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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable

- ☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**THE IVYMOUNT SCHOOL, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

11614 SEVEN LOCKS ROAD

City or town, state or province, country, and ZIP or foreign postal code

ROCKVILLE, MD 20854**F** Name and address of principal officer **JAN WINTROL****SAME AS C ABOVE****D** Employer identification number**52-1195527****E** Telephone number**(301) 469-0223****G** Gross receipts \$ **19,712,659.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.IVYMOUNT.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1980** **M** State of legal domicile: **MD****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities THE IVYMOUNT SCHOOL IS A PRIVATE, NON-PROFIT, NONSECTARIAN DAY SCHOOL FOR CHILDREN WITH						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3	8				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6				
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	402				
6	Total number of volunteers (estimate if necessary)	6	79				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
		Prior Year	Current Year				
8	Contributions and grants (Part VIII, line 1h)	426,290.	356,077.				
9	Program service revenue (Part VIII, line 2g)	15,777,035.	16,833,625.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,425.	165,817.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,756.	175,981.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,370,506.	17,531,500.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	805,200.	415,846.				
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,175,362.	14,401,948.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
b	Total fundraising expenses (Part IX, column (D), line 25)	255,381.					
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,568,136.	2,717,712.				
18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	16,548,698.	17,535,506.				
19	Revenue less expenses: Subtract line 18 from line 12	-178,192.	-4,006.				
		Beginning of Current Year	End of Year				
20	Total assets (Part X, line 16)	15,872,990.	16,118,407.				
21	Total liabilities (Part X, line 26)	4,222,196.	4,449,401.				
22	Net assets or fund balances: Subtract line 21 from line 20	11,650,794.	11,669,006.				

Part II Signature Block

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

Sign Here

Signature of officer

JAN WINTROL, CEO

Type or print name and title

Date

5/13/15**Paid** Print/Type preparer's name**NANCY JOHNSON**

Preparer's signature

Nancy Johnson

Date

5/16/15

Check if self-employed

☐

PTIN

P01593478**Preparer**Firm's name **SQUIRE, LEMKIN + COMPANY LLP**

Firm's EIN

52-2041603**Use Only**Firm's address **111 ROCKVILLE PIKE, SUITE 475****ROCKVILLE, MD 20850**Phone no. **301-424-6800**

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

☒ Yes ☐ No**601**

SCANNED JUN 18 2015

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒**1** Briefly describe the organization's mission

TO ENABLE STUDENTS TO ACHIEVE THEIR HIGHEST LEVEL OF DEVELOPMENT; TO SUPPORT FAMILIES IN THEIR EFFORTS TO MAKE INTELLIGENT, THOUGHTFUL CHOICES FOR THEIR CHILDREN; AND TO BE LEADERS IN THE COMMUNITY AND IN THE FIELD OF SPECIAL EDUCATION SO THAT OUR EXPERTISE IS WIDELY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the 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.**4a** (Code _____) (Expenses \$ 4,917,353. including grants of \$ _____) (Revenue \$ 5,808,020.)**THE MULTIPLE LEARNING NEEDS PROGRAM:**

STUDENTS WITH LEARNING DISABILITIES, SPEECH AND LANGUAGE IMPAIRMENTS, INTELLECTUAL DISABILITIES, HEALTH IMPAIRMENTS AND AUTISM SPECTRUM DISORDERS ARE SERVED IN THREE DIVISIONS: LOWER, MIDDLE, AND HIGH SCHOOL. THE PROGRAM PROVIDES THERAPEUTIC, SOCIAL, AND PRAGMATIC SKILLS INSTRUCTION DEPENDING ON THE AGES AND INDIVIDUAL LEARNING NEEDS OF THE STUDENTS. IT SERVES STUDENTS WITH A RANGE OF ACADEMIC AND COGNITIVE ABILITIES INCLUDING THOSE WITH THE POTENTIAL TO EARN A HIGH SCHOOL DIPLOMA. THE CURRICULUM IS TARGETED AT ACADEMIC AND APPLIED ACADEMIC SKILLS, WITH AN INTEGRATED FOCUS ON CAREER AND SOCIAL SKILLS DEVELOPMENT.

4b (Code _____) (Expenses \$ 3,184,521. including grants of \$ _____) (Revenue \$ 3,549,436.)**THE AUTISM PROGRAM:**

FOUNDED IN 1998, IVYMOUNT'S AUTISM PROGRAM PROVIDES EDUCATION AND INTERVENTION SERVICES TO STUDENTS WITH AUTISM AND THEIR FAMILIES. THE PROGRAM USES RESEARCH-BASED PROCEDURES, INCLUDING APPLIED BEHAVIOR ANALYSIS, WHICH HAVE BEEN EMPIRICALLY DEMONSTRATED TO BE EFFECTIVE IN THE EDUCATION AND TREATMENT OF AUTISM. THE PROGRAM CURRENTLY SERVES STUDENTS WITH ONE-TO-ONE, TWO-TO-ONE AND SMALL GROUP INSTRUCTION. THE GOAL OF THE AUTISM PROGRAM IS TO INCREASE EACH STUDENT'S ABILITY TO FUNCTION INDEPENDENTLY AT SCHOOL, AT HOME AND IN THE COMMUNITY.

4c (Code _____) (Expenses \$ 2,830,561. including grants of \$ _____) (Revenue \$ 3,321,735.)**THE MODEL ASPERGER PROGRAM (MAP):**

IVYMOUNT'S MAP CURRENTLY SERVES STUDENTS AT BOTH THE ELEMENTARY AND SECONDARY LEVELS WHO ARE DIAGNOSED WITH AN AUTISM SPECTRUM DISORDER, HAVE AVERAGE TO GIFTED COGNITIVE ABILITIES BUT STRUGGLE IN MAINSTREAM LEARNING ENVIRONMENTS DUE TO DIFFICULTIES WITH SOCIAL SKILLS, EXECUTIVE FUNCTIONING, FLEXIBLE THINKING AND SELF-REGULATION. MAP IS A GRADED PROGRAM THAT PUTS STUDENTS ON TRACK TO ATTAIN A HIGH SCHOOL DIPLOMA. A DYNAMIC, RIGOROUS AND EXPERIENTIAL CURRICULUM INCORPORATES SOCIAL LEARNING INTO ALL ASPECTS OF THE SCHOOL EXPERIENCE WHILE INTEGRATED RELATED SERVICES PROVIDE STRUCTURED AND SUPPORTED OPPORTUNITIES FOR MAP STUDENTS TO SUCCESSFULLY ACQUIRE AND PRACTICE EMOTIONAL REGULATION AND SOCIAL SKILLS.

4d Other program services (Describe in Schedule O)(Expenses \$ 3,688,013. including grants of \$ 415,846.) (Revenue \$ 4,330,415.)**4e** Total program service expenses 14,620,448.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.		
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)?		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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
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.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.		
a	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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

☒**Section 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 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 O.	8	
b Enter the number of voting members included in line 1a, above, who are independent	6	
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	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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 exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MD**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ 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, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **LEE OPPENHEIM - 301-469-0223**
11614 SEVEN LOCKS ROAD, ROCKVILLE, MD 20854

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAN WINTROL EXECUTIVE DIRECTOR/CEO	35.00 7.00	X		X				130,509.	0.	11,438.
(2) MAUREEN DEL DUCA BOARD MEMBER	2.00	X						0.	0.	0.
(3) M. LEE SUTHERLAND BOARD MEMBER	2.00	X						0.	0.	0.
(4) RICK WEINTRAUB PAST PRESIDENT	2.00	X						0.	0.	0.
(5) LISA GREENMAN BOARD MEMBER/PRESIDENT	2.00	X		X				0.	0.	0.
(6) DENA PATEL BOARD MEMBER/TREASURER	2.00	X		X				0.	0.	0.
(7) AMY ALVORD STAFF REPRESENTATIVE	40.00	X						71,631.	0.	0.
(8) CATHARIN DALPINO BOARD MEMBER/PARENT REPRESENTATIVE/S	2.00	X		X				0.	0.	0.
(9) CATHY BORTON BOARD MEMBER (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(10) DAVID DOMENICI BOARD MEMBER (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(11) ERIC SMITH TREASURER (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(12) GERARD MCLOUGHLIN VICE PRESIDENT (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(13) JONATHAN CUTLER BOARD MEMBER (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(14) LESLIE SCOTT BOARD MEMBER (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(15) LISA REINER COHEN BOARD MEMBER (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(16) MAUREEN DONNELLY BOARD MEMBER (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(17) MOLLY MEEGAN PRESIDENT (THROUGH 10/15/2013)	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD BARTH BOARD MEMBER (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(19) RICHARD GERSTEN PARENT REPRESENTATIVE (THROUGH 10/15/2013)	2.00	X		X				0.	0.	0.
(20) SARA MACHIR SECRETARY (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(21) SARI HORNSTEIN BOARD MEMBER (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(22) JOETTE JAMES BOARD MEMBER (THROUGH 10/15/2013)	2.00	X						0.	0.	0.
(23) STEPHANIE DESIBOUR GRANTS ADMINISTRATOR	40.00					X		107,733.	0.	5,286.
(24) FONDA LOWE DIRECTOR OF MLNP	40.00					X		107,353.	0.	9,738.
1b Sub-total								417,226.	0.	26,462.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								417,226.	0.	26,462.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 9,166.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 70,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 276,911.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		356,077.			
		Business Code				
Program Service Revenue	2 a TUITION	900099	13,665,520.	13,665,520.		
	b INTENSIVE THERAPY	900099	3,035,990.	3,035,990.		
	c PROFESSIONAL SERVICES	900099	125,315.	125,315.		
	d PROGRAM INCOME	900099	6,800.	6,800.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		16,833,625.			
		Business Code				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		65,104.			65,104.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real 71,933. (ii) Personal				
	b Less: rental expenses	0.				
	c Rental income or (loss)	71,933.				
	d Net rental income or (loss)		71,933.	71,933.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities 2,281,872. (ii) Other				
	b Less: cost or other basis and sales expenses	2,181,159.				
	c Gain or (loss)	100,713.				
	d Net gain or (loss)		100,713.			100,713.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	104,048.	104,048.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		104,048.				
12 Total revenue. See instructions.		17,531,500.	17,009,606.	0.	165,817.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	415,846.	415,846.		
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	616,701.	506,106.	110,595.	
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	11,350,933.	9,149,675.	1,999,402.	201,856.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	612,283.	493,373.	107,813.	11,097.
9 Other employee benefits	780,507.	629,693.	137,602.	13,212.
10 Payroll taxes	1,041,524.	840,275.	183,618.	17,631.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	484,373.	484,373.		
12 Advertising and promotion				
13 Office expenses	205,186.	205,186.		
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	155,368.	155,368.		
20 Interest	71,305.	57,528.	12,571.	1,206.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	420,826.	420,826.		
23 Insurance	88,038.	71,027.	15,521.	1,490.
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 O.)				
a SMALL EQUIP. & SUPPLIES	561,160.	561,160.		
b OCCUPANCY AND REPAIRS	524,995.	423,551.	92,555.	8,889.
c TRANSPORTATION	96,346.	96,346.		
d PUBLIC RELATIONS	61,101.	61,101.		
e All other expenses	49,014.	49,014.		
25 Total functional expenses. Add lines 1 through 24e	17,535,506.	14,620,448.	2,659,677.	255,381.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	750.	1	2,500.
	2 Savings and temporary cash investments	982,077.	2	1,581,451.
	3 Pledges and grants receivable, net	61,996.	3	76,500.
	4 Accounts receivable, net	2,348,877.	4	2,075,739.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	209,657.	9	181,579.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,273,425.		
	b Less: accumulated depreciation	10b 4,127,419.		
	11 Investments - publicly traded securities	7,440,526.	10c	7,146,006.
	12 Investments - other securities See Part IV, line 11	4,710,288.	11	4,885,431.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	118,819.	14	169,201.
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,872,990.	15	16,118,407.	
Liabilities	17 Accounts payable and accrued expenses	662,230.	16	918,813.
	18 Grants payable	805,000.	17	616,846.
	19 Deferred revenue	378,302.	18	537,742.
	20 Tax-exempt bond liabilities	1,882,689.	19	2,376,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	444,688.	22	0.
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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	49,287.	24	0.
	26 Total liabilities. Add lines 17 through 25	4,222,196.	25	4,449,401.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26
27 Unrestricted net assets		10,200,055.	27	10,235,916.
28 Temporarily restricted net assets		1,255,086.	28	1,237,437.
29 Permanently restricted net assets		195,653.	29	195,653.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		11,650,794.	33	11,669,006.
34 Total liabilities and net assets/fund balances		15,872,990.	34	16,118,407.

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	Total revenue (must equal Part VIII, column (A), line 12)	1	17,531,500.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,535,506.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,650,794.
5	Net unrealized gains (losses) on investments	5	52,008.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29,790.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,669,006.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 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	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2013

Open to Public Inspection

THE IVYMOUNT SCHOOL, INC.

52-1195527

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

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

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

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

[illegible]

Total									
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.									Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") ...						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. 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, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided 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 organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule 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

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12.

Also complete this part for any additional information. (See instructions)

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, 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.

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

THE IVYMOUNT SCHOOL, INC.

Employer identification number

52-1195527

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

2 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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	539,730.	539,730.	539,730.	539,730.	539,730.
b Contributions					
c Net investment earnings, gains, and losses	13,763.				
d Grants or scholarships					
e Other expenditures for facilities and programs	13,763.				
f Administrative expenses					
g End of year balance	539,730.	539,730.	539,730.	539,730.	539,730.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 63.70 %

b Permanent endowment ▶ 36.30 %

c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		463,327.		463,327.
b Buildings		9,358,027.	3,190,910.	6,167,117.
c Leasehold improvements		801,598.	561,276.	240,322.
d Equipment		384,431.	163,958.	220,473.
e Other		266,042.	211,275.	54,767.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				7,146,006.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	17,553,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	52,008.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-29,790.
e	Add lines 2a through 2d	2e	22,218.
3	Subtract line 2e from line 1	3	17,531,500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,531,500.

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	17,535,506.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	17,535,506.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,535,506.

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.

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENTS ARE INTENDED FOR PROPERTY AND

EQUIPMENT AND THE PROPERTY AND EQUIPMENT FUND. THE PERM ENDOWMENT'S INCOME

IS INTENDED TO SUBSIDIZE THE COST OF THE SCHOOL'S PROGRAMS.

PART X, LINE 2:

THE SCHOOL COMPLIES WITH THE PROVISIONS OF THE STATEMENT OF

FINANCIAL ACCOUNTING STANDARDS CODIFICATION TOPIC ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES AND WOULD RECOGNIZE ANY POTENTIAL FINANCIAL

STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT

THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL

REVENUE SERVICE. THE SCHOOL DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX

Part XIII Supplemental Information *(continued)*

POSITIONS, AND THE FINANCIAL POSITIONS DO NOT HAVE ANY UNRECOGNIZED TAX
BENEFITS OR LIABILITIES THAT NEED TO BE RECORDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INTEREST SWAP -29,790.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE IVYMOUNT SCHOOL, INC.

Employer identification number

52-1195527

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.
If you need more space, use Part II

ADMISSIONS INFORMATION IS AVAILABLE ON THE SCHOOL'S WEBSITE.
THE RACIALLY NONDISCRIMINATORY POLICY IS INCLUDED IN THE
PRINTED APPLICATION AND ADMISSIONS PACKAGE, WHICH IS
AVAILABLE TO THE GENERAL PUBLIC THROUGHOUT THE YEAR.

- 4 Does the organization maintain the following?
 - a Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d Copies of all material used by the organization or on its behalf to solicit contributions?
If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

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

Schedule E (Form 990 or 990-EZ) (2013)

Part II**Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also complete this part to provide any other additional information**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

THE IVYMOUNT SCHOOL, INC. RECEIVES GOVERNMENT FUNDS IN THE
FORM OF TUITION FROM THE VARIOUS COUNTIES IN WHICH THEIR STUDENTS LIVE.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**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.

▶ Attach to Form 990.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE IVYMOUNT SCHOOL, INC.

Employer identification number
52-1195527

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IVYMOUNT FOUNDATION, INC	20-1832991	501(C)3	160,000.	0.			FISCAL YEAR 2014 GRANT
IVYMOUNT AT STEVENS SCHOOL, INC	46-3998711	501(C)3	255,846.	0.			FISCAL YEAR 2014 GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2013)

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.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE CORPORATE BOARD IS IN THE PROCESS OF FORMING A TASK FORCE
TO SET THE PROCEDURES FOR THE USE OF GRANT FUNDS.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00		%		%		%
6 Total of lines 4 and 5		.00		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of				%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider		X						
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								
	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MONTGOMERY COUNTY, MD

(F) DESCRIPTION OF PURPOSE:

REFUND SERIES 2000 BONDS; REFINANCE 2007 TAXABLE LOAN

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete 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.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE IVYMOUNT SCHOOL, INC.

Employer identification number
52-1195527

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MENTAL RETARDATION, MULTIPLE DISABILITIES, SPECIFIC LEARNING
DISABILITIES, SPEECH OR LANGUAGE IMPAIRMENT, AUTISM AND OTHER HEALTH
IMPAIRMENTS. THE SCHOOL IS LOCATED IN ROCKVILLE, MARYLAND AND RECEIVES
THE MAJORITY OF ITS FUNDING THROUGH TUITION AND INTENSIVE THERAPY
REVENUE FROM LOCAL GOVERNMENTS AND CONTRIBUTIONS RECEIVED THROUGH
FUNDRAISING EFFORTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCESSIBLE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IVYMOUNT'S HIGHLY RESPECTED SCHOOL-TO-WORK PROGRAM IS DESIGNED TO ALLOW
STUDENTS TO MATCH THEIR ABILITIES AND INTERESTS WITH COMMUNITY JOB
PLACEMENTS, LEADING EVENTUALLY TO PRODUCTIVE AND INDEPENDENT FUTURES.
IVYMOUNT STUDENTS ACQUIRE PRAGMATIC EDUCATIONAL SKILLS, BASIC AND
ADVANCED SOCIAL SKILLS, POSITIVE WORK ATTITUDES AND CONSTRUCTIVE
BEHAVIORS THAT WILL ENSURE THEIR SUCCESSFUL TRANSITIONS. IVYMOUNT HAS
OVER 30 BUSINESS AND COMMUNITY PARTNERS SERVING AS JOBSITES FOR
IVYMOUNT STUDENTS.

EXPENSES \$ 1,803,576. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,213,230.

MISCELLANEOUS OTHER PROGRAMS

EXPENSES \$ 1,884,437. INCL GRANTS OF \$ 415,846. REVENUE \$ 2,117,185.

FORM 990, PART VI, SECTION A, LINE 4:

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

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

THE IVYMOUNT SCHOOL, INC.

Employer identification number

52-1195527

THE BYLAWS CHANGES REFLECT THE CHANGE IN STATUS TO A
SUPPORTING ORGANIZATION OF IVYMOUNT CORPORATION, A REDUCTION IN THE NUMBER
OF BOARD MEMBERS, AND A CHANGE IN THE ORGANIZATION NAME TO THE IVYMOUNT
SCHOOL, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE TEACHERS AT IVYMOUNT SCHOOL, INC. ELECT THE TEACHER
REPRESENTATIVE ON THE BOARD OF DIRECTORS. AFTER A SURVEY FOR NOMINATIONS A
BALLOT IS SENT OUT TO THE STAFF AND THE STAFF MEMBER WITH THE MOST VOTES IS
ELECTED.

FORM 990, PART VI, SECTION B, LINE 11:

ONLY THE TREASURER REVIEWS THE 990; NOT THE FULL BOARD. THE
990 IS APPROVED BY THE TREASURER.

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

IVYMOUNT SCHOOL, INC. REQUIRES A RESPONSIBILITY AND COMMITMENT
CONFLICT OF INTEREST FORM TO BE SIGNED ANNUALLY. THE CHAIRMAN OF THE BOARD
REVIEWS THE FORMS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE DIRECTOR OF THE SCHOOL'S SALARY WAS DETERMINED BY A SEARCH
COMMITTEE IN 1997. SINCE THE STATE OF MARYLAND INSTITUTED THE LINE ITEM
CONTROL OF THE BUDGET, HER SALARY INCREASES FOLLOWS THE SAME INCREASES THAT
ARE AWARDED THROUGH THE STATE BUDGET TO THE OTHER NON-TEACHING STAFF. HER
SALARY AGREEMENT IS SIGNED BY THE PRESIDENT OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization

THE IVYMOUNT SCHOOL, INC.

Employer identification number

52-1195527

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS ON INTEREST SWAP

-29,790.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) IVYMOUNT OUTREACH PROGRAMS, INC.	L	25,000.FMV			
(2)					
(3)					
(4)					
(5)					
(6)	40				

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R (see instructions).

ARTICLES OF AMENDMENT AND RESTATEMENT
OF

THE IVYMOUNT SCHOOL, INC.

FIRST: The corporation is organized under Title 5, subtitle 2 of the Corporations and Associations section of the Annotated Code of Maryland.

SECOND: The name of the corporation is The Ivymount School, Inc. ✓

THIRD: PURPOSES. (a) The corporation is a non-stock, nonprofit corporation, and it is organized and shall be operated exclusively for religious, charitable, scientific, literary or educational purposes, or for the prevention of cruelty to children or animals, all within the meaning of sections 170(c)(2) and 501(c)(3) of the United States Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent tax laws (the "Code").

(b) In furtherance of its purposes, the corporation shall operate a nonprofit, nonsectarian school providing educational and therapeutic programming for individuals with special needs.

(c) Notwithstanding any other provision of these Articles to the contrary, the corporation is organized to function exclusively as an organization described in section 501(c)(3) of the Code, contributions to which are deductible for federal income tax purposes.

FOURTH: The street address of the initial principal office of the corporation in Maryland is 11614 Seven Locks Road, Rockville, Maryland 20854. ✓

FIFTH: The name of the initial resident agent of the corporation in Maryland is Eric C. Smith, whose address is 6588 Whetstone Drive, Frederick, MD 21703. //

SIXTH: The corporation has no authority to issue stock.

SEVENTH: The number of directors of the corporation shall be eight (8), which

DC 4847174-3

STATE OF MARYLAND

I hereby certify that this is a true and complete copy of the
page document on file in this office. DATED. 10/23/2013 5
STATE DEPARTMENT OF ASSESSMENTS AND TAXATION:
BY: Caroline A. Smith, Custodian
This stamp replaces our previous certification system Effective 6/95

number may be increased or decreased pursuant to the bylaws of the corporation. The names of the directors who shall act until the first meeting or until their successors are duly chosen and qualified are:

Amy Alvord	Cathy Dalpino	Maureen Del Duca
Lisa Greenman	Rick Weintraub	Dena Patel
Jan Wintrol	Lee Sutherland	

EIGHTH: The sole member of the Corporation shall be Ivymount Corporation, a Maryland non-stock, non-profit corporation (the "Member").

NINTH: No part of the net earnings or assets of the Corporation shall inure to the benefit of, or be distributable to, its directors, trustees, officers, or other private shareholders or individuals, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. Notwithstanding any other provision of these Articles to the contrary, the corporation shall not carry on any activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Code.

No substantial part of the activities of the corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation; nor shall it in any manner or to any extent participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.

If the corporation shall during any period be treated as a private foundation as defined in section 509(a) of the Code, the corporation shall during any such period: (1) distribute its income at such time and in such manner as not to become subject to the tax on undistributed

income imposed by section 4942 of the Code; (2) not engage in an act of self-dealing as defined in section 4941(d) of the Code; (3) not retain any excess business holdings as defined in section 4943(c) of the Code; (4) not make any investments in such manner as to subject it to tax under section 4944 of the Code; and (5) not make any taxable expenditures as defined in section 4945(d) of the Code.

Upon dissolution of the corporation, its net assets remaining after the payment of all debts and liabilities shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code, or shall be distributed to the federal government, or to a state or local government, exclusively for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

TENTH: The initial bylaws of the corporation shall be adopted by its initial board of directors, and, subject to the consent of the Member, the board of directors of the corporation shall be empowered to alter, amend or repeal the bylaws or to adopt new bylaws in the manner provided for in the bylaws.

ELEVENTH: The duration of the corporation shall be perpetual.

TWELFTH: These amendments were approved by the directors and members.

IN WITNESS WHEREOF, Ivymount School, Inc., has caused these Amended
and Restated Articles of Incorporation to be signed in its name and on its behalf by its President
and witnessed by its Secretary on this 24th day of September 2013.

Attest:

Sara Machir
Sara Machir, Secretary

IVYMOUNT SCHOOL, INC.
By:

Molly A. Meegan
Molly A. Meegan, President

I, THE UNDERSIGNED, hereby consent to my designation in this document as
resident agent for this corporation.

SIGNATURE OF RESIDENT AGENT

Eric C. Smith
Eric C. Smith

CUST ID:0002994097
WORK ORDER:0004210677
DATE:10-23-2013 03:11 PM
AMT. PAID:\$200.00

CORPORATE CHARTER APPROVAL SHEET

** EXPEDITED SERVICE **

** KEEP WITH DOCUMENT **

DOCUMENT CODE EA BUSINESS CODE 04

D0118202

Close _____ Stock _____ Nonstock _____

P A _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____

FEES REMITTED

Base Fee	<u>100</u>
Org & Cap Fee	<u>20</u>
Expedite Fee	<u>20</u>
Penalty	<u>0</u>
State Recordation Tax	<u>0</u>
State Transfer Tax	<u>0</u>
Certified Copies	<u>0</u>
Copy Fee	<u>2.5</u>
Certificates	<u>0</u>
Certificate of Status Fee	<u>0</u>
Personal Property Filings	<u>0</u>
Mail Processing Fee	<u>0</u>
Other	<u>0</u>

TOTAL FEES 200

Credit Card _____ Check ☒ Cash _____

Documents on _____ Checks

Approved By [Signature]

Keyed By _____

COMMENT(S)

Affix Barcode Label Here

Affix Barcode Label Here

New Name The Gymnastics

School, Inc.

☒ Change of Name

☒ Change of Principal Office

☒ Change of Resident Agent

☒ Change of Resident Agent Address

Resignation of Resident Agent

Designation of Resident Agent

and Resident Agent's Address

Change of Business Code

Adoption of Assumed Name

Other Change(s)

Code 101

Attention _____

Mail Name and Address

Stamp Work Order and Customer Number HERE

CUST ID:0002994097
WORK ORDER:0004210677
DATE:10-23-2013 03:11 PM
AMT. PAID:\$200.00

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

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

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

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

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE IVYMOUNT SCHOOL, INC.	52-1195527
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	11614 SEVEN LOCKS ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ROCKVILLE, MD 20854	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

LEE OPPENHEIM

- The books are in the care of **11614 SEVEN LOCKS ROAD - ROCKVILLE, MD 20854**
Telephone No. **301-469-0223** Fax No. _____

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

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

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature _____ Title **PARTNER**

Date _____

Form **8868** (Rev. 1-2014)