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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SYCAMORE SCHOOLS INC Doing Business As SYCAMORE SCHOOL Number and street (or P O box if mail is not delivered to street address) Room/suite 1750 WEST 64TH STREET City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46260	D Employer identification number 35-1627876 E Telephone number (317) 253-5288 G Gross receipts \$ 5,891,440
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F Name and address of principal officer DIANE BORGMANN 1750 WEST 64TH STREET INDIANAPOLIS, IN 46260	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
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I Tax-exempt status 501(c) (3) ▶ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.SYCAMORESCHOOL.ORG

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1985 **M** State of legal domicile IN

Part I Summary

1	Briefly describe the organization's mission or most significant activities 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	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of employees (Part V, line 2a)	5	99
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	351,474	341,320
	9 Program service revenue (Part VIII, line 2g)	5,564,197	5,492,395
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,883	45,627
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	152,247	2,161
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,148,801	5,881,503
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	372,971	460,251
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,843,079	3,861,777
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 251,311		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,107,239	1,926,889
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,323,289	6,248,917	
19 Revenue less expenses Subtract line 18 from line 12	-174,488	-367,414	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	15,600,113	14,970,928
	21 Total liabilities (Part X, line 26)	6,632,783	6,371,012
22 Net assets or fund balances Subtract line 21 from line 20	8,967,330	8,599,916	

Part II Signature Block

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

Sign Here *****	2011-05-06
Signature of officer	Date
PATRICK JUDAY CFO	
Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ▶
	CROWE HORWATH LLP 3815 River Crossing Parkway Suite 300 Indianapolis, IN 462400977			Phone no ▶ (317) 569-8989

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

Part III Statement of Program Service Accomplishments

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 \$ 1,223,585 including grants of \$ 63,912) (Revenue \$ 1,254,811)

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 (Code) (Expenses \$ 1,597,168 including grants of \$ 210,892) (Revenue \$ 2,110,386)

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 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 (Code) (Expenses \$ 2,197,696 including grants of \$ 185,447) (Revenue \$ 2,139,296)








SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 5,018,449

Part IV Checklist of Required Schedules

		Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes			
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No		
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? <i>If "Yes," complete Schedule D, Part IV</i>		No		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No		
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> 	Yes			
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>				
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>				
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>				
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>				
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>				
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>				
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	Yes			
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? 	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No	
Yes	No				
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> 	Yes			
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No		
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		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 U S? <i>If "Yes," complete Schedule F, Part II</i>		No		
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 U S? <i>If "Yes," complete Schedule F, Part III</i>		No		
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		No		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No		
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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 "Yes," complete Schedule R, Part I</i>	33		No
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>	34		No
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>	35		No
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (17); 1b Enter the number of voting members that are independent (17); 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? (No); 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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, 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 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); 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? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 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, [x] 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 organization: PATRICK JUDAY, 1750 WEST 64TH STREET, INDIANAPOLIS, IN 46260, (317) 253-5288.

1b Total	227,852	0	23,412
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
QUALITY BUILDING MAINTENANCE 7740 MOLLER RD INDIANAPOLIS, IN 46268	JANITORIAL SERVICES	125,071
ALADDIN FOOD MGMT SRVCS LLC 16567 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	CAFETERIA MANAGEMENT	118,528

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

Part VIII Statement of Revenue

			(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	0				
	b	Membership dues 1b	0				
	c	Fundraising events 1c	94,666				
	d	Related organizations 1d	0				
	e	Government grants (contributions) 1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	246,654				
	g	Noncash contributions included in lines 1a-1f \$ <u>9,514</u>					
	h	Total. Add lines 1a-1f	341,320				
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	5,228,909	5,228,909	0	0	
	b	LUNCH FEES	103,547	103,547	0	0	
	c	TESTING AND APPLICATION FEES	11,500	11,500	0	0	
	d	EXTRACURRICULAR PROGRAMS	148,439	148,439	0	0	
	e		0	0	0	0	
	f	All other program service revenue	0	0	0	0	
g	Total. Add lines 2a-2f	5,492,395					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)	45,627	0	0	45,627	
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0	
	5	Royalties	0	0	0	0	
	6a	(i) Real		(ii) Personal			
		Gross Rents	0	0			
		Less rental expenses	0	0			
		Rental income or (loss)	0	0			
	d	Net rental income or (loss)	0	0	0	0	
	7a	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory	0	0			
		Less cost or other basis and sales expenses	0	0			
		Gain or (loss)	0	0			
d	Net gain or (loss)	0	0	0	0		
8a	Gross income from fundraising events (not including \$ <u>94,666</u> of contributions reported on line 1c) See Part IV, line 18						
b	Less direct expenses b	9,937					
c	Net income or (loss) from fundraising events	-9,937	0	0	-9,937		
9a	Gross income from gaming activities See Part IV, line 19						
b	Less direct expenses b	0					
c	Net income or (loss) from gaming activities	0	0	0	0		
10a	Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold b	0					
c	Net income or (loss) from sales of inventory	0	0	0	0		
		Miscellaneous Revenue		Business Code			
11a	OTHER INCOME	12,098	12,098	0	0		
b		0	0	0	0		
c		0	0	0	0		
d	All other revenue	0	0	0	0		
e	Total. Add lines 11a-11d	12,098					
12	Total revenue. See Instructions	5,881,503	5,504,493	0	35,690		

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	0	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	460,251	460,251		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	283,501	0	283,501	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	7,731	0	7,731	0
7	Other salaries and wages	2,919,691	2,503,314	230,084	186,293
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	231,762	162,650	60,340	8,772
9	Other employee benefits	198,786	176,905	15,830	6,051
10	Payroll taxes	220,306	150,414	62,138	7,754
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	13,636	0	13,636	0
c	Accounting	23,000	0	23,000	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	111,044	111,044	0	0
12	Advertising and promotion	65,139	0	65,139	0
13	Office expenses	79,324	23,038	55,994	292
14	Information technology	55,680	52,515	0	3,165
15	Royalties	0	0	0	0
16	Occupancy	391,345	299,149	71,851	20,345
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	56,054	42,040	11,211	2,803
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	685,135	650,878	20,554	13,703
23	Insurance	54,677	53,264	1,130	283
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	206,849	206,849	0	0
b	PROFESSIONAL DEVELOPMENT	52,204	42,235	9,059	910
c	FOOD	42,210	42,210	0	0
d	SEARCH/RELOCATION	3,400	0	3,400	0
e	ENHANCEMENT/DESIGNATED FUND	46,503	41,499	4,064	940
f	All other expenses	40,689	194	40,495	0
25	Total functional expenses. Add lines 1 through 24f	6,248,917	5,018,449	979,157	251,311
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	0	0	0	0

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	5,653,535	2	5,441,484
	3 Pledges and grants receivable, net	265,937	3	56,349
	4 Accounts receivable, net	1,414,122	4	1,689,575
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,079	8	559
	9 Prepaid expenses and deferred charges	51,133	9	67,709
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	12,682,932		
	b Less accumulated depreciation	5,197,050		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	221,387	15	229,370
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,600,113	16	14,970,928	
Liabilities	17 Accounts payable and accrued expenses	358,020	17	349,354
	18 Grants payable	0	18	0
	19 Deferred revenue	2,570,308	19	2,517,838
	20 Tax-exempt bond liabilities	3,625,000	20	3,425,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	79,455	25	78,820
	26 Total liabilities. Add lines 17 through 25	6,632,783	26	6,371,012
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	8,681,607	27	8,461,826
	28 Temporarily restricted net assets	285,723	28	138,090
	29 Permanently restricted net assets	0	29	0
	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	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	8,967,330	33	8,599,916	
34 Total liabilities and net assets/fund balances	15,600,113	34	14,970,928	

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SYCAMORE SCHOOLS INC

Employer identification number

35-1627876

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) 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 (See instructions) 12

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

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, 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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 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

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SYCAMORE SCHOOLS INC

Employer identification number 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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 for any other purpose conferring impermissible private benefit?

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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)?
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

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 Escrow and Custodial Arrangements. Complete if the 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
1c	
1d	
1e	
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 the 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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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) Accumulated depreciation	(d) Book value
1a Land	0	341,984		341,984
b Buildings	0	10,870,723	4,038,491	6,832,232
c Leasehold improvements	0	37,908	37,908	0
d Equipment	0	1,432,317	1,120,651	311,666
e Other	0	0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				7,485,882

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	5,881,503
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,248,917
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-367,414
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-367,414

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	5,431,189
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	9,937
e	Add lines 2a through 2d	2e	9,937
3	Subtract line 2e from line 1	3	5,421,252
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	0
b	Other (Describe in Part XIV)	4b	460,251
c	Add lines 4a and 4b	4c	460,251
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	5,881,503

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

1	Total expenses and losses per audited financial statements	1	5,798,603
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	9,937
e	Add lines 2a through 2d	2e	9,937
3	Subtract line 2e from line 1	3	5,788,666
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	0
b	Other (Describe in Part XIV)	4b	460,251
c	Add lines 4a and 4b	4c	460,251
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	6,248,917

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIN 48 footnote	Schedule D, Part X, Line 2	GUIDANCE ISSUED BY THE FASB REQUIRES THE SCHOOL TO RECOGNIZE A TAX LIABILITY 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 LIABILITY THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX LIABILITY IS RECORDED THE SCHOOL HAS EXAMINED THIS ISSUE AND HAS DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES OR QUESTIONABLE TAX POSITIONS THE SCHOOL IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2007 THE SCHOOL DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX LIABILITIES TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE SCHOOL RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE SCHOOL DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2010 AND 2009
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	FUNDRAISING EXPENSES - 9937, OTHER - 0, TOTAL - 9937
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	SCHOLARSHIPS - 460251, OTHER - 0, TOTAL - 460251
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	FUNDRAISING EXPENSES - 9937, OTHER - 0, TOTAL - 9937
Other expenses in form 990 not in audited financial statements	Schedule D, Part XIII, Line 4b	SCHOLARSHIPS - 460251, OTHER - 0, TOTAL - 460251

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "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 SCHOOLS INC

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?	Yes	
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?	Yes	
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. SYCAMORE SCHOOL'S NONDISCRIMINATORY POLICY IS DISTRIBUTED ON PRINTED MATERIALS SO THAT ALL CONSTITUENTS ARE AWARE OF THE POLICY	Yes	
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
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, use Schedule O (Form 990)	Yes	
5	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		No
b	Admissions policies?		No
c	Employment of faculty or administrative staff?		No
d	Scholarships or other financial assistance?		No
e	Educational policies?		No
f	Use of facilities?		No
g	Athletic programs?		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?		No
6b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		
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," explain on Schedule O (Form 990)	Yes	

Part III 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
		JOG-A-THON (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	94,666			94,666
	2 Less Charitable contributions	94,666			94,666
	3 Gross income (line 1 minus line 2)	0			0
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	984			984
	8 Entertainment	30			30
	9 Other direct expenses	8,923			8,923
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				9,937
11 Net income summary Combine lines 3, column d, and line 10. ▶				9,937	

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				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

	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 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
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?		17a	
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 I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2009

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SYCAMORE SCHOOLS INC

Employer identification number

35-1627876

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID	56	460,251	0 0		N/A
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	SYCAMORE SCHOOL GRANTS NEED-BASED FINANCIAL AID AWARDS TO RECIPIENTS WHO QUALIFY BASED ON PERSONAL FINANCIAL INFORMATION PROVIDED SYCAMORE USES A THIRD PARTY PROVIDER TO DETERMINE WHETHER AN APPLICANT MEETS THE CRITERIA FOR NEED-BASED FINANCIAL AID RECORDS SUBMITTED AND MAINTAINED INCLUDE FEDERAL AND STATE TAX FORMS, BANK AND INVESTMENT STATEMENTS, AND QUESTIONNAIRES ON PERSONAL FINANCES AWARDS ARE GIVEN IN THE FORM OF A REDUCTION OF TUITION THROUGH THE BILLING SYSTEM SPECIFIC TO EACH STUDENT WHO QUALIFIES FOR FINANCIAL AID

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
SYCAMORE SCHOOLS INC

Employer identification number

35-1627876

Part I Questions Regarding Compensation

	Yes	No
--	-----	----

- 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 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 idemnification 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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 with respect to the filing organization or a related organization:

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 only must complete lines 5-9.

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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.

Identifier	Return Reference	Explanation
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**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**

▶ **Attach to Form 990. ▶ See separate instructions.**

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
SYCAMORE SCHOOLS INC

Employer identification number

35-1627876

Part I Bond Issues

(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	CONSTRUCT EDUCATIONAL FACILITIES PROJECTS		X		X

Part II Proceeds

	A	B	C	D	E					
1 Total proceeds of issue	4,264,034									
2 Gross proceeds in reserve funds	0									
3 Proceeds in refunding or defeasance escrows	0									
4 Other unspent proceeds	0									
5 Issuance costs from proceeds	115,558									
6 Working capital expenditures from proceeds	0									
7 Capital expenditures from proceeds	4,148,476									
8 Year of substantial completion	2005									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?		X								
10 Were the bonds issued as part of an advance refunding issue?		X								
11 Has the final allocation of proceeds been made?	X									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

	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?		X								
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

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?	X									
3b Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c 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?	X									
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		0 %								
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		0 %								
6 Total of lines 4 and 5		0 %								
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

	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?		X								
2 Is the bond issue a variable rate issue?	X									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X								
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?		X								
6 Did the bond issue qualify for an exception to rebate?	X									

Additional Data

Software ID:
Software Version:
EIN: 35-1627876
Name: SYCAMORE SCHOOLS INC

efile GRAPHIC print - DO NOT PROCESS | **As Filed Data -** | **DLN: 93493130005131**

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
SYCAMORE SCHOOLS INC

Employer identification number
35-1627876

Identifier	Return Reference	Explanation
Program service description	Form 990, Part III, Line 4c	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 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

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	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

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE MEMBERS HAVE THE RIGHT TO VOTE ON INDIVIDUALS ELECTED TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	THE FORM 990 IS REVIEWED BY THE HEAD OF SCHOOL 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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
Public Disclosure	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

Identifier	Return Reference	Explanation
COMPENSATION OF TOP MANAGEMENT OFFICIAL	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE HEAD OF SCHOOL IS DETERMINED BY THE BOARD OF TRUSTEES THE BOARD OF TRUSTEES USES A COMPENSATION SURVEY TO ENSURE COMPENSATION IS REASONABLE HOWEVER, THE DELIBERATIONS AND DECISION ARE NOT DOCUMENTED THIS PROCESS WAS LAST UNDERTAKEN IN 2009

Identifier	Return Reference	Explanation
COMPENSATION OF OTHER OFFICERS	FORM 990, PART VI, SECTION B, LINE 15B	THE COMPENSATION OF THE OTHER OFFICER IS DETERMINED BY THE HEAD OF SCHOOL THE HEAD OF SCHOOL USES COMPARABILITY DATA TO ENSURE COMPENSATION IS REASONABLE THE PROCESS AND DECISION ARE DOCUMENTED IN THE EMPLOYEES' FILES THIS PROCESS WAS LAST UNDERTAKEN IN 2009

Identifier	Return Reference	Explanation
ISSUANCE COSTS FROM PROCEEDS	SCHEDULE K, PART II, LINE 5	PROCEEDS USED FOR BOND ISSUANCE COSTS - \$84,300 PROCEEDS USED FOR CREDIT ENHANCEMENT - \$31,258 TOTAL TO LINE 5 - \$115,558

Additional Data

Software ID:
Software Version:
EIN: 35-1627876
Name: SYCAMORE SCHOOLS INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JEFF HEARN PRESIDENT	10	X		X				0	0	0
JEAN WRIGHT SECRETARY	1	X		X				0	0	0
MARTIN BOTT TREASURER	1	X		X				0	0	0
KRAIG KINCHEN EDUCATIONAL VICE PRESIDENT	1	X		X				0	0	0
PHIL JOHNSON TRUSTEE	1	X						0	0	0
BOB BRODY TRUSTEE	1	X						0	0	0
TRACI CALDWELL TRUSTEE	1	X						0	0	0
FRANK CHENG TRUSTEE	1	X						0	0	0
ABBY KLEMSZ TRUSTEE	1	X						0	0	0
SEEMA MERNITZ TRUSTEE	1	X						0	0	0
MICHAEL MERVIS TRUSTEE	1	X						0	0	0
MEREDITH MILES TRUSTEE	1	X						0	0	0
TRAVIS MORGAN TRUSTEE	1	X						0	0	0
ANDY NEHER TRUSTEE	1	X						0	0	0
CHRIS OBEIME TRUSTEE	1	X						0	0	0
TRACY SWEARINGEN TRUSTEE	1	X						0	0	0
JACK TANSALLE TRUSTEE	1	X						0	0	0
DIANE BORGMANN HEAD OF SCHOOL	40			X				148,774	0	16,377
DIANNE RIDINGS CFO	40			X				79,078	0	7,035

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TUITION AND FEES		5,228,909	5,228,909	0	0
LUNCH FEES		103,547	103,547	0	0
TESTING AND APPLICATION FEES		11,500	11,500	0	0
EXTRACURRICULAR PROGRAMS		148,439	148,439	0	0
		0	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
INSTRUCTIONAL EXPENSE	206,849	206,849	0	0
PROFESSIONAL DEVELOPMENT	52,204	42,235	9,059	910
FOOD	42,210	42,210	0	0
SEARCH/RELOCATION	3,400	0	3,400	0
ENHANCEMENT/DESIGNATED FUND	46,503	41,499	4,064	940