	End of year balance	6,294,699								
2	Provide the estimated percentage of the yea	r end balance held a	ıs		I					
а	Board designated or quasi-endowment	95 600 %								
ь	Permanent endowment > 3 100 %									
	Term endowment ► 1 300 %									
c 3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat a	re held an	ıd admınıster	d for	the		
	organization by	oorom or the organiza							Yes	No
	(i) unrelated organizations							3a(i)	Νo
	(ii) related organizations							3a(ii)	No
	If "Yes" to 3a(II), are the related organizatio	•						3l	<u> </u>	<u> </u>
4	Describe in Part XIV the intended uses of th	-				B- 1 V 1	4.0			
Pali	t VI Investments—Land, Buildings	s, and Equipmei	nt. 5					Γ	1	
	Description of investment				Cost or othes (investmen			(c) Depreciation	(d) B	ook value
1a	and					46	3,327			463,327
b	Buildings					8,08	5,516	1,905,13	9	6,180,377
c	easehold improvements					1,22	4,542	1,006,00	1	218,541
d I	Equipment					60	4,502	549,55	0	54,952
e	Other					25	7,443	192,77	4	64,669

6,981,866

Part VIII Investments—Other Securities. Sec	Form 990, Part X, line 1		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of	year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, I	·		
(a) Descri			(b) Book value
(4) 5 656.	· ption		(D) Book Fulle
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)	L.	
		.	
Part X Other Liabilities. See Form 990, Part		T	
(a) Description of Liability	(b) A mount	-	
Federal Income Taxes			
OBLIGATION UNDER INTEREST RATE SWAP			
OBLIGATION UNDER INTEREST RATE SWAP AGREEMENT	112,612		
	112,612		
	112,612		
	112,612		
	112,612		
	112,612		
	112,612		
	112,612		
	112,612		
	112,612		
	112,612		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,412,583
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,554,108
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-141,525
4	Net unrealized gains (losses) on investments	4	-133,384
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-57,796
9	Total adjustments (net) Add lines 4 - 8	9	-191,180
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-332,705
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		13,221,403
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-191,180
3	Subtract line 2e from line 1	3	13,412,583
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,412,583
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	13,554,108
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		_
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	13,554,108
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,554,108
Pa	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	Board designated endowment's are intended for THE physical plant, building and equipment fund THE Term endowment is intended for the following programs asperger program, assistive technology, autism program, post high school program, high school program, the Maddux school, library and media center, life cycle program, middle school program, school to work program, and other small programs The perm endowment's income is intended TO SUBSIDIZE THE COST OF THE SCHOOL'S programs
Part XI, Line 8 - Other Adjustments		UNREALIZED LOSS ON INTEREST SWAP -57796
Part XII, Line 2d - Other Adjustments		UNREALIZED LOSS ON INVESTMENTS -133384 UNREALIZED LOSS ON INTEREST SWAP -57796

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that

answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization Ivymount School INC 52-1195527 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? Yes 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? Yes 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 3 Yes Reference the school's nondiscriminatory policy which is included in pub materials Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

b Has the organization's right to such aid ever been revoked or suspended?

6a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 6a or b, 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 CB 587, covering racial nondiscrimination? If "No," attach an explanation

6a

6b

Yes

Νo

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SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization

Employer identification number

52-1195527

Identifier Return Reference		Explanation
Form 990, Part III, line 4d	Other Program Services	center for outreach education - provides developmental evaluations and treatment recommendations for children who are developmentally delayed or who display learning disabilities Expenses \$ 69987 including grants of \$ 0. Revenue \$ 0.

	ldentifier	Return Reference	Explanation
ŀ	Form 990, Part III, Inne 4d	Other Program Services	The Maddux School- reaches out to competent youngsters who may need support developing social language, fine motor and play skills within the framework of a regular education program Pre-school, pre-kindergarten and kindergarten classes follow challenging, state-approved curricula Small teacher/student ratios, integrated speech and occupational therapies and a strong emphasis on self-esteem makes The Maddux School unique and highly respected in the community Expenses \$ 675403 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Asperger Program- students have average to gifted cognitive abilities but struggle in mainstream learning environments due to difficulties with social skills, executive functioning, flexible thinking and self-regulation. The program serves students from Maryland, the District of Columbia, and Northern Virginia. They have diagnosis that include PDD/NOS, High Functioning Autism, Asperger Syndrome, Non-Verbal Learning Disability, Executive Dysfunction. In addition they may have additional challenges, including ADHD, anxiety or mood disorders, or Tourettes Syndrome. Expenses \$ 1254569. including grants of \$ 0. Revenue \$ 0.

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	SECONDARY PROGRAM - PROVIDES A COMPREHENSIVE A CADEMIC PROGRAM FOR STUDENTS SEEKING A HIGH SCHOOL DIPLOMA STUDENTS EARN CREDITS TO MEET THE GRADUATION REQUIREMENTS OF THE STATE AND LOCAL SCHOOL SYSTEM CAREER DEVELOPMENT, TECHNOLOGY EDUCATION, AND SOCIAL SKILLS ARE AN INTEGRAL PART OF THE CURRICULUM Expenses \$ 1507842 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE TEACHERS AT IVYMOUNT SCHOOL, INC ELECT THE TEACHER REPRESENTATIVE ON THE BOARD OF DIRECTORS AFTER A SURVEY FOR NOMINATIONS A BALLOT IS SENT OUT TO THE STAFF AND THE STAFF MEMBER WITH THE MOST VOTES IS ELECTED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE 990 IS SIGNED AND APPROVED BY THE TREASURER

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		IVYMOUNT SCHOOL, INC. REQUIRES A RESPONSIBILITY AND COMMITMENT FORM TO BE SIGNED ANNUALLY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The director of the school's salary was determined by a search committee in 1997. Since the State of Maryland instituted the line item control of the budget, her salary increases follows the same increases that are awarded through the state budget to the other non-teaching staff. Her salary agreement is signed by the President of the board of directors.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		THE FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTANT

Identifier	Return Reference	Explanation
Part V∥	Amendment to Position Classification	The original return incorrectly included Jan Wintrol (Director of School) and Fonda Low e (Faculty Representative) as key employees. The amendment properly classifies Jan Wintrol (Director of School) as a Director, Officer and Highest Compensated Employee, and Fonda Low e (Faculty Representative) as a director.

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

Cat No 51056K

Schedule O (Form 990) 2008

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OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attachment

See separate instructions. ► Attach to your tax return. Sequence No 67 Identifying number Name(s) shown on return Business or activity to which this form relates Ivymount School INC Form 990 Page 10 52-1195527 Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 334,650 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ΜМ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 334,650 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e)

(d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44