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DLN: 93493347009001

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

Open to Public Inspection

A Fo	r the	2010 ca	alendar year, or tax year beginning 07-01-2010 and ending 06-30-201	1				
B Ch	eck ıf a	pplicable	C Name of organization STERLING EDUCATION INC		D Employ	/er i	dentification number	
☐ Ad	dress ch	hange	Doug Business to		20-09	302	193	
∏ Na	me cha	inge	Doing Business As		E Telepho	ne	number	
┌ Inı	tıal retu	ırn	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(402)	731	-9300	
Гте	rmınate	ed	5710 F STREET	,	(102)			
Г An	nended	return	City or town, state or country, and ZIP + 4		G Gross re	ceipt	ts \$ 1,949,036	
┌ Ap	plication	n pending	OMAHA, NE 68117					
	•		F Name and address of principal officer	W/=\				
			MARTIN HOLT	n(a) Is this a	group return for	affilia	ates? Yes No	
			3101 THOMPSON AVENUE DES MOINES,IA 50317	H(b) Are all	affiliates inclu	ided?	Yes No	
			DES MOTNES, IA 30317	If "No	o," attach a	lıst	(see instructions)	
I Ta	ıx-exem	npt status	✓ 501(c)(3)	H(c) Grou	p exemptio	n nı	ımber 🟲	
1 W	ehsit <i>e</i>	₽: ▶ \\/\\/	/W STERLINGED ORG	1				
				<u> </u>				
			✓ Corporation Trust Association Other ►	L Year of fo	mation 2004	· !	M State of legal domicile TN	
Pa	rt I		mary					
			escribe the organization's mission or most significant activities DE SUPPORT FOR AND DEVELOP CURRICULUM FOR THE ESTABLI	SHMENT AND	OPERATIO	ו א כ	O F RDETHDEN	
a)		SCHOOL		SIIMENT AND	OFERATIO	J 14 '	JI BRETTIKEN	
Governance								
≅	-							
臺					= 0.			
ŝ			nis box 🔭 if the organization discontinued its operations or disposed		5% of its n		ssets	
2 6	1		of voting members of the governing body (Part VI, line 1a)			3	12	
E E	1		of independent voting members of the governing body (Part VI, line 1b			4	12	
Activities &	5	Total nui	mber of individuals employed in calendar year 2010 (Part V, line 2a)			5	12	
ଧି	6	Total nui	mber of volunteers (estimate if necessary)			6	12	
			related business revenue from Part VIII, column (C), line 12			7a	0	
	Ь	Net unre	elated business taxable income from Form 990-T, line 34			7b	0	
				Prio	r Year	_	Current Year	
a.	8	Contri	butions and grants (Part VIII, line 1h)		1,298,08	34	1,465,958	
Ē	9	Progra	am service revenue (Part VIII, line 2g)	932,00	2,006 483,071			
Revenue	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)	1	12 7			
ш	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0	
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lir	ne	2,230,10	2	1,949,036	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		62,86	-	44,084	
	14		ts paid to or for members (Part IX, column (A), line 4)		/	0	0	
	15		es, other compensation, employee benefits (Part IX, column (A), lines	5-		╅		
\$		10)	(· , , , , , , , , , , , , , , , , , , ,		400,15	6	551,805	
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0	0	
ੜ	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶0					
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,377,01	. 2	998,984	
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,840,03	31	1,594,873	
	19	Reven	ue less expenses Subtract line 18 from line 12		390,07	1	354,163	
ያ ፙ					of Current		End of Year	
ф. Т.		_		Y	ear	_		
A.SS B.a.	20		assets (Part X, line 16)		1,420,25	-	1,543,746	
Net Assets or Fund Balances	21		liabilities (Part X, line 26)		603,72	-	373,054	
	22		sets or fund balances Subtract line 21 from line 20		816,52	9	1,170,692	
		_						
Unde know		Sign Ities of pe and belie	eature Block erjury, I declare that I have examined this return, including accompanying s f, it is true, correct, and complete. Declaration of preparer (other than offic		tatements, a	nd t	o the best of my	
		****	**	20	11_12_09			
Sigi	1		** ature of officer		11-12-08 ite			
əıgı Her		MAD:	TIN HOLT SECRETARY					
	-		TIN HOLT SECRETARY or print name and title					
		Print/Typ	pe Preparer's signature	Date	Check if self-		PTIN	
امناط		preparer'	's name SUSAN GREGGO SUSAN GREGGO	Date	employed 🕨		111	
Paid	oarer	Firm's na	nme ▶ WARADY & DAVIS LLP				Firm's EIN	
	Only	Fırm's ad	Idress • 1717 DEERFIELD RD SUITE 300S				Phone no 🕨 (847) 267-	
	ОШУ	<u> </u>	DEERFIELD, IL 60015				9600	
May	the IR	S discus	ss this return with the preparer shown above? (see instructions)				✓ Yes No	

Form	990	(2010)

Par			vice Accomplishmer ponse to any question in			
1	Briefly describe t	he organization's missio	n			
		T FOR AND TO DEVELO YMOUTH BRETHREN	P CURRICULUM FOR T	HE ESTABLISH	MENT AND OPERATION	OF SCHOOLS SERVING
2	Did the organizati the prior Form 99		cant program services du		ch were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on S	chedule O			
3		on cease conducting, or	make significant change	s in how it condu	cts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sche	lule O			
4	Section 501(c)(3) and 501(c)(4) organiza		a)(1) trusts are r	gest program services by equired to report the amo vice reported	•
4a	(Code) (Expenses \$	684,350 including	grants of \$	12,500) (Revenue \$	309,250)
	DEVELOPMENT AND	IMPLEMENTATION OF VIRTUA	_ CLASSROOMS FOR USE BY BF	RETHREN SCHOOLS		
4b	(Code) (Expenses \$	188,005 including	grants of \$	31,584) (Revenue \$	46,764)
	ADMINISTRATION A	ND COORDINATION OF EDUCA	TIONAL PROGRAMS THROUGH	OUT THE SCHOOL CA	AMPUSES, INCLUDING ACADEM	Y SCHOOLWEAR SALES
4c	(Code) (Expenses \$	181,367 including	grants of \$) (Revenue \$	127,057)
	DEVELOPMENT OF C	CURRICULUM FOR BRETHREN	SCHOOLS GRADES 3-12			
4d	Other program s	ervices (Describe in Sc	hedule O)			
	(Expenses \$	inc	luding grants of \$) (Revenue \$)
4e	Total program se	ervice expenses►\$	1,053,722			

Part IV	Checklist of	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)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νο
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
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 ? If "Yes," complete Schedule F, Parts II and IV	15		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 ? If "Yes," complete Schedule F, Parts III and IV.	16		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</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? 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 lines 24b-24d and complete Schedule K. If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		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? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		No
37	organization? If "Yes," complete Schedule R, Part V, line 2	20		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 17			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Statements filed for the calendar year ending with or within the year covered by this			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	res	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	Yes	
ь	If "Yes," enter the name of the foreign country			
	See instructions for 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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	F-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	5c 6a		N o
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
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		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
D	facilities			
11	Section 501(c)(12) organizations. Enter			
	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)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		N o
D	II 163. Has It Hey a Form 720 to report these payments (II NO. provide an explanation in Schedule U	T+D		

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.

Chack if Schadula O	contains a response to an	y question in this Part VI								J
Check if Schedule O	contains a response to an	y question in this Fait vi	-	-	•	•	-	•		. *

Se	ction A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
ь	,									
_	ındependent									
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		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?	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo						
6	Does the organization have members or stockholders?	6		Νo						
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							
ь	Each committee with authority to act on behalf of the governing body?	8b		Νο						
9										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O									
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)									
	venue code.)		Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a		No						
	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?	10b								
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
c	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	Yes							
14	Does the organization have a written document retention and destruction policy?	14	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?									
а	The organization's CEO, Executive Director, or top management official	15a		Νo						
Ь	Other officers or key employees of the organization	15b		Νo						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)									
	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		No						
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								
Se	ction C. Disclosure									
17	List the States with which a copy of this Form 990 is required to be filed▶									
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)									

Own website Another's website V Upon request

- 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 🕨 RA PETERSON STERLING EDUCATIONAL 5710 F STREET

OMAHA, NE 68117 (402) 731-9300

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organiz		lated or	ganız	atio	n co	mpens	ate	d any current office	r, director, or trust	ee
(A) Name and Title	Name and Title A verage hours that apply)									(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) JERRY D HOLMAN PRESIDENT	1 00	х		х				0	0	0
(2) THOMAS E HOLT SECRETARY	3 00	х		Х				0	0	0
(3) JOHN BEARDMORE DIRECTOR	12 00	х						0	0	0
(4) TIMOTHY BERARDI DIRECTOR	30 00	х						0	0	0
(5) ROBERT C BROTHERS DIRECTOR	2 00	х						0	0	0
(6) STEVE CARNWATH DIRECTOR	21 00	х						0	0	0
(7) MARTIN J DIENER DIRECTOR	3 50	х						0	0	0
(8) DONALD F DRUCKENMILLER DIRECTOR	1 00	х						0	0	0
(9) JONATHAN MARKHAM DIRECTOR	2 00	х						0	0	0
(10) JAMES A TRUAN DIRECTOR	3 00	х						0	0	0
(11) ROBERT J WALKER DIRECTOR	2 50	х						0	0	0
(12) RICK WASKEY DIRECTOR	1 00	х						0	0	0

\$100,000 in compensation from the organization ▶0

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

	(A) Name and Title	(B) Average hours	1	() Ition that a	(che		II		Repo compe	D) rtable nsation n the	(E) Reportable compensation from related		(F) Estima amount o	ated fother	
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from the organization and related organizations		
		_													
				_											
1b	Sub-Total							-							
С.	Total from continuation sheets						•	<u></u>				0		0	
d		<u> </u>								0		0		0	
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above) who	received	d more tha	n				
													Yes	No	
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc					eye •	mploy •	ee,o	rhighest • • •	compens	ated employee	3		No	
4	For any individual listed on line organization and related organization											4		No	
5	Did any person listed on line 1a services rendered to the organi		-						_	anızatıon d	or individual for	5		No	
	attan B. Tada and J. J. C.														
1 1	ction B. Independent Cor Complete this table for your five \$100,000 of compensation from	e highest compei		ındep	ende	ent c	ontra	tors	that rec	eived mor	e than				
		(A) me and business ad								Descr	(B) ription of services		(C Comper		
									+						
2	Total number of independent con	tractors (ıncludıı	ng but n	ot lır	nıted	l to	those	liste	d above)	who receiv	ed more than				

Form 9							P	age 9
Part V	VIII	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue		excluded from tax under sections
								512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns	1c . 1d . 1e , and 1f	228,573 1,237,385	1,465,958			
nne		DROCDAM FOLITAMENT DENT		Business Code		200 250		
e, eg	2a b	PROGRAM EQUIPMENT RENT VC TEACHING SEMINARS		532420 611710	309,250 127,057			
ě. H	С	SCHOOLWEAR SALES		448000	46,764	46,764		
Program Serwce Revenue	d					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
S =	е							
<u>ē</u>	f	All other program service re-	venue					
Š	g	Total. Add lines 2a-2f			483,071			
	3 4 5	Investment income (including and other similar amounts) Income from investment of tax-ex Royalties	empt bond proceeds		7			7
			(ı) Real	(II) Personal				
	ь	Gross Rents Less rental expenses Rental income or (loss)						
	d	Net rental income or (loss)						
			(ı) Securities	(II) O ther				
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)						
		Net gain or (loss)						
Other Revenue	8a	Gross income from fundraising (not including \$ of contributions reported on See Part IV , line 18						
돌	ь	Less direct expenses .	b					
_		Net income or (loss) from fur						
			ctivities See Part IV, line 19 . a	ı [
	ь	Less direct expenses .		ь				
	С	Net income or (loss) from ga	ming activities					
		Gross sales of Inventory, les returns and allowances	а					
		Less cost of goods sold . Net income or (loss) from sa						
		Miscellaneous Revenue		Business Code				
	11a							
	b							<u> </u>
	C	: 	<u></u>					<u> </u>
	d	All other revenue	•					<u> </u>
	e	Total. Add lines 11a-11d	· · · · · · · •					
	12	Total revenue. See Instructi	ons		1 040 036	102 071	_	

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations mus			(B)	
	ll other organizations must complete column (A) but are not required to c		(B), (C), and (B)	(D). (C)	(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	44,084	44,084		
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				
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	512,203	178,230	333,973	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	39,602	13,115	26,487	
а	Fees for services (non-employees) Management				
ь	Legal	242		242	
с	Accounting	5,692		5,692	
d	Lobbying	•			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	54,446	54,446		
12	Advertising and promotion	995	31,110	995	
13	Office expenses	43,184	16,980	26,204	
14	Information technology	13,101	10,300	20,201	
15	Royalties				
16	Occupancy	41,396		41,396	
17	Travel	23,884	4,392	19,492	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	23,004	4,392	19,492	
19	Conferences, conventions, and meetings	15,554	234	15,320	
20	Interest	14,541	14,541	15,526	
21	Payments to affiliates	1.,5.1	1.,5.12		
22	Depreciation, depletion, and amortization	355,969	352,176	3,793	
23	Insurance	13,611	332,170	13,611	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	13,011		15,011	
а	VIRTUAL CLASSROOM LINE	173,907	173,907		
b	CURRICULUM	77,060	77,060		
c	COST OF SCHOOLWEAR SALE	50,342	50,342		
	REPAIRS AND MAINTENANCE	35,473	18,358	 	
	SOFTWARE RENTAL	30,138	, 22	30,138	
f	All other expenses	62,550	55,857	6,693	
25	Total functional expenses. Add lines 1 through 24f	1,594,873	1,053,722	' 	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	1,577,073	1,033,122	341,131	0
	combined educational campaign and fundraising solicitation		<u> </u>	i	

Pa	irt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		212,220	1	674,105
	2	Savings and temporary cash investments	•	6,954	2	6,961
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	231,987	4	173,784	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B), and contributing en sponsoring organizations of section 501(c)(9) voluntary employer organizations (see instructions)	nployers, and			
ets		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use		69,241	8	100,537
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	1,804,51			
	b	Less accumulated depreciation	10b 1,216,15	1 899,854	10c	588,359
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,420,256	16	1,543,746
	17	Accounts payable and accrued expenses .		22,924	17	3,000
	18	Grants payable			18	
	19	Deferred revenue			19	
- 10	20	Tax-exempt bond liabilities			20	
<u>a</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	eD		21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		577,505	23	370,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		3,298	25	54
	26	Total liabilities. Add lines 17 through 25		603,727	26	373,054
ces		Organizations that follow SFAS 117, check here ▶ and complete through 29, and lines 33 and 34.	lete lines 27			
Balance	27	Unrestricted net assets			27	
B	28	Temporarily restricted net assets		28		
걸	29	Permanently restricted net assets			29	
or Fund		Organizations that do not follow SFAS 117, check here ► ✓ and lines 30 through 34.	d complet e			
	30	Capital stock or trust principal, or current funds	0	30	0	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		0	31	0
	32	Retained earnings, endowment, accumulated income, or other fui	nds	816,529	32	1,170,692
Ŋĕ	33	Total net assets or fund balances		816,529	33	1,170,692
~	34	Total liabilities and net assets/fund balances		1,420,256	34	1.543.746

Pal	Check if Schedule O contains a response to any question in this Part XI			.୮			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,9	949,03		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,594,8			
3	Revenue less expenses Subtract line 2 from line 1	3		3	354,16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	316,52		
5	5 Other changes in net assets or fund balances (explain in Schedule O)						
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,1	170,69		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII			୮			
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
ь	Were the organization's financial statements audited by an independent accountant?		2b		Νο		
С	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		2c				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued					
3a							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	_			

hospital's name, city, and state

section 170(b)(1)(A)(iv). (Complete Part II)

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

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

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

SCHEDULE A Publi

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

2

Public Charity Status and Public Support

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.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

2010

Open to Public Inspection

Name of the organization STERLING EDUCATION INC

Employer identification number

20-0930293

!	section 170(b											
8 .	A community	trust described in sec	tion 170(b)	(1)(A)(vi)	(Complete Pa	rt II)						
9	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
	receipts from	activities related to it	ts exempt fu	nctions—su	bject to certa	ın exception	s, and (2) no	more tha	n 331/3%	of		
	its support fro	om gross investment i	ncome and ι	ınrelated bu	sıness taxab	le ıncome (le	ss section 51	.1 tax) fr	om busın	esses		
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
	An organızatı	on organized and oper	ated exclusi	vely to test	for public saf	ety See sect	ion 509(a)(4)).				
	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											
:	By checking to other than fou section 509(this box, I certify that undation managers and a)(2)	the organiza d other than	tion is not o	ontrolled dire	ectly or indir ported organ	ectly by one o izations desc	r more di ribed in s	isqualifie ection 50	d perso 09(a)(:	ons 1) or	
	If the organız check thıs bo	ation received a writte	n determina	tion from the	e IRS that it i	s a Type I, 1	Type II or Typ	e III sup	porting o	rganız	atıon, ح	
		x : 17, 2006, has the or	ganization a	ccepted anv	aift or contri	bution from a	any of the				1*	
	following pers		3	,	g		,					
	• .	vho directly or indirect	ly controls,	either alone	or together v	vith persons	described in ([11]		Yes	No	
	(i) a person v	vho directly or indirect v, the governing body o			-	vith persons	described in ((II)	11g(i)	Yes	No No	
;	(i) a person v and (III) belov (ii) a famıly n	v, the governing body on the nember of a person des	of the the su scribed in (i)	pported orga above?	anızatıon?	vith persons	described in ((II)	11g(i) 11g(ii)	Yes		
;	(i) a person v and (III) belov (ii) a famıly n	v, the governing body o	of the the su scribed in (i)	pported orga above?	anızatıon?	vith persons	described in ((II)			Νo	
;	(i) a person v and (III) belov (ii) a famıly n (iii) a 35% c	v, the governing body on the nember of a person des	of the the su scribed in (i) erson describ	pported orga above? ped in (i) or	anization?	with persons	described in ((III)	11g(ii)		N o N o	
(i) Name of upported	(i) a person vand (III) belov (ii) a family n (iii) a 35% co Provide the fo (ii) EIN	(iii) Type of organization (described on Inces 1- 9 above or IRC section	of the the su scribed in (i) erson describ	pported organiabove? ped in (i) or a ported organia e on in red in	anization?) otify the tion in f your	(vi Is th organiza col (i) or) ne tion in ganized	11g(ii)		No No No	
h	(i) a person vand (III) belov (ii) a family n (iii) a 35% co Provide the fo (ii) EIN	(iii) Type of organization (described on lines 1- 9 above	of the the su scribed in (i) erson describ pout the supp (iv) Is the organizati col (i) list your gove	pported organiabove? ped in (i) or a ported organia e on in red in	(II) above? IIzation(s) (v) Did you no organiza col (i) o) otify the tion in f your	(vi Is ti organiza col (i) org) ne tion in ganized	11g(ii)	(v A mou	No No No	
(i) Name of upported ganization	(i) a person vand (III) belov (ii) a family n (iii) a 35% co Provide the fo (ii) EIN	(iii) Type of organization (described on Inces 1- 9 above or IRC section	of the the su scribed in (i) erson describ out the supp (iv) Is the organizati col (i) list your gove docume	pported organia above? ped in (i) or aboved organia ported organia pon in aboved in above in aboved in aboved in aboved in above in	anization? (ii) above? iization(s) (v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi Is th organiza col (i) or in the l) he tion in ganized JS?	11g(ii)	(v A mou	No No No	
(i) Name of upported ganization e ditional	(i) a person vand (III) belov (ii) a family n (iii) a 35% co Provide the fo (ii) EIN	(iii) Type of organization (described on Inces 1- 9 above or IRC section	of the the su scribed in (i) erson describ out the supp (iv) Is the organizati col (i) list your gove docume	pported organia above? ped in (i) or aboved organia ported organia pon in aboved in above in aboved in aboved in aboved in above in	anization? (ii) above? iization(s) (v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi Is th organiza col (i) or in the l) he tion in ganized JS?	11g(ii)	(v A mou	No No No	
(i) Name of upported ganization	(i) a person vand (III) belov (ii) a family n (iii) a 35% co Provide the fo (ii) EIN	(iii) Type of organization (described on Inces 1- 9 above or IRC section	of the the su scribed in (i) erson describ out the supp (iv) Is the organizati col (i) list your gove docume	pported organia above? ped in (i) or aboved organia ported organia pon in aboved in above in aboved in aboved in aboved in above in	anization? (ii) above? iization(s) (v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi Is th organiza col (i) or in the l) he tion in ganized JS?	11g(ii)	(v A mou	No No No	
(i) Name of upported	(i) a person vand (III) belov (ii) a family n (iii) a 35% co Provide the fo (ii) EIN	(iii) Type of organization (described on Inces 1- 9 above or IRC section	of the the su scribed in (i) erson describ out the supp (iv) Is the organizati col (i) list your gove docume	pported organia above? ped in (i) or aboved organia ported organia pon in aboved in above in aboved in aboved in aboved in above in	anization? (ii) above? iization(s) (v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi Is th organiza col (i) or in the l) he tion in ganized JS?	11g(ii)	(v A mou	No No No	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pic	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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 from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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% support tests—2009. 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 (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 20-0930293

Name: STERLING EDUCATION INC

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

organization	organization supports.										
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section)	Is organız (ı) lısted gove docur	ation in d in your rning ment?	Did you the orga in (i) o supp	u notify inization of your port?	Is organız (ı) orga the l	ation in nized in JS?	(vii) A mount of support?		
			Yes	No	Yes	No	Yes	No			
(A) AGASSIZ EDUCATION INC	201120851	2	Yes						3351		
(B) ALDERBROOK SCHOOL INC	201174641	2	Yes						0		
(C) ANCHOR EDUCATION INC	201120887	2	Yes						2022		
(D) BEACON SCHOLASTIC INC	201174565	2	Yes						0		
(E) BRIDGEWOOD EDUCATION INC	201120448	2	Yes						1319		
(F) BUCKEYE EDUCATION INC	201121206	2	Yes						0		
(G) BURN BRAE EDUCATION INC	201121287	2	Yes						2837		
(H) CEDAR CREEK EDUCATION	201121243	2	Yes						2366		
(I) CHARTER OAK EDUCATION INC	201121339	2	Yes						0		
(J) CLEARVIEW EDUCATION INC	211121877	2	Yes						0		
(K) CRESTVIEW EDUCATION INC	223338333	2		No					7862		
(L) EAGLE ACADEMY OF COLUMBUS	770627889	2	Yes						0		
(M) EAGLE CREST ACADEMY INC	201101477	2	Yes						0		
(N) FAIRMOUNT EDUCATION INC	043762411	2	Yes						0		
(O) FRONTIER EDUCATION INC	201174927	2	Yes						12500		
(P) LAKESIDE ALPHA INC	201118247	2	Yes						2843		
(Q) OAKMONT EDUCATION INC	621635907	2		No					4272		
(R) OAK RIDGE COUNTRY SCHOOL	521898880	2		No					0		
(S) PRAIRIE LAKE SCHOOL	364199095	7		Νο					0		
(T) SUNRISE EDUCATION TRUST INC	201174340	2	Yes						1625		

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section)	Is the organization in (i) listed in your governing document?		organization in (i) listed in your governing		ın (ı) of your support?		Did you notify the organization in (i) of your		(vi) Is the organization in (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No					
(U) REDWOOD EDUCATION INC	201111987	2	Yes						600				
(V) ROCKY MOUNTAIN EDUCATION INC	201122055	2	Yes						0				
(W) SOUND VIEW EDUCATION INC	201122093	2	Yes						0				
(X) VESTWOOD EDUCATION INC	841627832	2	Yes						1587				
(Y) WESTWIND EDUCATION	201174470	2	Yes						900				

DLN: 93493347009001

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

	me of the organization RLING EDUCATION INC		Empl	loyer identification number
31 E	KEING EDOCALION INC		20-0	0930293
Ра	organizations Maintaining Donor Acorganization answered "Yes" to Form 99	0, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o	-	or advi:	sed Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	Form	n 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified	cally importantly land area d historic structure onservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	e organization during
	the taxable year 🗠			
ı	Number of states where property subject to conserva	ation easement is located 🛌		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of	violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents du	uring the year 🟲
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during	the year 🕨 \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tıon	┌ Yes
)	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial		•
ar	Complete if the organization answered "		or Oth	ner Similar Assets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h ın fur	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir		•
	(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, histofollowing amounts required to be reported under SFAS	· · · · · · · · · · · · · · · · · · ·	r financ	cial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ne organization's accession and other heck all that apply) folic exhibition tolarly research servation for future generations a description of the organization's of the year, did the organization solicity to be sold to raise funds rather than excrow and Custodial Arrangement IV, line 9, or reported an aurganization an agent, trustee, custodion Form 990, Part X? "explain the arrangement in Part XI and balance organization include an amount on Forganization include an	or receive donations to be maintained as gements. Complemount on Form 99 adian or other interments.	d e of art part o ete if t 0, Pa	they further from the orgent X, line for continuous the continuous	ther ther irther the ical treas ganizatio ganizatio ne 21.	change programme organization sures or othe n's collection on answere	rams r's ex r sim 1? d "Yo	empt purpose in Ilar es" to Form 990	Yes 0, Yes	┌ No
servation for future generations a description of the organization's of the year, did the organization solicition be sold to raise funds rather than scrow and Custodial Arrangement IV, line 9, or reported an a rganization an agent, trustee, custod on Form 990, Part X? " explain the arrangement in Part XI ing balance ins during the year utions during the year balance organization include an amount on F 'explain the arrangement in Part XI	or receive donations to be maintained as gements. Complemount on Form 99 adian or other interment.	e of art part of the left of t	they furthey furthey function of the orginal of the orginal of the control of the	ther orther the cal treas ganizatio ganizatio ne 21. cributions	organization sures or othe n's collection on answere	r sım ı? d "Ye	es" to Form 990	O, Yes	
servation for future generations a description of the organization's of the year, did the organization solicit to be sold to raise funds rather than escrow and Custodial Arrang eart IV, line 9, or reported an a rganization an agent, trustee, custodion Form 990, Part X? " explain the arrangement in Part XI ing balance ins during the year utions during the year balance organization include an amount on F 'explain the arrangement in Part XI	or receive donations to be maintained as gements. Complemount on Form 99 adian or other interment.	of art part o ete if t 00, Pa	they fu , histor f the org the org rt X, li for cont	irther the ical treas ganizatio ganizatione 21.	sures or othe n's collection on answere	r sim 1 [?] d "Yo	es" to Form 990	O, Yes	
a description of the organization's of the year, did the organization solicite to be sold to raise funds rather than excrow and Custodial Arrange art IV, line 9, or reported an arganization an agent, trustee, custod on Form 990, Part X? "explain the arrangement in Part XI are during the year utions during the year balance organization include an amount on Firexplain the arrangement in Part XI	or receive donations to be maintained as gements. Complemount on Form 99 adian or other interment.	of art part o ete if t 00, Pa	the org the org the org rt X, III	ical treas ganizatio ganizatio ne 21. tributions	sures or othe n's collection on answere	r sim 1 [?] d "Yo	es" to Form 990	O, Yes	
he year, did the organization solicition be sold to raise funds rather than scrow and Custodial Arrangert IV, line 9, or reported an arganization an agent, trustee, custodion Form 990, Part X? "explain the arrangement in Part XI and balance strong the year balance organization include an amount on F explain the arrangement in Part XI balance	or receive donations to be maintained as gements. Complemount on Form 99 adian or other interment.	of art part o ete if t 00, Pa	the org the org the org rt X, III	ical treas ganizatio ganizatio ne 21. tributions	sures or othe n's collection on answere	r sim 1 [?] d "Yo	es" to Form 990	O, Yes	
so be sold to raise funds rather than scrow and Custodial Arrange art IV, line 9, or reported an a rganization an agent, trustee, custod on Form 990, Part X? "explain the arrangement in Part XI and balance arrangement in the scrows during the year balance organization include an amount on F explain the arrangement in Part XI arrangement in Part XI	to be maintained as gements. Complemount on Form 99 odian or other intermed and complete the	part of ete if to 10, Pa	f the org the org rt X, lu	ganizatio ganizatio ne 21. tributions	n's collection on answere	d "Ye	es" to Form 990	O, Yes	
eart IV, line 9, or reported an a rganization an agent, trustee, custor on Form 990, Part X? "explain the arrangement in Part XI and balance are during the year balance organization include an amount on Ference organization include an amount on Ference organization the arrangement in Part XI are described in the arrangement in Part XI.	gements. Complemount on Form 99 odian or other intermentally and complete the	ete if i 00, Pa	the org rt X, II for cont	ganizatione 21.	on answere	d "Ye	not	Yes	□ No
d on Form 990, Part X? " explain the arrangement in Part XI ng balance ns during the year utions during the year balance organization include an amount on F ' explain the arrangement in Part XI	IV and complete the				or other ass				□ No
ng balance ns during the year itions during the year balance organization include an amount on F 'explain the arrangement in Part XI		followi	ng table	e	[A moi	unt	
ns during the year itions during the year balance organization include an amount on F 'explain the arrangement in Part XI	Form 990, Part X, line					4.			
ns during the year itions during the year balance organization include an amount on F 'explain the arrangement in Part XI	Form 990, Part X, line					1c			
utions during the year balance organization include an amount on F 'explain the arrangement in Part XI	Form 990, Part X, line				Ī	1d			
balance organization include an amount on F 'explain the arrangement in Part XI	Form 990, Part X, line				ľ	1e			
organization include an amount on F 'explain the arrangement in Part XI	Form 990, Part X, line				ļ	1f			
explain the arrangement in Part XI	, ,	e 21?			L	ı	Г	Yes	
	V						,	. 	,
indowment Funds. Complete		ı ansı	wered	"Yes" to	Form 990.	Par	t IV, line 10.		
	(a)Current Year		Prior Year		wo Years Back			∍) Four Y∈	ears Back
ng of year balance									
utions						_			
nent earnings or losses						<u> </u>			
or scholarships									
xpenditures for facilities									
grams				-		+			
rear balance				+		+			
	prond belease tell								
the estimated percentage of the year	ar end balance held a	as							
esignated or quasi-endowment 🕨									
ent endowment 🕨									
dowment 🕨									
	ession of the organiza	ation t	nat are	neld and	administere	d for	the	Yes	No
lated organizations							3a(i)	1.03	
to 3a(II), are the related organization	ons listed as required						3b		
nvestments—Land, Building	s, and Equipme	nt. Se	ee Fori	n 990, I	Part X, line	10.			
Description of investment							(c) Accumulated depreciation	(d) Bo	ok value
		•							
d improvements									
u improvements					1,80	4,510	1,216,151		588,359
nt		•							
nt									
t e	dowment • e endowment funds not in the possition by ated organizations	dowment e endowment funds not in the possession of the organization by ated organizations	dowment e endowment funds not in the possession of the organization to tion by ated organizations	dowment e endowment funds not in the possession of the organization that are ition by ated organizations	dowment e endowment funds not in the possession of the organization that are held and tion by ated organizations	dowment e endowment funds not in the possession of the organization that are held and administere ition by ated organizations	dowment e endowment funds not in the possession of the organization that are held and administered for ition by ated organizations	dowment le e endowment funds not in the possession of the organization that are held and administered for the tion by ated organizations	dowment le e endowment funds not in the possession of the organization that are held and administered for the tion by ated organizations

(a) Description of security or category	orm 990, Part X, line 12	
	(b) Book value	(c) Method of valuation
(ıncludıng name of security)	(2)20011 11111	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-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, lin	e 15.	
Principal Other Assets, see Forth 330, Part A, IIII		
		(b) Book value
(a) Descript		(b) Book value
	tion	
(a) Description (b) Should equal Form 990, Part X, col.(B) line 15	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	

'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
Ь	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
	Subtract line 2e from line 1	3
	A mounts 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
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_ 2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

DLN: 93493347009001 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Open to Public **Inspection**

► Attach to Form 990 Internal Revenue Service Name of the organization Employer identification number STERLING EDUCATION INC 20-0930293 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II can be 1 (a) Name and address of (g) Description of (b) EIN (c) IRC Code section (d) A mount of cash (f) Method of (e) A mount of non-(h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance arant cash (book, FMV, appraisal or government assistance other) (1) CRESTVIEW 22-3338333 501 (C) 3 7,862 ASSISTANCE IN EDUCATIONAL INC27 EDUCATION SCARBOROUGH ROAD MANCHESTER, CT 06040 (2) FRONTIER EDUCATION 20-1174927 501 (C) 3 12,500 ASSISTANCE IN INC12250 SE RIVER ROAD EDUCATION MILWAUKIE, OR 97222

	,
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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	·	SCHEDULE I, PART I, LINE 2 IF THE BRETHREN IN A CITY WANT TO START A SCHOOL THEY MUST SUBMIT THE REQUEST TO THE BOARD FOR APPROVAL STERLING WILL ASSIST THEM IN THE FORMATION AND DEVELOPMENT OF A SUITABLE CURRICULUM VIRTUAL CLASSROOM EDUCATION WOULD ALSO BE AVAILABLE TO THEIR SCHOOL AS WELL AS BEING INCLUDED IN THE CAMBRIDGE UNIVERSITY CIE PROGRAM GRANTS ARE CURRENTLY BEING FUNDED TO SCHOOLS BY CONTRIBUTIONS FROM BRETHREN BUSINESSES IN THE SCHOOL'S RESPECTIVE CITIES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493347009001

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE 0

(Form 990 or 990-

Name of the organization STERLING EDUCATION INC

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

Employer identification number

20-0930293

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE ELDERS OF THE CHURCH ELECT THE GOVERNING BODY OF THE ORGANIZATION

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		THERE ARE NO OTHER COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WHO APPROVED IT AS PRESENTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO IDENTIFY ANY CONFLICTS OF INTERESTS ANNUALLY WHILE NO CONFLICTS HAVE EVER BEEN REPORTED, IF ANY ARE NOTED THEY WILL BE DEALT WITH ACCORDINGLY

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FOMR 990, PART VI, LINES 15A AND 15B	THERE ARE NO COMPENSATED OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493347009001

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number

20-0930293

SCHEDULE R (Form 990)

Name of the organization STERLING EDUCATION INC

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

te if the organization	on answered "Yes"	on Form 990, Pa	rt IV, line 33.)			
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
ations (Complete e tax year.)	ıf the organızatıon	answered "Yes"	on Form 990, Part	IV, line 34 becau	se it had	one
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 12(b)(13 rolled ization
					Yes	No
on for Form 000	C-+ N - 50	1257		Calcadul - D /	Farm 000	2016
	(b) Primary activity ations (Complete e tax year.) (b) Primary activity	(b) Primary activity Legal domicile (state or foreign country)	(b) (c) Legal domicile (state or foreign country) Total income ations (Complete if the organization answered "Yes" e tax year.) (b) Primary activity Legal domicile (state or foreign country) Example 1 (a) Total income (d) Total income (d) Total income (d) Total income (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	ations (Complete if the organization answered "Yes" on Form 990, Parte tax year.) (b) Primary activity (c) Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3))	(b) Primary activity (c) Legal domicile (state or foreign country) ations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 becaue tax year.) (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (if section 501(c)(3)) Direct controlling entity Direct controlling entity	(c) Primary activity Legal domicile (state or foreign country) ations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had e tax year.) (b) Primary activity (c) Legal domicile (state or foreign country) Exempt Code section (d) Public charity status (if section 501(c)(3)) (f) Direct controlling entity Section 501(c)(3)) Test

(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		Share of end-of-year		Share of end-of-year		Share of end-of-year				al income Share of e		(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
								Yes	No			Yes	No											
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,										
Name, address, ar	(a) nd EIN of related organiz	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share of	(f) f total income	Shai end-o	y) re of f-year sets		(h) Percentage ownership										
					1	l																		

(6)

Pa	rt V Transactions With Related Organizations (Complete If the organization answered "You	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)			1 c		No
d	Loans or loan guarantees to or for other organization(s)			1d		No
е	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1 f		No
g	Purchase of assets from other organization(s)			1 g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		No
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k		No
- 1	Performance of services or membership or fundraising solicitations by other organization(s)			11		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1n	1	No
n	Sharing of paid employees			1n		No
0	Reimbursement paid to other organization for expenses			10		No
р	Reimbursement paid by other organization for expenses			1p		No
q	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,		ionships and transact	•		
	(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determi		ount
(1)		type(a-r)		involve	<u>a</u>	
(-)						
(2)						
(3)						
(4)						
(5)						
(3)						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 20-0930293

Name: STERLING EDUCATION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of	Related Tax-Exempt O	rganizations					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(g) on 512 (13) rolled ization
						Yes	No
AGASSIZ EDUCATION INC 741 7TH STREET NECHE, ND58265 20-1120851	PRIMARY & SECONDARY SCHOOL	MN	501 (C) 3	170 (B) (1) (A)	STERLING EDUCATION INC		No
ALDERBROOK SCHOOL INC							
1025 N SHERMAN DRIVE ROYAL OAK, MI48067 20-1174641	PRIMARY & SECONDARY SCHOOL	MI	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
ANCHOR EDUCATION INC							
2075 HILLSIDE DRIVE SAN LEANDRO, CA94577 20-1120887	SECONDARY SCHOOL	СА	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
BEACON SCHOLASTIC INC							
4 DURANT STREET NEWTON, MA02458 20-1174565	SECONDARY SCHOOL	МА	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
BRIDGEWOOD EDUCATION INC							
316 EAST ORCHARD COUNCIL BLUFFS, IA51503 20-1120448	SECONDARY SCHOOL	IA	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
BUCKEYE EDUCATION INC					STERLING.		
21310 QUEEN ANNES WAY FAIRVIEW PARK, OH44126 20-1121206	SECONDARY SCHOOL	ОН	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
BURN BRAE EDUCATION INC							
201 N WOODLAWN AVE ALDEN, PA19018 20-1121287	SECONDARY SCHOOL	PA	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
CEDAR CREEK SCHOOL INC					CT5017110		
6323 MALLARD POINT SAN ANTONIO, TX78239 20-1121243	SECONDARY SCHOOL	тх	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
CHARTER OAK EDUCATION INC					STERLING		
27 SCARBOROUGH ROAD MANCHESTER, CT06040 20-1121339	SECONDARY SCHOOL	СТ	501 (C) 3	170 (B) (1) (A) (II)	EDUCATION INC		No
CLEARVIEW EDUCATION INC					STERLING		
110 BIRCHWOOD DRIVE LEBANON, IN46052 21-1121877		IN	501 (C) 3	170 (B) (1) (A) (II)	EDUCATION INC		No
CRESTVIEW EDUCATIONAL INC					STEDLING		
95 DERMODY STREET CRANFORD, NJ07016 22-3338333	SECONDARY SCHOOL	NJ	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
EAGLE ACADEMY OF COLUMBUS INC					STEDLING		
326 JAMES ROAD GAHANNA, OH43230 77-0627889	SECONDARY SCHOOL	ОН	501 (C) 3	170 (B) (1) (A) (II)	EDUCATION INC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(g) on 512 (13) rolled ization
						Yes	No
EAGLE CREST ACADEMY INC 1926 AVENUE D GOTHENBURG, NE69138 20-1101477	SECONDARY SCHOOL	NE	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
FAIRMOUNT EDUCATION INC 3920 EAST 29TH STREET DES MOINES, IA50317 04-3762411	PRIMARY & SECONDARY SCHOOL	IA	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
FRONTIER EDUCATION INC 12250 SE RIVER ROAD MILWAUKIE, OR97222 20-1174927	SECONDARY SCHOOL	OR	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
LAKESIDE ALPHA INC 98 HALSTEAD STREET ROCHESTER, NY14610 20-1118247	SECONDARY SCHOOL	NY	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
OAKMONT EDUCATION CORP 8042 GLEASON DRIVE KNOXVILLE, TN37918 62-1635907	PRIMARY & SECONDARY SCHOOL	TN	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
OAK RIDGE COUNTRY SCHOOL INC 6712 DOGWOOD ROAD BALTIMORE, MD21207 52-1898880	SECONDARY SCHOOL	MD	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
PRAIRIE LAKE SCHOOL 404 EAST DEVON ELK GROVE VILLAGE, IL60007 36-4199095	SECONDARY SCHOOL	IL	501 (C) 3	170 (B) (1) (A) (VI)	STERLING EDUCATION INC		No
REDWOOD EDUCATION INC 6129 WEST 76TH STREET LOS ANGELES, CA90045 20-1111987	SECONDARY SCHOOL	CA	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
ROCKY MOUNTAIN EDUCATION INC 27 WINDWARD LOOP KALISPELL, MT59901 20-1122055	SECONDARY SCHOOL	МТ	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
SOUND VIEW EDUCATION INC 1041 SW 119TH STREET SEATTLE, WA 98146 20-1122093	SECONDARY SCHOOL	WA	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
SUNRISE EDUCATION TRUST INC 236 EAST JAMAICA AVENUE VALLEY STREAM, NY11580 20-1174340	SECONDARY SCHOOL	NY	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No
VESTWOOD EDUCATION INC 320 CENTER STREET EAST VESTA, MN56292 84-1627832	SECONDARY SCHOOL	MN	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g Sectio (b)(i contr organia	n 512 13) olled
						Yes	No
WESTWIND EDUCATION INC					CT EDI IN C		
7000 LAKESHORE DRIVE RICHFIELD, MN55423 20-1174470	SECONDARY SCHOOL	MN	501 (C) 3	170 (B) (1) (A) (II)	STERLING EDUCATION INC		No