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# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs gov/form990.

B Cases CROOLING FOR LIFE  COROLING FOR COUNTY, and ZIP or foreign postal code  RENDON, VA 20.171  FRANCE AS CASOVE  The Name and address of promptor, country, and ZIP or foreign postal code  RENDON, VA 20.171  FRANCE AS CASOVE  The Name and address of promptor officer ROGER SILK  SAME AS CASOVE  The Name and address of promptor officer ROGER SILK  SAME AS CASOVE  The Name and address of promptor officer ROGER SILK  SAME AS CASOVE  The Name and address of promptor officer ROGER SILK  SAME AS CASOVE  The Name and address of promptor officer ROGER SILK  SAME AS CASOVE  The Name and address of promptor officer ROGER SILK  SAME AS CASOVE  The Name and address of promptor officer ROGER SILK  SAME AS CASOVE  The Name and address of promptor of most supplicant activities  The Good posserptor number of the Part of terration. The group of the Name of the promptor of the Name of the promptor of the Name of the promptor of the Name of t	Α	A For the 2013 calendar year, or tax year beginning and ending									
SCHOULING FOUR LIFE    Propage   Pro	В	Check if	C Name of organization		D Employer identific	cation number					
Part   Summary   270 STERLING FOUNDATION PARAGEMENT   LIC   27-4868296	_		SCHOOLING FOR LIFE								
Daring Hussmess As   Daring		chang	S C/O STERLING FOUNDATION MANAGEMENT LI	C.							
Number and street (of P.U. bits of Roll & Roll cellsed to Street and Street (of P.U. bits of Roll & Roll		chang	Doing Business As	_	27-4	868296					
City or town, state or provinces, country, and ZIP or foreign postal code    Republic   Part   Republi			Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone number	•					
City or town, state or provinces, country, and ZIP or foreign postal code    RENDON, VA 20171   High stem a group return for subordinates?   Yes   No     Yac exempt status.   XI, 501(G)(S)   501(G)		Termir	2325 DULLES CORNER BOULEVARD	703-	437-9720						
HERNIDON VA 20171   Halp Is than a group return for subordinates?   Ves X No Farma and address of pruncipal officer ROGER STLK   Halp Is than a group return for subordinates?   Ves X No Members of the government of the programment of the p		Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,444,527.					
F Name and address of principal orticer R/USER S.L.R   Holby set subconduction revealed.   Yee   No		tión	HERNDON, VA ZUI/I		H(a) Is this a group re						
Takesempt status.   S01(c)(3)   S01(c)(1)   (Insert no.)   4947(a)(1) or   527   Hr No., attach a last (see instructions)   Websites:   WWW, SCHOOLING FORLIFE, ORG   He   Group exemption number   No.   May the presentation   No.   S01(c)(1)   No.   N		pendir	F Name and address of principal officer ROGER SILK		for subordinates	? Yes X No					
J Website: ▶ WWW. SCHOOLTNEFORLIFE. ORG  Form of organization: X Corporation  Frost of organization: X Corporation  Frost of organization is mission or most significant activates  To CREATE, PLAN, AND FACILITATE  CORRIGORY PLAN, AND FACILITATE  CORRIGOR			SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
J Website: ▶ WWW. SCHOOLTNEFORLIFE. ORG  Form of organization: X Corporation  Frost of organization: X Corporation  Frost of organization is mission or most significant activates  To CREATE, PLAN, AND FACILITATE  CORRIGORY PLAN, AND FACILITATE  CORRIGOR	1	Tax-exe	empt status. X 501(c)(3)	) or 52	If "No," attach a	list (see instructions)					
Part I   Summary		J Website: ► WWW.SCHOOLINGFORLIFE.ORG									
Part I   Summary				L Yea							
CURRICULUM AND PROGRAMS FOR GIFTED STUDENTS MIDDLE SCHOOL AND HIGH  Check this box					·						
**Number of individuals employed in calendar year 2013 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business taxable income from Fart VIII (Part V, line 2a)  8 Net unrelated business taxable income from Fart VIII (Part V, line 2a)  8 Net unrelated business taxable income from Fart VIII (Part V, line 2b)  9 Prior Year Current Year  1	σ,	1	Briefly describe the organization's mission or most significant activities TO	CREATE	, PLAN, AND	FACILITATE					
**Number of individuals employed in calendar year 2013 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business taxable income from Fart VIII (Part V, line 2a)  8 Net unrelated business taxable income from Fart VIII (Part V, line 2a)  8 Net unrelated business taxable income from Fart VIII (Part V, line 2b)  9 Prior Year Current Year  1	õ					·					
**Number of individuals employed in calendar year 2013 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business taxable income from Fart VIII (Part V, line 2a)  8 Net unrelated business taxable income from Fart VIII (Part V, line 2a)  8 Net unrelated business taxable income from Fart VIII (Part V, line 2b)  9 Prior Year Current Year  1	rna	2	Check this box   if the organization discontinued its operations or disp	osed of mo	ore than 25% of its net as	sets					
**Number of individuals employed in calendar year 2013 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business taxable income from Fart VIII (Part V, line 2a)  8 Net unrelated business taxable income from Fart VIII (Part V, line 2a)  8 Net unrelated business taxable income from Fart VIII (Part V, line 2b)  9 Prior Year Current Year  1	o ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	3					
Prior Year   Current Year   1, 619, 000. 1, 355, 511.	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	)	4	3					
Prior Year   Current Year   1, 619, 000. 1, 355, 511.	Ses Ses	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0					
Prior Year   Current Year   1, 619, 000. 1, 355, 511.	⋜⋚	6	Total number of volunteers (estimate if necessary)		6	5					
Prior Year   Current Year   1, 619, 000. 1, 355, 511.	⊉ ই	7 a	Total unrelated business revenue from Part VIII conumnic Nine 2		7a	0.					
14 Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 . 15 Salarnes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0					7b	0.					
14 Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 . 15 Salarnes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	AR		1471		Prior Year	Current Year					
14 Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 . 15 Salarnes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	ಶೄ	8			1,619,000.	1,355,511.					
14 Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 . 15 Salarnes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	O.S	9		L	47,122.	25,662.					
14 Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 . 15 Salarnes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	影	10	Investment income (Part VIII, column (A) lines @ Go EdN, UT		0.	63,354.					
14 Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 . 15 Salarnes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	Z	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
14 Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 . 15 Salarnes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	5	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,666,122.	1,444,527.					
14 Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 . 15 Salarnes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	Š	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
16a Professional fundraising fees (Part IX, column (A), line 11e)   0. 0. 0.     b Total fundraising expenses (Part IX, column (A), line 25)   0. 17 Other expenses (Part IX, column (A), line 25)   18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   307, 304. 160, 386. 19 Revenue less expenses Subtract line 18 from line 12   1,358, 818. 1,284,141.     Beginning of Current Year   End of Year   20 Total assets (Part X, line 26)   0. 0. 0.     21 Total labilities (Part X, line 26)   0. 0. 0.     22 Net assets or fund balances Subtract line 21 from line 20   1,399,861. 2,684,002.     Part II   Signature Block     Under penalties of perproy   declare that have expensed in this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of pieparer (other than officer) is based on all information of which preparer has any knowledge.     Print/Type preparer's name   Preparer's name   Preparer's signature   Date   Check   PTIN		14	Benefits paid to or for members (Part IX, column (A), line 4)			0.					
To Chree expenses (Part IX, Column (A), line 21 (Tit, 11-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Part II   Signature Block  Under penalties of perps?) I declare that 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 (order than officer) is based on all information of which preparer has any knowledge.  Part II   Signature of differ   Date   Print/Type preparer's name   Pr	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	) [		0.					
To Chree expenses (Part IX, Column (A), line 21 (Tit, 11-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Part II   Signature Block  Under penalties of perps?) I declare that 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 (order than officer) is based on all information of which preparer has any knowledge.  Part II   Signature of differ   Date   Print/Type preparer's name   Pr	Sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.					
To Chree expenses (Part IX, Column (A), line 21 (Tit, 11-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 Part II   Signature Block  Under penalties of perps?) I declare that 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 (order than officer) is based on all information of which preparer has any knowledge.  Part II   Signature of differ   Date   Print/Type preparer's name   Pr	xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>							
19   Revenue less expenses Subtract line 18 from line 12   1,358,818.   1,284,141.	ш	17	Other expenses (Part iX, column (A), lines 11a-11d, 11f-24e)	L							
Beginning of Current Year End of Year  1,399,861. 2,684,002.  1,399,861. 2,684,002.  21 Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20  1,399,861. 2,684,002.  Part II Signature Block  Under penalties of perpry) I declare that have eximined 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  Print/Type of first name and title  Print/Type preparer's name  BARRY B. BONDROFF, CPA  Preparer  Firm's name GORFINE, SCHILLER & GARDYN, PA  Firm's EIN 52-1231901  Bay the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No  332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instruction  Page in the proper of Current Year  1, 399, 861. 2, 684, 002.  1, 399,		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	L							
Under penalties of perjury   declare that have ximined 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  Print/Type originat name and title  Print/Type preparer's name BARRY B. BONDROFF, CPA  Firm's name GORFINE, SCHILLER & CARDYN, PA Firm's EIN May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No 332001 10-29-13  LHA For Paperwork Reduction Act Notice, see the separate instructio			Revenue less expenses Subtract line 18 from line 12		1,358,818.	1,284,141.					
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Under penalties of periony I declare that have eximined 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 (order that officer) is based on all information of which preparer has any knowledge.  Sign  Here    Date   Date					1,399,861.	<u>2,684,002.</u>					
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type or fruit name and title  Print/Type preparer's name  Paid  BARRY B. BONDROFF, CPA  Preparer  Firm's name  GORFINE, SCHILLER & CARDYN, PA  Firm's EIN  52-1231901  Use Only  Firm's address  10045 RED RUN BLVD, SUITE 250  OWINGS MILLS, MD 21117  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes  No  33/4/4  Date  PTIN  ### Check PTIN  ### Sellow 52-1231901  Phone no. 410-356-5900  X Yes  No  332001 10-29-13  LHA For Paperwork Reduction Act Notice, see the separate instructio					_	·-··					
Sign Here    Signature of diffeer   Date						y knowledge and belief, it is					
Here    Print/Type or grint name and title   Preparer's signature   Preparer's signature   Preparer's name   Preparer's signature   Preparer's signature   Preparer's name   Preparer's signature   Preparer's signature   Preparer's signature   Preparer's name   Preparer's signature   Print's name   Print's name   Preparer's signature   Print's name   Preparer's signature   Print's name   Preparer's signature   Print's name   Print's name   Preparer's signature   Print's name   Preparer's signature   Print's name   Print's name   Preparer's signature   Print's name   Print's name   Preparer's signature   Print's name   Preparer's signature   Print's name   Print's name   Preparer's signature   Print's name   Print's name   Print's name   Preparer's signature   Print's name   Print's name   Print's name   Preparer's name   Preparer's signature   Print's name   Print's nam	true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of	which prepai	rer has any knowledge.	<del></del>					
Here    Print/Type or grint name and title   Preparer's signature   Preparer's signature   Preparer's name   Preparer's signature   Preparer's signature   Preparer's name   Preparer's signature   Preparer's signature   Preparer's signature   Preparer's name   Preparer's signature   Print's name   Print's name   Preparer's signature   Print's name   Preparer's signature   Print's name   Preparer's signature   Print's name   Print's name   Preparer's signature   Print's name   Preparer's signature   Print's name   Print's name   Preparer's signature   Print's name   Print's name   Preparer's signature   Print's name   Preparer's signature   Print's name   Print's name   Preparer's signature   Print's name   Print's name   Print's name   Preparer's signature   Print's name   Print's name   Print's name   Preparer's name   Preparer's signature   Print's name   Print's nam			La francisco		3/1/5	<u> </u>					
Print/Type preparer's name  Print/Type preparer's name  BARRY B. BONDROFF, CPA  Preparer  Firm's name GORFINE, SCHILLER & GARDYN, PA  Firm's address 10045 RED RUN BLVD, SUITE 250  OWINGS MILLS, MD 21117  May the IRS discuss this return with the preparer shown above? (see instructions)  May the IRS discuss this return with the preparer shown above? (see the separate instructio  Type or grint name and title  Print/Type preparer's name  Preparer's signature  PO 0087387  Firm's EIN 52-1231901  Phone no. 410-356-5900  X Yes No  332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructio	Sig	ın	Signature of officer		✓ Date /						
Print/Type preparer's name  BARRY B. BONDROFF, CPA  Preparer  BARRY B. BONDROFF, CPA  Preparer  Use Only  May the IRS discuss this return with the preparer shown above? (see instructions)  Preparer Signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Pode	He	re	Noger Streetor		<u></u>						
Paid BARRY B. BONDROFF, CPA  Preparer Firm's name GORFINE, SCHILLER & CARDYN, PA  Firm's address 10045 RED RUN BLVD, SUITE 250  OWINGS MILLS, MD 21117  May the IRS discuss this return with the preparer shown above? (see instructions)  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No  332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructio			Type or grint name and title								
Preparer Firm's name GORFINE, SCHILLER & GARDYN, PA  Firm's address 10045 RED RUN BLVD, SUITE 250  OWINGS MILLS, MD 21117  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No  332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructio  Firm's name GORFINE, SCHILLER & GARDYN, PA  Firm's EIN 52-1231901  Phone no. 410-356-5900  X Yes No					Date Check	<del></del> /					
Use Only Firm's address 10045 RED RUN BLVD, SUITE 250 OWINGS MILLS, MD 21117  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No  332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructio  From 990 (2013)	Paid BARRY B. BONDROFF, CPA / July sett-employed PO										
OWINGS MILLS, MD 21117  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No  332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructio  C-17 Form 990 (2013)											
May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No  332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructio  C-/ Form 990 (2013)											
332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructio 6-17 Form 990 (2013)	OWINGS MILLS, MD 21117 Phone no.410-										
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## SCHOOLING FOR LIFE C/O STERLING FOUNDATION MANAGEMENT LLC 27-4868296 Form 990 (2013) Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission TO CREATE, PLAN, AND FACILITATE CURRICULUM AND PROGRAMS FOR GIFTED STUDENTS MIDDLE SCHOOL AND HIGH SCHOOL AGE. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 160,386. including grants of \$ (Code ) (Expenses \$ ) (Revenue \$ TO CREATE, PLAN, AND FACILITATE CURRICULUM AND PROGRAMS FOR GIFTED STUDENTS MIDDLE SCHOOL AND HIGH SCHOOL AGE.

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Other program services (I	Poscabo in Schodulo (C.)	<del></del>	<del></del>
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Form 990 (2013)

160,386.

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		77
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
_	Schedule D, Part III	8_		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		_ <u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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, line 10? If "Yes," complete Schedule D,			Х
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	44h	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		_
С		110		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate of consolidated limit can statements for the tax year include a roomete that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
124	Schedule D, Parts XI and XII	12a		_X_
h	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 and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			}
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	<u>X</u>
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	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u> </u>
		Form	990	(2013)

Form 990 (2013) C/O STERLING FOUNDATION MANAGEMENT LLC
Part IV Checklist of Required Schedules (continued) 27-4868296 Page 4 Form 990 (2013) Yes No

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			•••
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	_		v
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 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		X
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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		x
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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26	_	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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 IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	}		
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<b>.</b>
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	330	-	<del>                                     </del>
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		_A
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	J,		<u></u>
	Note. All Form 990 filers are required to complete Schedule O	38	X	
				(2012)

2	7	4	R	6	R	2	q	6	
~	•	-	u	u	u	~	_	v	

_	1990 (2013) C/O STERLING FOUNDATION MANAGEMENT LLC 27-4868	<u> 296</u>	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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		X
b	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.			1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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 as charitable contributions?	<u>6a</u>	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ł
	were not tax deductible?	6b		<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).			
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		١,,
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	<u> </u>		1
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b></b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	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_		$\vdash$
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor donor advisor, or related person?	9a 9b	<del> </del>	1
10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	90	<del> </del>	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter	1		1
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
,	amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ű	Note. See the instructions for additional information the organization must report on Schedule O.		<u> </u>	
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		1		1
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
-	- · · · · · · · · · · · · · · · · · · ·	_		

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2013)

C/O STERLING FOUNDATION MANAGEMENT LLC

27-4868296

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion 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 1a 3								
	If there are material differences in voting rights among members of the governing body, or if the governing	]							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3								
2									
_	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		X_					
4									
5									
6	Did the organization have members or stockholders?	5 6		X					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-6							
7a	more members of the governing body?	7.		х					
		7a							
b				v					
_	persons other than the governing body?	7b		<u> X</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37						
a	The governing body?	8a	X						
	Each committee with authority to act on behalf of the governing body?	8b	X						
9									
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b							
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	_						
13	Did the organization have a written whistleblower policy?	13_		_X_					
14	Did the organization have a written document retention and destruction policy?	14		X					
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		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1							
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			i					
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure			•					
17	List the states with which a copy of this Form 990 is required to be filed ▶VA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le						
. •	for public inspection. Indicate how you made these available. Check all that apply.		-						
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	icial						
13	statements available to the public during the tax year	u mai	···ai						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion: 🕨							
20	STERLING FOUNDATION MGMT LLC - 703-437-9720	itiOil.							
	2325 DILLES CORNER BLVD STE 570 RESTON VA 20171								

Form 990 (2013) C/O STERLING FOUNDATION MANAGEMENT LLC 27-4868296 Page

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

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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. 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 employees."
- 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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROGER SILK	1.00	x		-				0.	0.	0.
DIRECTOR (2) MAY LIANG	1.00				-	<del> </del>				
DIRECTOR		х						0.	0.	0.
(3) STEVEN SIMON	1.00					ļ				
DIRECTOR		X	:					0.	0.	0.
		_				_				
		_								
		1_							<u>.</u>	
						<u> </u>				
						ļ.				
		_								
		-								

2	Total number of independent contractors (including but not limited to those listed above) who re	eceived more than	
_	\$100,000 of compensation from the organization	,ocived more triali	
_	4150,000 of compensation from the organization		- 000
			Form <b>990</b> (2013)

C/O STERLING FOUNDATION MANAGEMENT LLC 27-4868296 Page 9 Form 990 (2013) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts Federated campaigns 1a b Membership dues 1b c Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 11 1,355,511 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 355,511 h Total. Add lines 1a-1f Business Code 19,735. 2 a TUITION INCOME 611600 19,735. Program Service Revenue 611600 2,723. 2,723. ь CLASS TRIP FEES c PARENT ACTIVITY FEES 611600 1,662. 1,662 611600 1,542. 1,542 d SEMINARS All other program service revenue 25,662. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 33,733 33,733. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 29,621 assets other than inventory b Less cost or other basis 0 and sales expenses 29,621. c Gain or (loss) 29,621 29,621. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a h

444,527.

25,662

d All other revenue

Total. Add lines 11a-11d Total revenue. See instructions.

Form 990 (2013) C/O STERLING FOUNDATION MANAGEMENT LLC 27-4868296 Page 10
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,	·			
	organizations, and individuals outside the				
	United States 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				<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			į	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting		-		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	·			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	500.	500.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,647.	4,647.		-
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
•	amount, list line 24e expenses on Schedule 0.) OUTSIDE CONTRACT SERVIC	64,000.	64,000.		<u> </u>
	CLASS EXPENSE	31,844.	31,844.		
	MD 3 LITT AND MEDITAGE	22,186.	22,186.		
q	DEVIS DIRECTOR CONTINUES	9,967.	9,967.		
d	All other expenses SEE SCH O	27,242.	27,242.		
		160,386.	160,386.	0.	0
<u>25</u>	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	100,300.	100,300.	U .	0.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

Form 990 (2013)
Part X Balance Sheet

C/O STERLING FOUNDATION MANAGEMENT LLC

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,399,861 720,648. Cash · non-interest-bearing 1 715,767. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securties See Part IV, line 11 1,247,587. 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,399,861 2,684,002. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 1,399,861 2,684,002. 27 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 399,861. 2,684,002. 33 Total net assets or fund balances 33 399,861 2,684,002. Total liabilities and net assets/fund balances

SCHOOLING FOR LIFE C/O STERLING FOUNDATION MANAGEMENT LLC 27-4868296 Page 12 Form 990 (2013) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,444,527. Total revenue (must equal Part VIII, column (A), line 12) 160,386. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,284,141. Revenue less expenses Subtract line 2 from line 1 3 1,399,861. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 8 Pnor period adjustments Other changes in net assets or fund balances (explain in Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 2,684,002. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990. X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

2c

За

Form 990 (2013)

X

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

332012

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SCHOOLING FOR LIFE

C/O STERLING FOUNDATION MANAGEMENT LLC

Employer identification number 27 – 4868296

			KHING TOURDA				<u> </u>		<u>_</u>	7 - 1000	<u> 200</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu:	st complet	e this part	) See inst	ructions				
he orga	nization is not a	a private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox)					
1 📖	A church, co	nvention of churche	s, or association of churc	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school des	cnbed in section 17	'0(b)(1)(A)(ii). (Attach Scl	hedule E)								
з 🗔	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)(	A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ibed in se	ction 170	(b)(1)(A)(ıı	ı). Enter	the hospital	i's nam	ne,
	city, and stat	=			-				•	•		
5	· -		benefit of a college or un	niversity ov	wned or op	erated by	a governr	nental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II )									
6 🗀	A federal, sta	ite, or local governm	ent or governmental unit	described	d in sectio	n 170(b)(1	)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	nbed ı	ın
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II)									
8 🖳	A community	trust described in s	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 rela	ted to its exempt fu	nctions - subject to certa	ıın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	ment
	income and u	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 3	30, 197	75
	See section	509(a)(2), (Complete	e Part III.)									
10 🗀	An organizati	on organized and or	perated exclusively to tes	st for publ	c safety S	See sectio	n 509(a)(4	I).				
11	_	_	perated exclusively for th		=			•	v out the	purposes o	of one	or
	-	•	ations described in section						-			
			organization and comple		•		, 555 550	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>4</b> /( <b>6</b> ). 6			
	a Type I			pe III - Fu	_		c	TVD	مالا ۽ اللھ	n-functional	lly inter	nrated
_			at the organization is not	•	•	•						-
e	, ,	•	ū		•	•	•		•	•		u i
		-	han one or more publicly		-				3(a)(1) or	section 50s	)(a)(∠)	
f	_		tten determination from t	the IHS tha	atitisa ly	ре I, Туре	II, or Type	e III				
		rganization, check tl			-							
g	Since August	t 17, 2006, has the o	organization accepted an	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or inc	lirectly controls, either ale	one or tog	ether with	persons o	lescribed i	n (ii) and (	ııı) below	',	Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		<u> </u>
	(iı) A famıly	member of a perso	n described in (i) above?							11g(II)		<u> </u>
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)	<u>ı</u>	
h	Provide the f	ollowing information	about the supported org	ganization	(s)							
		•		-	. ,							
٠,	e of supported ganization	(ii) EIN	(4000:1004 011 111100 1 0			, , ,	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col ed in the	(vii) Amount of mo		netary
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
								Ĭ				
										İ		
	<del> </del>	<u> </u>		<del> </del>				<u> </u>				
											_	
		-			-			<u></u>	-			
Takal												
「otal		1	1	1		1	I .	1	1	ı		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 C/O STERLING FOUNDATION MANAGEMENT LLC 27-48682 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 27-4868296 Page 2

(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)

Sec	tion A. Public Support						· <u>-</u>
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			100,000.	1619000.	1355511.	3074511.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						ı
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	İ					
	the organization without charge			1			
4	Total. Add lines 1 through 3			100,000.	1619000.	1355511.	3074511.
	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				· —·		3074511.
Sec	ction B. Total Support	•		•			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			100,000.	1619000.	1355511.	3074511.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			1			
	and income from similar sources					33,733.	33,733.
9	Net income from unrelated business						<u> </u>
	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						3108244.
	Gross receipts from related activities,	etc (see instruction	ons)			12	80,060.
13	First five years. If the Form 990 is for	the organization's	first, second, th	ırd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	•
	organization, check this box and stop	here .					<b>▶</b> X
Se	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2013 (lin	ne 6, column (f) di	vided by line 11,	column (f))	•	14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the or	rganization did no	t check the box	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies a	as a publicly supp	orted organizatio	on			ightharpoons
t	33 1/3% support test - 2012. If the or	rganization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qualif	fies as a publicly s	supported organi	zation			ightharpoons
17a	10% -facts-and-circumstances test	- 2013. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fact	s-and-circumstan	ces" test, check	this box and stop h	iere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances" t	test. The organiza	tion qualifies as a	a publicly supported	dorganization		
b	10% -facts-and-circumstances test	- 2012. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	e "facts-and-circu	mstances" test,	check this box and	stop here. Explair	in Part IV how the	•
	organization meets the "facts-and-circ	umstances" test	The organization	qualifies as a publi	cly supported orga	anization	ightharpoons
18	Private foundation, If the organization	n did not check a	box on line 13, 1	<u>6a, 16b, 17a, or 17t</u>	o, check this box a	ind see instruction	s 🕨
					Sche	dule A (Form 990	or 990-EZ) 2013

#### 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	ow, piease com	picte rait ii j		-	-	-
alendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	(a) 2009	(6) 2010	(6) 2011	(0) 2012	(6) 2010	(i) Total
membership fees received (Do not						
include any "unusual grants ")						
, , , , , , , , , , , , , , , , , , ,						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in		}				
any activity that is related to the						
organization's tax-exempt purpose				<del> </del>		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513				<u> </u>		
4 Tax revenues levied for the organ-						
ızatıon'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>b</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				1		
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
ection B. Total Support						
alendar year (or fiscal year beginning in) 🕨 📗	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
Oa Gross income from interest,			İ	1		
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b				1		
Net income from unrelated business		<del> </del>	1	1		<del></del>
activities not included in line 10b,			1			
whether or not the business is						1
regularly carned on  12 Other income Do not include gain		<del>                                     </del>				
or loss from the sale of capital						
assets (Explain in Part IV.)		<u> </u>	<del> </del>	<del>                                     </del>	<del> </del>	-
13 Total support. (Add lines 9, 10c, 11, and 12)	Management 4 :		od formation of the	1.		
4 First five years. If the Form 990 is for t	ine organization	s iirst, second, thi	ra, tourtn, or titth t	tax year as a sect	ion ou He)(3) organi	zation, ⊾ 厂
check this box and stop here Section C. Computation of Public	Support Pr	arcentage				<u> </u>
5 Public support percentage for 2013 (lir			column (fl)	· · · · · · · · · · · · · · · · · · ·	15	<del>.</del>
6 Public support percentage for 2013 (iii		· ·	column (i))		16	<del></del>
ection D. Computation of Invest			1			
7 Investment income percentage for 201	·				17	
8 Investment income percentage for 20	•	.,	10, coluinii (i <i>))</i>		18	
19a 33 1/3% support tests - 2013. If the c			on line 14, and lin			17 is not
• •	•					'' is ilot <b>⊾</b> Γ
more than 33 1/3%, check this box and		-		· · ·		<b>P</b> L
b 33 1/3% support tests - 2012. If the 0						
line 18 is not more than 33 1/3%, chec		-			-	╵
M. Private foundation If the organization	i aid not check :	novon ine 14 19	a or Tun chack i	I AAS bac you sint	nethichone	

	,	SCHOOLING	G FOR	LIFE	m				
Dart IV	(Form 990 or 990-EZ) 2013 Supplemental Infor	C/O STERI	LING .	FOUNDA	TION MA	NAGEMENT	<u>ынс и</u>	-4868296 P	age 4
raitiv						I, line 10, Part II, I	ine 17a or 17b.	and Part III, line 12.	•
	Also complete this part fo	r any additional int	ormation	(See instru	ctions).	<u> </u>			
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Schedule A (Form 990 or 990-EZ) 2013

332024 09-25-13

#### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

SCHOOLING FOR LIFE

C/O STERLING FOUNDATION MANAGEMENT LLC

**Employer identification number** 27-4868296

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **∐** Yes l No In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		RLING FOUN								6 Page <b>2</b>
Par	t III   Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, or	Other	Simila	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	ny of the	following that a	ire a sigr	nificant i	use of its	collection	n items
	(check all that apply):									
а	Public exhibition	(	ما 🖳 له	an or exc	change program	s				
þ	Scholarly research	•	e L Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how they	further t	the organization	's exemp	ot purpo	se in Par	t XIII	
5										
	to be sold to raise funds rather than to be mi								Yes	No_
Par	t IV Escrow and Custodial Arran		lete if the o	rganızatıc	on answered "Ye	es" to Fo	rm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for co	ntributio	ns or other asse	ts not in	cluded	_	_	
	on Form 990, Part X?								_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tab	ole						
									Amount	<u> </u>
С	Beginning balance						1c	<del></del>		
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		<del>-</del>	
	Did the organization include an amount on F							<u> </u>	」Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII									
rai	t V Endowment Funds. Complete	_			T		Thuna		4 > 5	
	Danish of week alance	(a) Current year	(b) Pric	r year	(c) Two years b	Dack (d)	) inree y	ears back	(e) Four	years back
1a	Beginning of year balance								<u> </u>	
b	Contributions								$\vdash$	
C	Net investment earnings, gains, and losses		<del> </del>		<u> </u>					
d	Grants or scholarships				<del></del>				<del></del>	
е	Other expenditures for facilities					ļ			ļ.	
	and programs				<del> </del>					
T -	Administrative expenses		<del> </del>						-	
g	End of year balance		() 1-						L	
2	Provide the estimated percentage of the cur		•	column (	a)) neid as					
a	Board designated or quasi-endowment	%	%							
b	Permanent endowment  Temporarily restricted endowment	% %								
C	The percentages in lines 2a, 2b, and 2c shot	···								
32	Are there endowment funds not in the posse	•	zation that :	are held s	and administered	d for the	Organiz	ration		
Ja	by:	sssion of the organiz	anon mar a	are rielo a	and administered	a ioi tile	Organiz	ation	Г	Yes No
	(i) unrelated organizations								3a(i)	169 140
	(ii) related organizations								3a(ii)	<del></del>
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedul	e B?	•	•			3b	
4	Describe in Part XIII the intended uses of the	•							(00)	
Pai	t VI Land, Buildings, and Equipm				_					
	Complete if the organization answere		0, Part IV, II	ne 11a S	See Form 990, P	art X, line	e 10			
	Description of property	(a) Cost or o	· i		t or other	(c) Acci		ed	(d) Book	c value
	, , , ,	basis (invest	ment)	basis	(other)	• •	eciation	- 1	<b>\</b> -,	
1a	Land		İ							
b	Buildings .									
С	Leasehold improvements									
d	Equipment									
е	Other									
Tota	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, column	(B), line	10(c))			<b>&gt;</b>		0.

Schedule D (Form 990) 2013

Schedule (	O (Form 990) 2013	C/O STERLIN	G FOUNDATION	MANAGEMENT	LLC	27-4868296 Page 3
Part VII	Investments	- Other Securities.		_	-	
	Complete if the c	rganization answered "Yes"	to Form 990, Part IV, lin	e 11b See Form 990,	Part X, line 1	12
(a) Descri	ption of security or ca	tegory (including name of security)	(b) Book value	(c) Method of	valuation: Co	st or end-of-year market value
(1) Financ	ial derivatives					
(2) Closely	y-held equity interes	sts .				
(3) Other	, , ,					
	ANGUARD IN	VESTMENTS	1,247,587	. COST		
(B)		*				
(C)						
(D)						
<u>(E)</u>						
<u>(F)</u>			<u>.</u>	<u> </u>		
(G)		.,				
(H)						
		990, Part X, col. (B) line 12.)	1,247,587			<u> </u>
Part VII	II Investments	- Program Related.				
		rganization answered "Yes"				
	(a) Description	of investment	(b) Book value	(c) Method of	valuation. Co	ost or end-of-year market value
(1)						
(2)						
(3)						
(4)						
<u>(5)</u>						
(6)		<del></del>				
(7)						
(8)						
(9)		<u> </u>				
		990, Part X, col. (B) line 13.)	<u> </u>			
Part IX	3		. 5			
	Complete if the c	organization answered "Yes"		e 11d See Form 990,	Part X, line 1	
	<del></del>	(a)	Description			(b) Book value
(1)					<del></del>	
(2)						-
(3)						
(4)						
(5)						
(6)						
(7)					<del></del>	
<u>(8)</u> (9)						<del></del>
	lumn (h) must oqual	Form 990, Part X, col (B) lin	o 15 )			
Part X	Other Liabili		e 13 j		<del></del>	
, are se	_	organization answered "Yes"	to Form 990 Part IV Jin	e 11e or 11f See For	m 990 Part X	Cline 25
1		Description of liability	10 1 01111 000, 1 411 11, 1111	(b) Book value	1	, es
1. (1) Fe	ederal income taxes	<del> · · · · · · · · · · · · · · · · · ·</del>			-	
(2)	dera moonie taxes	<del></del>			-	
(3)		-			1	
(4)		<del></del>	-	<del></del>	1	
(5)		<del></del>				
(6)					1	
(7)					7	
(8)			<del> </del>		7	
(9)		-			1	
	lumn (b) must eauai	Form 990, Part X, col. (B) lin	e 25.)		1	
		positions In Part XIII, provide		to the organization's	financial stat	tements that reports the
	-			·-		nas been provided in Part XIII

Schedule D (Form 990) 2013

SCHOOLING FOR LIFE C/O STERLING FOUNDATION MANAGEMENT LLC 27-4868296 Page 4 Schedule D (Form 990) 2013 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 2a\_ Net unrealized gains on investments Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII) d Add lines 2a through 2d 3 Subtract line 2e from line 1 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 Other (Describe in Part XIII) 4b Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d 3 3 Subtract line 2e from line 1 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 Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

332054 09-25-13

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

Name of the organization

SCHOOLING FOR LIFE C/O STERLING FOUNDATION MANAGEMENT LLC Employer identification number 27 – 4868296

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
SCHOOL AGE.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: EXECUTIVE REVIEW MEETING	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: ANNUAL MEETING OF THE BOARD OF DIRECTORS	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: TO CREATE, PLAN, AND FACILITATE CURRICULUM AND PROGRAMS	FOR
GIFTED STUDENTS MIDDLE SCHOOL AND HIGH SCHOOL AGE.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
CLASSROOM SUPPLIES:	
PROGRAM SERVICE EXPENSES	9,475.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,475.
INSTRUCTOR EXPENSES:	
PROGRAM SERVICE EXPENSES	8,540.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,540.

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization SCHOOLING FOR LIFE	Page 2 Employer identification number
C/O STERLING FOUNDATION MANAGEMENT LLC	27-4868296
CLASS TRIP EXPENSE:	
PROGRAM SERVICE EXPENSES	7,179.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,179.
WEBSITE AND COMPUTER:	
PROGRAM SERVICE EXPENSES	770.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	770.
	· · · · · · · · · · · · · · · · · · ·
TELEPHONE:	
PROGRAM SERVICE EXPENSES	753.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	753.
	***************************************
COMPUTER EXPENSE:	
PROGRAM SERVICE EXPENSES	280.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	280.
BOOKS, SUBSCRIPTIONS, REFERENCE:	
PROGRAM SERVICE EXPENSES	129.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
332212 09-04-13	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 9					Page 2
Name of the organization	SCHOOLING FO		MANAGEMENT	LLC	Employer identification number 27-4868296
TOTAL EXPENSE	ss				129.
				·	
PRINTING, COP	YING AND POST	PAGE:			
PROGRAM SERVI	CE EXPENSES				116.
MANAGEMENT AN	D GENERAL EXI	ENSES			0.
FUNDRAISING E	XPENSES				0.
TOTAL EXPENSE	S				116.
TOTAL OTHER E	XPENSES ON FO	ORM 990, PAR	T IX, LINE	24E, COL	A 27,242.
	···				