732001 11-28-17

Form **990**

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

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made publication

		enue Service	✓ ► Go to www.irs.gov	<u>//Form990</u>	for instruction	ns and the	latest	information	YUQ1.	Inspection
A F	or th	e 2017 calend	dar year, or tax year beginning	UL 1,	2017	and endir	ıg J	<u>UN</u> 30,	2018	
В	Check if ipplicab	C Name o	of organization	- "	_			D Employe	er identifica	ation number
	Addre	STEF	RLING EDUCATION INC	1						
	Name		usiness as		-		_	!	20-09	30293
	Initial		r and street (or P 0, box if mail is not de	livered to str	eet address)	Room	/suite	E Telepho		
	Final	100	CHALLENGER ROAD		,	114		·	(908)	674-8088
	termir ated		town, state or province, country, and	ZIP or fore	ıgn postal cod	e		G Gross rece	pts \$	3,317,006.
	Amen	L RIDG	SEFIELD PARK, NJ C	7660				H(a) Is this	a group ret	urn
	Apple	F Name a	and address of principal officer ${\sf JOH}$	IN REII)	(-	- 2	for sub	ordinates?	Yes X No
	pendi	SAME	AS C ABOVE			/		H(b) Are all St	ibordinates inc	luded? Yes No
		empt status		(insert r	10) 4947	(a)(1) ⁹ or	527	If "No,	" attach a lı	st (see instructions)
			STERLINGED ORG			__		H(c) Group		
K	orm o			ssociation	Other		Year o	of formation.	<u>2004 м</u>	State of legal domicile: TN
Pa	art I	Summary								
e C	1	•	be the organization's mission or mos	_						
Governance	_		LUM FOR THE ESTABL							
/err			ox large if the organization disco			disposed of	more	than 25% of	1 . 1	
é			iting members of the governing body	•	•				3	9
∞ಶ	4		dependent voting members of the go	_	-				4	9
Activities	_		of individuals employed in calendar	•	Part V, line 2a)	l			5	26
₹	6		of volunteers (estimate if necessary)		40				6	50
Ac			d business revenue from Part VIII, co						7a	0.
	<u> </u>	Net unrelated	business taxable income from Form	15 Cile	₩ ED	-		n 14	7b _	0.
		0	9				-	Prior Ye		Current Year
ŭ	1		and grants (Part VIII, line 1h	MAY 2	2019	{	-	3,194		3,309,412.
Revenue	9	Program serv	ıce revenue (Part VIII, line 2g come (Part VIII, column (A), lines 3, 4		Cr.	۱ د			0.	7,594.
Re	10	investment in	come (Part VIII, column (A), linesis, 2	, and /d)	l cc	1			0.	_
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d 8	GDEN	ino ilia	2)	-	3,194		3,317,006.
			- add lines 8 through 11 (musicequa						,091.	272,752.
	l		milar amounts paid (Part IX, column to or for members (Part IX, column (• • •	P)		\vdash		0.	0.
"	i .	•	r compensation, employee benefits		umn (A) lines (5-10\	-	936	,373.	_ 1,609,881.
Expenses	ĺ		fundraising fees (Part IX, column (A),	•	umm (A), imes .	3-10)			0.	0.
pen			sing expenses (Part IX, column (D), lir	-		0.	<u> </u>			
Ж	ſ		es (Part IX, column (A), lines 11a-11c	•				2,229	,595.	3,172,954.
			es Add lines 13-17 (must equal Part		(A) line 25)				,059.	5,055,587.
	1		expenses Subtract line 18 from line		(A), IIIIC 20)		-		,076.>	
or	13	Tieveriae less	expenses equitaet interior non mile				Rec	inning of Cur		End of Year
ets	20	Total assets (Part X, line 16)				- 50,	1,771		2,158,158.
Ass J Ba			s (Part X, line 26)				_		,482.	2,196,049.
Net Assets or Fund Balances			fund balances Subtract line 21 from	line 20					,690.	<37,891.>
	rt II	Signatur								
		alties of perjury,	I declare that I have examined this return	, including ac	companying scl	hedules and s	stateme	ents, and to the	e best of my	knowledge and belief, it is
			Declaration of preparer (other than offic							•
		M	duell -							
Sigi	ı	Signatur	e of officer			-		Date		11110
Her		L ⊈UKE	WARRILOW, TREASUR	ER					3/1	4-19
			print name and title							
		Print/Eype pre	parer's name	Preparer's	signature			ate	Check	PTIN
Paid		SUSAN C		1 <i>1</i>	a Dr	effo	{	5-13-19	sett-emptoyed	P00595460
Prep	arer	Firm's name	▶ WARADY & DAVIS I	LP		Da			's EIN	36-2170602
Use		Fire address			TE 300S					•
_			DEERFIELD, IL 60					Pho	<u>ne no (84</u>	7)267-9600
May	the II	RS discuss thi	s return with the preparer shown abo		structions)					X Yes I No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

97

Form 990 (2017) STERLING EDUCATION INC.
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)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	}		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	1		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ĺ		_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.5
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
р	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	445	X	
	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	^	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		41
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- 10 -		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
		Form	990 (2017)

Form 990 (2017) STERLING EDUCATION INC.

Part IV Checklist of Required Schedules (continued)

•			Yes	_ No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ļ
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		'	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		,	
	Schedule L, Part I	25b		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? If "Yes,"			
	complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		'	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		.,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301 7701 2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	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	05.		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
^-	If "Yes," complete Schedule R, Part V, line 2	36_		<u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	l
	Note All Form 990 filers are required to complete Schedule O		990	(2017)
		1 01111	550	2017)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
•	(gambling) winnings to prize winners?	1c		
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 2a 26			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	1
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
- 3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country	44		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			l
E۵	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
ь	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	1		
C	-	5c	-	
оа	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?	6-		x
		6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	en l		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
С	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	"		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 1		i
11	Section 501(c)(12) organizations. Enter			i
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ĺĺ		i
_	amounts due or received from them)			í
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
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.			ı
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	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			ı
J	organization is licensed to issue qualified health plans			ı
С	Enter the amount of reserves on hand	i l		ı
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2017)

Form 990 (2017) STERLING EDUCATION INC. 20-0930293 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

500	tion A. Governing Rody and Management					<u> </u>
Sec	tion A. Governing Body and Management				T	Γ
1.	Cotor the number of voting members of the governing hady at the and of the tay year	4	I	9	Yes	No
ıa	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	<u>1a</u>		7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0					
h	Enter the number of voting members included in line 1a, above, who are independent	1b	}	او		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other	4		
2	officer, director, trustee, or key employee?	ip with	any other	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	oo diro	ot suppovision		+	 ^ -
3	of officers, directors, or trustees, or key employees to a management company or other person?	ic dire	ct supervision	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	aan w	as filed?	4	†	X
5	Did the organization become aware during the year of a significant diversion of the organization's as		as mou ·	5	 	X
6	Did the organization have members or stockholders?	3013		6	 	X
	Did the organization have members, stockholders, or other persons who had the power to elect or a	nnoint	one or	-	†	-22
, a	more members of the governing body?	pponn	One of	7a	X	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders or	'a		\vdash
	persons other than the governing body?		0,00,0,0	7b	ļ	х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by ti	ne following	1.5		
	The governing body?	, u, u, t,	io renewing	8a	х	ļ
	Each committee with authority to act on behalf of the governing body?			8b	 	Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the	00	1	<u></u>
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		_x_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code)			<u> </u>
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, 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 boo	dy befo	re filing the form?	11a	X	
	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk	e to cor	ıflıcts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res, " d	escribe		İ	l
	ın Schedule O how this was done			12c	X	<u> </u>
13	Old 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 approv	al by II	ndependent	1		}
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	<u> </u>	X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a	Ì		
	taxable entity during the year?			16a	-	X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınızatıc	n's			
	exempt status with respect to such arrangements?			16b		
sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	i (Seci	ion 501(c)(3)s only	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	_				
	Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	milict (or interest policy, a	nd tinar	icial	
	statements available to the public during the tax year. State the name address, and telephone number of the person who possesses the organization's ho	ء مامد	nd rooped = -			
വ	State the name, andress, and telephone number of the person Who possesses the organization's ho	ルスススコ	io records 🖚			

JONATHAN RAILTON, STERLING EDUCATION - (908) 674-8088 100 CHALLENGER ROAD, SUITE 114, RIDGEFIELD PARK, NJ

000022D1

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Institutional trustee or director Officer Key employee Horbest compensated		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) MICHAEL STRANGE	10.00			.,		ļ		0.	0.	
PRESIDENT	10 00	X	├	X			-	ļ	<u> </u>	0.
(2) LUKE WARRILOW	10.00	.		x			1	0.	0.	^
TREASURER/COO	5.00	X	\vdash	Λ	-			- 0.		0.
(3) RONALD COWIE	5.00	X		x			}	0.	0.	0.
SECRETARY	25.00	┼≏	├─	^	\vdash	-	┝╌		ļ	<u></u>
(4) JOHN REID	23.00	X		x				0.	0.	0.
DIRECTOR/PRES, THROUGH 3/18 (5) BRAD DREVER	20.00	^	+	Δ.		-	_			
DIRECTOR/VP THROUGH 3/18	20.00	X		X		1		0.	0.	0.
(6) JEFFREY SOUTHARD	5.00	1	\vdash		-		_	 		
DIRECTOR	3.00	\mathbf{x}			Į			0.	0.	0.
(7) BRENT SCOTT	5.00	1	\vdash							
DIRECTOR		X						0.	0.	0.
(8) RODNEY DIPLOCK	5.00	-								
DIRECTOR		\mathbf{x}						0.	0.	0.
(9) JOHN DIPLOCK	10.00									
DIRECTOR THROUGH 1/18		X						0.	0.	0.
(10) RUSSELL FAWKES	20.00		}				1	}		
COO THRU 3/18		L	<u> </u>	X			L_	0.	0.	0.
(11) FRANCIS TOBY NUNN	40.00]			1			_
GENERAL MANAGER		<u> </u>	<u> </u>			X		149,600.	0.	21,048.
(12) MANUEL SILVA	40.00	ļ		ļ						
HR DIRECTOR	10.00	-	<u> </u>		<u> </u>	X	ļ	137,166.	0.	4,095.
(13) CHARLES YOUNG	40.00	-		}]	ļ	100.00		10005
INFORMATION TECHNOLOGY DIRECTOR		 	├-	_	·	X	<u> </u>	136,246.	0.	19,826.
		-								
	 	-	├-		ļ		├-	 		
		1				1				
		\vdash	-	<u> </u>		\vdash	-	 		
		1								
		┼	├-	\vdash		\vdash	-	 		
		1								
		Ч—	Ь.	ш	—		Щ		<u> </u>	Form 990 (2017)

Form **990** (2017)

Forn	990 (2017) STERLING									20-09	<u> 30</u>	<u> 293</u>	ρ	age 8		
Pa	t VII Section A. Officers, Directors, Trus	ſ	ploy	ees			ghe	st (ſ	ſ				_		
•	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	compensation	(E) Reportable compensatio from related	n	(F) Estimate amount other		of		
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	For mer	the organization (W-2/1099-MISC)	organizations (W-2/1099 MIS	_				pensa om th anızat d relat	ation ie tion ted
.,-					-	_										
	·		-			<u> </u>	-	_			-					
				 -			-				\dashv					
						_										
				}] 	ĺ					}					
						_					\longrightarrow					
		<u></u>														
												-	,			
			_					_	 		\longrightarrow					
1b	Sub-total							>	423,012.		0.	4	4,9			
d C	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						>	423,012.		0.	4	4,9	<u>0.</u>		
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	e) wh	10 r		,000 of reportable	e		<u>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
	compensation from the organization							_					Yes	No		
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	npío	yee,	or	highest compensated e	mployee on	ſ		100	1.00		
	line 1a? If "Yes," complete Schedule J for s		_									_3_		X		
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	Ì	4	х	ļ 		
5	Did any person listed on line 1a receive or a									dual for services						
	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or su	ıch j	pers	on_					5	<u> </u>			
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt c	ontr	acto	rs '	that received more than	\$100,000 of com	pensa	ation f	rom			
	the organization Report compensation for	the calendar y	ear e	endi	ng w	vith :	or w	thi		year						
	(A) Name and business	address							(B) Description of s	ervices	C	O) ompe	;) nsatio	n		
RJ	TECHNOLOGIES, 8279 MAY	FIELD F	RD,	, .	STE	3	14,		HOSTING AND	IT						
CH1	ESTERLAND, OH 44026						_		SUPPORT			_27	7,8	24.		
			-													
								-								
	<u> </u>						_	_								
2	Total number of independent contractors (iii	ncluding but n	ot lir	nite	d to	thos	se lis	tec	d above) who received m	ore than						

Form **990** (2017)

\$100,000 of compensation from the organization

		Check if Schedule O con	tains a response	or note to any li	ne in this Part VIII			
<u>-</u>		Officer if Schedule O con	tams a response	or note to any n	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
ira our	b	Membership dues	1b					
S, C	С	Fundraising events	1c]			ļ
ar	d	Related organizations	1d					1
ıs, (Government grants (contribu-	tions) 1e	106,075.				
r Sign	f	All other contributions, gifts, gran	nts, and		7			
the gr-		sımılar amounts not included abo		2037337				
50	g	Noncash contributions included in lines						<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			3,309,412.			
				Business Code				
မွ	2 a							
ž e	b							
Sul	С							
eve	d	l						
Program Service Revenue	е	·						
٩	f	All other program service reve	enue					
	9	Total Add lines 2a-2f						
	3	Investment income (including	dıvıdends, inter	est, and				
ļ		other similar amounts)		>	7,594.	ļ		7,594.
]	4	income from investment of ta	x-exempt bond	proceeds >				
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal	1			
ł	6 a	Gross rents		ļ	-			
		Less rental expenses		 	_			
		Rental income or (loss)	L	<u> </u>	1			
ĺ		Net rental income or (loss)						
İ	7 a	Gross amount from sales of	(i) Securities	(II) Other	ļ :			
		assets other than inventory			4	ļ		
	b	Less cost or other basis						
		and sales expenses			1			
		Gain or (loss)			_]
		Net gain or (loss)		_ _	 			<u> </u>
e l	8 a	Gross income from fundraisin						
Other Revenu		including \$	of	}				
Be		contributions reported on line						
ية		Part IV, line 18	a		-	}		
₹		Less direct expenses	b		-	}		
		Net income or (loss) from fund						
	9 a	Gross income from gaming at Part IV, line 19						
1			a		1	ľ		ļ
		Less direct expenses Net income or (loss) from gan	b nina activities	' L	1			
		Gross sales of inventory, less	_				- -	
Ì	ша	and allowances						
	h	Less cost of goods sold	a b		1			
}		Net income or (loss) from sale			†	}		
ŀ		Miscellaneous Revenu		Business Code			·	
<u> </u>	11 a	IVIISCEIIAITEQUS I TEVETIC			·			
	b							
	c							
		All other revenue						
	_	Total. Add lines 11a 11d						
	12	Total revenue See instructions			3,317,006.	0.	0.	7,594.

Form 990 (2017) STERLING EDUCATION INC.

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	60,607.	60,607.		
2	Grants and other assistance to domestic	110 015	110 015		
	individuals See Part IV, line 22	110,045.	110,045.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	100 100	100 100		
_	individuals See Part IV, lines 15 and 16 -	102,100.	102,100.		<u></u>
4	Benefits paid to or for members	··-			
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 2/2 050	458,986.	884,972.	
7	Other salaries and wages Pension plan accruals and contributions (include	1,343,958.	400,300.	004,3/4.	
8	section 401(k) and 403(b) employer contributions)	40,735.	13,911.	26,824.	
_	, , , , , ,	124,785.	42,614.	82,171.	
9	Other employee benefits Payroll taxes	100,403.	34,288.	66,115.	
10 11	Fees for services (non-employees)	100,403.	34,200.	00,113.	
	Management				
b	Legal	61,824.		61,824.	
c	Accounting	11,870.		11,870.	
d	Lobbying	1170700			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
q	Other (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	383,854.	53,455.	330,399.	
12	Advertising and promotion	41,626.		41,626.	
13	Office expenses	57,561.	25,077.	32,484.	
14	Information technology				
15	Royalties				
16	Occupancy	109,462.	38,312.	71,150.	
17	Travel	182,477.	182,477.		·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	301,856.	301,856.		
20	Interest	2,606.		2,606.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	422,345.	147,821.	274,524.	
23	Insurance	17,877.	1,552.	16,325.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	COMPUTER & VC LINE EXPE	1,361,008.	1,361,008.		
b	CAP PROGRAM	91,660.	91,660.		
c	CURRICULUM	65,717.	65,717.		
d	STAFF TRAINING & DEVELO	25,650.	25,650.		
	All other expenses	35,561.	16,947.	18,614.	
25	Total functional expenses Add lines 1 through 24e	5,055,587.	3,134,083.	1,921,504.	0
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 (f following SOP 98-2 (ASC 958-720)				

orm 9 Part		2017) STERLING EDUCA Balance Sheet	MOIT	INC.		20-	0930293 Page 11
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
		Should be contained to supported of hel		THE IT THE TAKE	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			697,291.	1	951,298.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			172,791.	4	406,487.
	5	Loans and other receivables from current and fo	rmer of	ficers, directors,			
-		trustees, key employees, and highest compensa-	ated em	ployees Complete		1	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	sons (as defined under				
		section 4958(f)(1)), persons described in section] ,			
		employers and sponsoring organizations of sect					
3		employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6_	
	7	Notes and loans receivable, net				7	
:	8	Inventories for sale or use		Ĺ		8	
	9	Prepaid expenses and deferred charges			240.	9	_81,862.
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	3,949,428.			
	b	Less accumulated depreciation	10b	3,508,712.	<u>823,055.</u>	10c	440,716.
	11	Investments publicly traded securities				11	
}	12	Investments - other securities See Part IV, line 1	Ĺ		12		
	13	Investments - program-related See Part IV, line	Ĺ		13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			<u>77,795.</u>	15	277,795.
\perp	16	Total assets. Add lines 1 through 15 (must equal	al line 34	4)	1,771,172.	16	2,158,158.
	17	Accounts payable and accrued expenses		_	58,007.	17	381,014
	18	Grants payable		ļ	<u> </u>	18_	
-	19	Deferred revenue		<u> </u>		19	
:	20	Tax-exempt bond liabilities		<u> </u>		_20	
:	21	Escrow or custodial account liability Complete I				21	
; :	22	Loans and other payables to current and former		1			
		key employees, highest compensated employee	s, and c	disqualified persons			4 000 000
		Complete Part II of Schedule L		-		22	1,800,000.
' :	23	Secured mortgages and notes payable to unrela		· · ·		23	
- 1	24	Unsecured notes and loans payable to unrelate		Г		24	0.
:	25	Other liabilities (including federal income tax, pa		i			
		parties, and other liabilities not included on lines	17-24)	Complete Part X of	10 475		1 - 02 -
		Schedule D		}	12,475.	25	15,035.
-+2	26	Total liabilities. Add lines 17 through 25			70,482.	26	2,196,049.
		Organizations that follow SFAS 117 (ASC 958		chere ▶			
		complete lines 27 through 29, and lines 33 and	a 34.	j			
	27	Unrestricted net assets		<u> -</u>		27	
	28	Temporarily restricted net assets		+		28	<u> </u>
	29	Permanently restricted net assets	60 0E0	A shook hors		29	
		Organizations that do not follow SFAS 117 (A	ಎ೦ ೪೨೮)	, check here			
3	20	and complete lines 30 through 34.			0.	30	n
2	30	Capital stock or trust principal, or current funds	unmos	t fund		31	0.
	31 32	Paid-in or capital surplus, or land, building, or ed Retained earnings, endowment, accumulated in		Г	1,700,690.	32	<37,891.
ivel Assets of Furid Balarices	32	Tretained earnings, endowment, accumulated in	come, o	outer lutius	1 700,690	22	<u> </u>

<37,891.> 2,158,158. Form **990** (2017)

33

<u>1,700,690. 33</u>

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2017) STERLING EDUCATION INC.	20-09	30293	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
<u>. </u>	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	<u>3,317</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>5,055</u>	5	<u>87.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<1,738	, 5	<u>81.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,700	, 6	<u>90.</u>
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	. 1			
	column (B))	10	<37	, 8	<u>91.</u> :
Pa	t 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 Cash Accrual Other		_	- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		į	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both] }	J	
	Separate basis Consolidated basis Both consolidated and separate basis			ľ	
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			١	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form 9	990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	<u>ERLING EDUCA</u>				12	0-0930293					
Part I Reason for Publi	c Charity Status	All organizations must c	omplete th	ns part) S	ee instructions						
The organization is not a private for	undation because it is	(For lines 1 through 12,	check only	one box)							
1 A church, convention of	churches, or association	on of churches describe	d in section	on 170(b)(1)(A)(ı).						
2 A school described in se											
3 A hospital or a cooperat		•			u).						
4 - A medical research orga					•	the hospital's name.					
city, and state		.,				and morphism of manner,					
	d for the benefit of a co	illege or university owne	d or opera	ted by a n	overnmental unit describ	ned in					
	organization operated for the benefit of a college or university owned or operated by a governmental unit described in ction 170(b)(1)(A)(iv). (Complete Part II)										
6 A federal, state, or local		mental unit described in	section 1	70(h)(4)(A)	MA						
7 An organization that nor	-				• •	nublic described in					
section 170(b)(1)(A)(vi).	•	intial part of its support	nom a gov	Cirinenta	driit or iroin the general	public described in					
8 A community trust description	• •	(4VAV.w) (Complete Par	+ II \								
				ed in conii	inction with a land grant	college					
•	-			-	-	-					
or university or a non lar	id-graint college of agric	culture (see instructions)	citter the	name, cit	y, and state of the colleg	e or					
university	mally received. (1) mare	+hon 22 1/20/, of ito our	onart fram	oontribuiti	ons mombarship foos a	nd gross research from					
- -	•										
activities related to its ex						=					
income and unrelated by		(less section 511 tax) if	om busine	sses acqu	ilred by the organization	after June 30, 1975					
See section 509(a)(2). (·		ofatu Caa	-	20(-)(4)						
11 An organization organize	•	•	-		· · · ·	, purposes of one or					
12 X An organization organize	·	•				•					
more publicly supported	-					neck the box in					
lines 12a through 12d th											
	•	•			ganization(s), typically by	- ·					
•	• • •	• • • •	a majority	or the aire	ctors or trustees of the s	supporting					
	st complete Part IV, Se										
					ed organization(s), by ha						
			same perso	ons that co	ontrol or manage the sup	ропеа					
	nust complete Part IV,										
					and functionally integrate	ea with,					
		you must complete									
•••	• • • • • • • • • • • • • • • • • • • •				with its supported organi	• •					
· · · · · · · · · · · · · · · · · · ·	= -	•			quirement and an attent	iveness					
		nplete Part IV, Section									
	5				a Type I, Type II, Type III						
, ,	· • • • • • • • • • • • • • • • • • • •	nally integrated support	ling organi	zation		0.5					
f Enter the number of supporte	-					25					
g Provide the following informa: (i) Name of supported	tion about the supporte	ed organization(s)	(iv) is the groa	inization listed	(v) Amount of monetary	(vi) Amount of other					
organization	(11) EIN	(described on lines 1-10	in your govern	ng document?	support (see instructions)	• •					
		above (see instructions))	Yes	No	1						
ALDERBROOK SCHOOL,						4 550					
INC.	20-1174641	2	X		0.	4,750.					
ANCHOR EDUCATION,											
INC	20-1120887	2	X	. <u> </u>	0.	2,111.					
BEACON SCHOLASTIC,		_			_						
INC.	20-1174565	2	X		0.	880.					
BUCKEYE EDUCATION,		_									
INC.	20-1121206	2	X		0.	2,727.					
BURN BRAE EDUCATIO	I -	_				£					
INC.	20-1121287	2	X	ļ	0.	0.					
Total 05	1		1	1	0.	60.607.					

Schedule Part I	e A (Form 990 or 990-EZ) 2017 S Support Schedule for	TERLING E Organizations	DUCATION S Described in	INC. Sections 170)(b)(1)(A)(iv) ar	20-093 nd 170(b)(1)(A)(0 <u>293 Page 2</u> vi)
	(Complete only if you checke	_					•
·	fails to qualify under the tests			_	. ,		- 3
Sectio	n A. Public Support						
Calendar	year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(é) 2017	(f) Total
	s, grants, contributions, and	3-7					
mer	mbership fees received (Do not						
incl	ude any "unusual grants ")						
2 Tax	revenues levied for the organ-			1			
ızat	ion's benefit and either paid to						
or e	xpended on its behalf	<u> </u>				<u> </u>	
3 l'he	value of services or facilities	,			/		
furn	ished by a governmental unit to					1	
the	organization without charge				<u> </u>		
4 Tot	al. Add lines 1 through 3						
5 The	portion of total contributions		1				1
by e	each person (other than a		<u> </u>				
gov	ernmental unit or publicly						
sup	ported organization) included						
on I	ine 1 that exceeds 2% of the		1	4			
amo	ount shown on line 11,						
colu	ımn (f)						
	lic support. Subtract line 5 from line 4			<u> </u>	<u> </u>	<u> </u>	<u> </u>
	n B. Total Support			- 			Т
	year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	ounts from line 4		/	 	 	 	
	ss income from interest,		/				
	dends, payments received on						
	urities loans, rents, royalties,						
	income from similar sources					 	
	income from unrelated business					-	
	vities, whether or not the						
	iness is regularly carried on	-/	 			 	
	er income. Do not include gain						
	oss from the sale of capital	/					
	ets (Explain in Part VI)	/		 	 	 	
	al support. Add lines 7 through 10			<u> </u>	<u> </u>	10	<u> </u>
	ss receipts from related activities,			and focusts on fifth to	av 1100r ac a coati	12	
	it five years. If the Form 990 is fo anization, check this box and stor	_	s iirst, secona, trii	ra, tourin, or min t	ax year as a secur	on 50 1(c)(5)	\sim
	n C. Computation of Publ		rcentage	·			
	lic support percentage for 2017 (column (fl)		14	%
	ilic support percentage from 2016			00.0 (.,,		15	%
	1/3% support test -/2017. If the			on line 13, and line	14 is 33 1/3% or		
	here. The organization qualifies						▶□
	1/3% support test - 2016. If the		_		d line 15 is 33 1/39	% or more, check the	nis box
	stop here. The/organization qual						▶□
	-facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	if the organization meets the "fac						
	ets the "facts-and-circumstances"					J	ightharpoons
	-facts-and-circumstances tes					17a, and line 15 is	10% or
	e, and if the organization meets the	_					
	anization meets the "facts-and-circ						ightharpoons
	rate foundation. If the organization						s 🕨
						edule A (Form 990	
	/						
/	/						
732022 10-	-06-17						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A.	ΑII	Supporting	Organizations
------------	-----	------------	---------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1	Х	
		X
2		
<u>3a</u>		X
3b		
3c		
4a	-	<u>X</u>
44		
4b	\vdash	
4c		
5a		<u>x</u>
5b		
5c		
6		<u>x</u>
-		41
7		_X_
8		<u>X</u>
9a		Х
		x
9b_		
9c	 	<u>X</u>
		77
_10a	-	<u>X</u>
10b 990 or 99		

732025 10-06-17

•	,			00 000000
	edule A (Form 990 or 990-EZ) 2017 STERLING EDUCATION INC.		inations	20-0930293 Page 6
.1	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			In Dort VI \ Con in not weathern Al
٠,١	other Type III non-functionally integrated supporting organizations must co	_		in Part VI) See instructions. Al
	other Type in normalicitorially integrated supporting organizations must be	Jilipiete Set	Ctions A through C	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	· · · · · · · · · · · · · · · · · · ·	
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other		<u> </u>	
	factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
_8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<u></u>	
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 STERLING EDUCATION INC.

20-0930293 Page 7

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)					
Sect	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•					
	(provide details in Part VI) See instructions							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reason-							
	able cause required- explain in Part VI) See instructions		·- <u>-</u> -					
3	Excess distributions carryover, if any, to 2017							
a_		<u> </u>	<u> </u>					
b	From 2013							
с	From 2014							
d	From 2015							
ее	From 2016							
f	Total of lines 3a through e		<u> </u>					
9_	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
	Carryover from 2012 not applied (see instructions)							
	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2017 from Section D,							
	line 7 \$							
а	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2017 distributable amount	·	<u> </u>					
c	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2017, if							
	any Subtract lines 3g and 4a from line 2 For result greater							
	than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2017 Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI See instructions							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c							
8	Breakdown of line 7		 -					
a	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
е	Excess from 2017			L				

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 STERLING EDUCATION INC.	20-0930293 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Se line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part	rt II, line 17a or 17b, Part III, line 12, ction B, lines 1 and 2, Part IV, Section C, V, line 1, Part V, Section B, line 1e, Part V,
(See instructions)	ior any additional information
990 PART IV, SECTION B, LINE 2	
STERLING EDUCATION SUPPORTS THE SCHOOLS FOR THE CHIL	DREN OF THE MEMBERS
OF THE BRETHREN RELIGIOUS COMMUNITY. AS SUCH, ONE O	F THE SUPPORTED
ORGANIZATIONS-(ONE-SCHOOL)-WAS-DESIGNATED-TO-APPOINT	-THE-BOARD-MEMBERS-
AND ACTS ON BEHALF OF ALL THE OTHER SUPPORTED ORGANI	ZATIONS WHO ARE ALL
PART OF ONE CHARITABLE CLASS. AS SUCH, ALL SUPPORTED	ORGANIZATIONS
BENEFIT FROM ANY DECISIONS MADE BY THE GOVERNING BOD	Υ
	
	(

Schedule A (Form 990 or 990-EZ)	STERLING	EDUCATION	INC.	20-0930293 Page 8

(i) Name of supported	(II) EIN		(IV) Is the c	organization	ipported organizations (co	(vi) Amount of
organization	·	(described on lines 1 10	listed	in your document?	support	other support
		above)	Yes	No		
CEDAR CREEK SCHOOL						
INC.	20-1121243	2	x		0.	2,903
CHARTER OAK						
EDUCATION, INC.	20-1121339	2	x		0.	1,056
CLEARVIEW EDUCATION						
INC.	21-1121877	2	x		0.	_ 968
BRIDGEWOOD	<u> </u>					
EDUCATION, INC.	20-1120448	2	x		0.	2_,1_9-9-
EAGLE ACADEMY OF						
COLUMBUS	77-0627889	2	x		0.	2,815
EAGLE CREST ACADEMY						<u> </u>
INC.	20-1101477	2	x]	0.	1,407
<u> </u>	20 11014.7			 		
FAIRMOUNT EDUCATION	104-3762411	2	x		0.	3,255
INTERPORT EDUCATION	04 3/02411	4				3,233
FRONTIER EDUCATION	20-1174927	2	x	ļ	0.	1,583
PRONTIER EDUCATION	20-11/4/2/		<u> </u>			1,303
OAKMONT EDUCATION	62-1635907	2	x	}	0.	2,815
OAK RIDGE COUNTRY	02-1033707					
SCHOOL	52-1898880	2	x		0.	3,255
эснооп	52-1696660			 	<u>-</u> -	
PRAIRIE LAKE SCHOOI	36_4100005	7	x		0.	2,287
REDWOOD EDUCATION,	120-4133032			 		
INC.	20-1111987	2	x	1 (0.	1,583
ROCKY MOUNTAIN	20-1111907	4			<u> </u>	
	20-1122055	2	x		0.	352
EDUCATION	20-1122055					334
SOUND VIEW	20-1122093	2	x		0.	1 210
EDUCATION, INC,	20-1122093	4				1,319
VESTWOOD EDUCATION,	04 1627022	2	x		0.	2,727
VESTWOOD EDUCATION,	04-102/032					
DECEMBAND EDUCATION	20 1174470	2	x		0.	2,463
WESTWIND EDUCATION	20-11/44/0					_2,403
AGASSIZ EDUCATION,	20 1120051	2	i			1 121
INC.	20-1120851	2		X	0.	4,134
PASCACK VALLEY	F.C. 040CF11	•		,,	0	0 073
LEARNING CENTER	56-2496511	2		X	0.	8,972
THE PLATINUM ARCH	00 6167100	•	1			0
CHARITABLE TRUST	20-6167123	22	<u> </u>	X	0.	0
LAKESIDE ALPHA,	00 1110045	•		,,		4 046
INC.	20-1118247	2		X	0.	4,046
		<u></u>		-		
			 	 		
·			ļ	ļl		
				[Ĭ	
				<u> </u>		
		·				
		_	<u></u>			
						, ,
	i		I	1 1		50,439

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	STERLING EDUCATION	INC.	20-0930293
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 fur	nds
•	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
Ü	for charitable purposes and not for the benefit of the donor of		· ·
	impermissible private benefit?	or define advisor, or for any extremplate before	Yes No
Pai		nanization answered "Ves" on Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organizat		,
1	Preservation of land for public use (e.g., recreation or e	· — ·	y important land area
		Preservation of a certified h	•
	Protection of natural habitat	Preservation of a certified n	iistoric structure
_	Preservation of open space	f - d	
2	Complete lines 2a through 2d if the organization held a quali	fled conservation contribution in the form of a co	
	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
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orgai	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(I	
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the or	ganization's accounting for
	conservation easements	(A. I. III: A. III: A. III Tan III III III III III III III III III I	Cimilar Assault
Pai	t III Organizations Maintaining Collections o	-	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		s
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		S
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 STERLING EDUCATION INC. 20-0930293 Page 2							Page 2		
Part III Organizations Maintaining	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)								
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									
4 Provide a description of the organization's of	collections and explai	n how th	ev further t	he organizati	on's exem	not purp	ose in Par	t XIII	
5 During the year, did the organization solicit	•		-	-					
to be sold to raise funds rather than to be m				•				Yes	☐ No
Part IV Escrow and Custodial Arrar reported an amount on Form 990, Pa	ngements. Comple				"Yes" on I	orm 99	0, Part IV,		
1a Is the organization an agent, trustee, custoe		diany for o	contribution	s or other as	sets not u	ncluded			
on Form 990, Part X?	man or other intermed	Jiai <u>y_</u> 101_0	CONTRIBUTION	is organici as	3013-1101-1	i iciaaca		Yes	□ No
b If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	ahla				<u> </u>	J 1€2	140
b ii 103, explain the arrangement iii att Ain	and complete the lo	mowing to	abic					Amount	
c Beginning balance						1c		Amount	
d Additions during the year						1d			
e Distributions during the year						1e			
f Ending balance						1f			
2a Did the organization include an amount on F	Form 990 Part X line	21 for e	scrow or ci	istodial acco	ount liabilit		<u> </u>	Yes	No
b If "Yes," explain the arrangement in Part XIII						,		_ 103	
Part V Endowment Funds. Complete						5			
	(a) Current year		nor year	(c) Two yea			years back	(e) Four	years back
1a Beginning of year balance	(u) contine your	(3)		10) 1110 700	. o suo	<u>.,</u>	y care buon	(0) (00.	rouro ouon
b Contributions						•	_	i	
c Net investment earnings, gains, and losses		-							
d Grants or scholarships								_	
e Other expenditures for facilities					1				
and programs									
f Administrative expenses					1				
g End of year balance									
2 Provide the estimated percentage of the cui	rrent year end balanc	e (line 1d	ı, çolumn (a	a)) held as					
a Board designated or quasi-endowment	,	%	, ,	,					
b Permanent endowment ▶	%	_							
c Temporarily restricted endowment									
The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
by									Yes No
(i) unrelated organizations								3a(i)	
(II) related organizations									
b If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on So	chedule R?					3b	
4 Describe in Part XIII the intended uses of the	e organization's endo	wment f	unds						
Part VI Land, Buildings, and Equipment	nent.								
Complete if the organization answere	ed "Yes" on Form 990), Part IV	, line 11a S	See Form 990), Part X, I	ne 10			
Description of property	(a) Cost or o	ther	· ·	or other	• •	cumulate	I	(d) Book	value
	basis (investr	nent)	basis	(other)	depr	eciation			
1a Land								_	
b Buildings			5	7,337.		<u>57,3</u>	37.		0.
c Leasehold improvements			<u> </u>					_	
d Equipment			<u>3,89</u>	2,091.	3,4	<u>51,3</u>	75.	440	716.
e Other									
Total. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colum	n (B) <u>, line</u> 1	0c)	*			440	716.

Schedule D (Form 990) 2017

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	TAXES PAYABLE	7,017.
(3)	401K AND PENSION PAYABLE	8,018.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	<u>▶</u> 15,035.

^{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.

Schedule D (Form 990) 2017

	edule D (Form 990) 2017 STERLING EDUCATION INC.		20-093029	3 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e per Return.	_
<u>. </u>	Complete if the organization answered "Yes" on Form 990, Part IV, life	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			-
a	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	}	5	
	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expens		-
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir		•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		- ' 	
	Donated services and use of facilities	2a		
e u				
ь	Prior year adjustments	2b		
C .	Other losses	2c		
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
·	Other (Besenbe III) are All)			
c	Add lines 4a and 4b		4c	
c _5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		4c 5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information.	8)	5	
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information.	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	1 XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,
5 Pai	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	8) 4, Part IV, lines 1b and 2b, Pa	5	t XI,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization					Employer ident	fication number
STERLING EDUCAT	TON THE				20-09302	93
Part I General Info	rmation on A	Activities Ou	tside the United States. Complet	e if the organ	ization answered	'Yes" on
Form 990, Part IV			•			
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gran	nts and other		
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? X	Yes No
2For-grantmakersDesc	ribe-in-Part-V-the	e-organization's-	procedures-for-monitoring-the-use-of-its-	grants-and-o	ther-assistance-ou	tside-the
United States						
			an be duplicated if additional space is ne			
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND	ļ]			ļ
THE CARIBBEAN -		ļ				
ANTIGUA & BARBUDA,			GRANTS (SCHOLARSHIPS) TO			
ARUBA, BAHAMAS,	0	0	INDIVIDUALS			23,000.
NORTH AMERICA -	ļ					
CANADA AND MEXICO,			1			}
BUT NOT THE UNITED			GRANTS (SCHOLARSHIPS) TO			
STATES	0		INDIVIDUALS			76,400.
					<u> </u>	
	_					
						
3 a Sub total	0	0_				99,400,
b Total from continuation sheets to Part I	0	0		···	···-	0.
c Totals (add lines 3a		_				99 400

732071 10-06-17

Schedule F (Form 990) 2017

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

Page 2

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(1) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2017	
(h) Description of noncash assistance					Sched	
(g) Amount of noncash assistance					xempt	
(f) Manner of cash disbursement					recognized as taxe	
(e) Amount of cash grant					foreign country,	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	
(c) Region					Enter total number of recipient organizations listed above that are recoby the IRS, or for which the grantee or counsel has provided a section Enter total number of other organizations or entities	
(b) IRS code section and EIN (if applicable)					recipient organization in the grantee or cour	
1 (a) Name of organization					 2 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has 1 3 Enter total number of other organizations or entities 	•

32

20-0930293

Page 3

STERLING EDUCATION INC.

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed

	1	I]				1	117
(h) Method of valuation (book, FMV, appraisal, other)	COST OF CLASS	COST OF CLASS						Schedule F (Form 990) 2017
(g) Description of noncash assistance	SCHOLARSHIP	0,SCHOLARSHIP						Schec
(f) Amount of noncash assistance	<u>s.</u> 0	8.0						ļ
(e) Manner of cash disbursement								
(d) Amount of cash grant	24,800.	77,300.						
(c) Number of recipients	23	73						
(b) Region	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES						
(a) Type of grant or assistance (b) Region	TUITION PAID FOR STUDENTS TO ATTEND BUSINESS COURSES (SCHOLARSHIPS)	OR STUDENTS TO S COURSES						

Schedule F (Form 990) 2017

SCHEDULE (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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information

Name of	Name of the organization	Employer identification number
	STERLING EDUCATION INC.	20-0930293
Part I	Part I General Information on Grants and Assistance	
1 Do	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	c
Crit	criteria used to award the grants or assistance?	X Yes No

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

1 (a) Name and address of organization (b) EIN (c) IRC second or government (f) application (f	(a)	(if applicable)	tion (d) Amount of (ble) cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGASSIZ EDUCATION, INC. 532 PACIFIC AVENUE ST.	1120051		c	c	מון זגט טדגט	VIRTUAL CLASSROOM EVERNES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED
ALDERBROOK SCHOOL, INC. 1050 EAST SQUARE LAKE BLOOMFIELD TOWNSHIP MI 48304	20-1174641	501 (C) 3			FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
ING	56-2496511		0	8,972.	8,972.FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS,
LAKESIDE ALPHA, INC. 985 EBNER DR. WEBSTER, NY 14580	20-1118247	501 (C) 3	0	o	FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
		1					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table3 Enter total number of other organizations listed in the line 1 table	and government o	rganizations listed in th 1 table	ie line 1 table				1.

Schedule I (Form 990) (2017)

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

Schedule I (Form 990) (2017) STERLING EDUCATION	ION INC.				
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed	. Complete if the	organization answe	ared "Yes" on Form 9	90, Part IV, line 22	
(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 noncash assistance
SCHOLARSHIPS	113	110 045.		LSO	TUITION PAID FOR STUDENTS TO ATTEND BUSINESS COURSES
			·I		
		}			
Part IV Supplemental Information. Provide the information req	ured in Part I, lin	e 2, Part III, column	(b), and any other ad	Iditional information	
PART I, LINE 2:	resistance to borneste the control of the communication amount of resistance to borneste the control of the control of resistance to borneste the control of resistance to borneste the control of resistance to borneste the control of resistance to borneste the control of resistance to borneste the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of the control of resistance to the control of resistance to the control of resistance to the control of resistance to the control of the control of resistance to the control of the contr				
AS THE ORGANIZATION HAS SELECTED S		1	SCHOLARSH	IPS AND	
AMOUNTS ARE PAID DIRECTLY TO COLLEGE			E ORGANIZA	TION IS AWARE	
OF HOW FUNDS HAVE BEEN USED.					
•					
732102 11-01-17		37			Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

STERLING EDUCATION INC.

Employer identification number 20-0930293

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	ľ	ŀ	
	Travel_for_companionsPayments for-business-use-of-personal-residence			
	Tax indemnification and gross up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	Ĭ	ĺ	1
				1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		,	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	_1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	_2_		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		ĺ	
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	l	}	ł
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	Ì		
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	ļ	ļ	1
•	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			<u> </u>
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of		ĺ	
а	The organization?	5a		<u>X</u>
b	Any related organization?	_5b		X
	If "Yes" on line 5a or 5b, describe in Part III	[
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the net earnings of			
а	The organization?	<u>6a</u>		X
b	Any related organization?	_6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8_		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		1
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 STERLING EDUCATION INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (Ei amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)·(I)(B)	ın column (B) reported as deferred on prior Form 990
(1) FRANCIS TOBY NUNN	Θ	149,600.	0	0	. 1,546.	19,502.	170,648.	0
14	Ξ			0	0	0	0	0
(2) CHARLES YOUNG	ε	136,24		0	3,443.	16,383.	156,072.	0
	Ξ	0.	0	0	0	0.	0	0
	Ξ							
	€							
	Ξ							
	Ξ							
	ε							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(E)							
	Θ							
	Ξ							
	Ξ							
	<u>(ii)</u>	1						
	Ξ							
	<u>(ii)</u>							
	Ξ							
	≘							
	Ξ							
	3	1						
	ε				·			
	▣							
	Ξ							
	Ξ	~						
	Ξ							
	3							
	Ξ					ļ		
	∄							

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number STERLING EDUCATION INC. 20-0930293 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 h) Approved (d) Loan to or (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In (i) Written by board or committee? agreement? interested person with organization principal amount default? of loan organization? From To No Yes No UNIVERSAL BUSINCOMMON BIECHNOLO ,800,000.1,800,000 X X X ▶ \$1,800. 000 Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of assistance assistance assistance interested person and the organization

SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2017

SCHEDULE 0

(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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

STERLING EDUCATION INC.

Employer identification number 20-0930293

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ADMINISTRATION AND COORDINATION OF EDUCATIONAL PROGRAMS THROUGHOUT THE
SCHOOL CAMPUSES
EXPENSES \$ 22,141. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ELDERS OF THE CHURCH ELECT THE GOVERNING BODY OF THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO OTHER COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WHO
APPROVED IT AS PRESENTED.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO IDENTIFY ANY CONFLICTS OF INTERESTS ANNUALLY.
IF ANY ARE NOTED THEY ARE DEALT WITH ACCORDINGLY.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION'S COO HAS AN EMPLOYMENT CONTRACT.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2017

OMB No 1545-0047

► Go to www.irs gov/Form990 for instructions and the latest information

Open to Public Inspection

Employer identification number 20-0930293 STERLING EDUCATION INC. Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Part

Direct controlling entity End-of-year assets ē Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Part II

סוק אווי שוויון מוווים מחוווים מוסווק מווים ומא אבמו				-			
(a)	(q)	(2)	(p)	(e)	ε	(g) Section 512(by13)) 205Y13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	lled
of related organization		foreign country)	section	status (if section	entity	entity?	77
				501(c)(3))		Yes	No
AGASSIZ EDUCATION INC 20-1120851							
532 PACIFIC AVENUE ST.				170 (B) (1)			
ST VINCENT MN 56755	PRIMARY & SECONDARY SCHOOL MINNESOTA	MINNESOTA	501 (C)3	(A) (II)			×
ALDERBROOK SCHOOL, INC 20-1174641							
1050 EAST SOUARE LAKE				170 (B) (1)			
BLOOMFIELD TOWNSHIP MI 48304	PRIMARY & SECONDARY SCHOOL MICHIGAN	MICHIGAN	501 (C) 3	(A) (II)			×
ANCHOR EDUCATION, INC 20-1120887		<u> </u>					
19234 LAKE CHABOT ROAD				170 (B) (1)			
CASTRO VALLEY CA 94546	PRIMARY & SECONDARY SCHOOL CALIFORNIA	CALIFORNIA	501 (C) 3	(A) (II)			×
BEACON SCHOLASTIC, INC 20-1174565							
315 UNIVERSITY DRIVE				д70 (В) (1)			
WESTWOOD MA 02090	PRIMARY & SECONDARY SCHOOL MASSACHUSETTS	MASSACHUSETTS	501 (C) 3	(A) (II)			×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.				Schedule R (Form 990) 2017	(Form 990	0) 2017

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

20-0930293

STERLING EDUCATION INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

							-
(a)	(q)	(0)	<u>(</u>	(e)	(£)	(b)	
Name address and FIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	13)
of related organization	(man)	foreign colintry)	section	status (if section	entity	controlled	_
				501(c)(3))	•	Yes	_
BRIDGEWOOD EDUCATION, INC 20-1120448						_	
525 WOODBURY AVE.				170 (B) (1)			
COUNCIL BLUFFS, IA 51503	PRIMARY & SECONDARY SCHOOL	IOWA	501 (C) 3	(A) (II)		×	
BUCKEYE EDUCATION, INC 20-1121206							
115 LINCOLN AVE.				170 (B) (1)			
BEREA, OH 44017	PRIMARY & SECONDARY SCHOOL	онто	501 (C) 3	(A) (II)		×	
BURN BRAE EDUCATION, INC 20-1121287							
712 HENDERSON BLVD.				170 (B) (1)			
FOLCROFT, PA 19032	PRIMARY & SECONDARY SCHOOL	PENNSYLVANIA	501 (C) 3	(A) (II)		×	
CEDAR CREEK SCHOOL, INC 20-1121243							
3427 NORTHEAST PKWY				170 (B) (1)			
SAN ANTONIO, TX 78218	PRIMARY & SECONDARY SCHOOL	TEXAS	501 (C) 3	(A) (II)		×	
CHARTER OAK EDUCATION, INC 20-1121339							
1294 BLUE HILLS AVE, UNIT C				170 (B) (1)			
BLOOMFIELD, CT 06002	PRIMARY & SECONDARY SCHOOL	CONNECTICUT	501 (C) 3	(A) (II)		×	
PASCACK VALLEY LEARNING CENTER - 56-2496511							
27 СНИКСН КОАД				170 (B) (1)			
AIRMONT NY 10952	PRIMARY & SECONDARY SCHOOL	NEW YORK	501 (C) 3	(A) (II)		×	
EAGLE ACADEMY OF COLUMBUS, INC 77-0627889							
758 CORYLUS DRIVE				170 (B) (1)			
PATASKALA, OH 43062	PRIMARY & SECONDARY SCHOOL	онто	501 (C) 3	(A) (II)		×	
EAGLE CREST ACADEMY, INC 20-1101477							
1710 AVE A				170 (B) (1)			
GOTHENBURG NE 69138	PRIMARY & SECONDARY SCHOOL	NEBRASKA	501 (c) 3	(A) (II)		×	1
FAIRMOUNT EDUCATION, INC 04-3762411							
3920 EAST 29TH STREET				170 (B) (1)			
DES MOINES, IA 50317	PRIMARY & SECONDARY SCHOOL	IOWA	501 (C) 3	(A) (II)		×	ļ
FRONTIER EDUCATION, INC 20-1174927				_			
12204 SE FULLER RD.				170 (B) (1)			
MILWAUKIE, OR 97222	PRIMARY & SECONDARY SCHOOL	OREGON	501 (C) 3	(A) (II)		×	
LAKESIDE ALPHA, INC 20-1118247							
985 EBNER DR.				170 (B) (1)			
WEBSTER NY 14580	PRIMARY & SECONDARY SCHOOL	NEW YORK	501 (C) 3	(A) (II)		×	
OAKMONT EDUCATION, CORP 62-1635907							
DRIVE				_			
KNOXVILLE, TN 37918	PRIMARY & SECONDARY SCHOOL (TENNESSEE	501 (C) 3	(A) (II)		∀	

20-0930293

STERLING EDUCATION INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(Q)	(2)	(Q	(e)	£	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	oX13)
of related organization	`	foreign country)	section	status (if section	entity	organization?	۳,
				501(c)(3))		Yes	No
OAK RIDGE COUNTRY SCHOOL, INC 52-1898880							
900 TRIMBLE ROAD				170 (B) (1)			
JOPPA, MD 21085	PRIMARY & SECONDARY SCHOOL	MARYLAND	501 (C) 3	(A) (II)		×	~
PRAIRIE LAKE SCHOOL - 36-4199095							
404 EAST DEVON				170 (В) (1)			
ELK GROVE VILLAGE, IL 60007	PRIMARY & SECONDARY SCHOOL	ILLINOIS	501 (C) 3	(A) (VI)		×	~
REDWOOD EDUCATION, INC 20-1111987							
5200 W. 83RD STREET				170 (B) (1)			
LOS ANGELES, CA 90045	PRIMARY & SECONDARY SCHOOL K	CALIFORNIA	501 (C) 3	(A) (II)		×	<u> </u>
ROCKY MOUNTAIN EDUCATION, INC 20-1122055							
204 TWO MILE DRIVE				170 (B) (1)			
KALISPELL, MT 59901	PRIMARY & SECONDARY SCHOOL MONTANA	MONTANA	501 (C) 3	(A) (II)		X	~
SOUND VIEW EDUCATION, INC 20-1122093							
9205 3RD AVE SW				170 (B) (1)			
SEATTLE, WA 98106	PRIMARY & SECONDARY SCHOOL	WASHINGTON	501 (C) 3	(A) (II)		×	~
VESTWOOD EDUCATION INC 84-1627832							
320 CENTER STREET EAST				170 (B) (1)			
VESTA, MN 56292	PRIMARY & SECONDARY SCHOOL	MINNESOTA	501 (C) 3	(A) (II)		×	,
WESTWIND EDUCATION, INC 20-1174470							
500 E. TRAVELERS TRAIL SUITE 500				170 (B) (1)			
BURNSVILLE, MN 55337	PRIMARY & SECONDARY SCHOOL N	MINNESOTA	501 (C) 3	(A) (II)		X	~
CLEARVIEW EDUCATION, INC 21-1121877							
110 BIRCHWOOD DRIVE				170 (B) (1)			
LEBANON, IN 46052	PRIMARY & SECONDARY SCHOOL	INDIANA	501 (C)3	(A) (II)		×	
THE PLATINUM ARCH CHARITABLE TRUST -							
20-6167123, 4220 BUFFET MILL ROAD,	SUPPORTING ORGANIZATION TO			LINE 12D,			
KNOXVILLE, TN 37917	SCHOOLS	TENNESSEE	501 (C.)3	III-0		X	_
	_						
<i>y</i>							

20-0930293	20-093 C 20-093 C	20 – 093 C on Form 990. Part IV. line 34, because it had one or more
n 990. Part IV, line 34, becau	n answered "Yes" on Form 990. Part IV, line 34, becau	"Yearlon answered
	n answered "Yes" on For	"Yearlon answered

STERLING ED

Schedule B (Form 990) 2017

General or Percentage managing ownership Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership Ξ Code V-UBI amount in box n 20 of Schedule K-1 (Form 1065) y Share of end-of-year assets Disproportionate Yes No allocations Ξ Share of total income Share of end-of year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicite (state or foreign country) Direct controlling Ð Primary activity (c)
Legal
domicile
(state or
foreign Identification of Related Organizations Taxable as a Pa organizations treated as a partnership during the tax year Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV Part III

Schedule R (Form 990) 2017 STERLING EDUCATION INC.	i			20-0930293	3 Page 3
h Related Organizations Complete if the organizat	wered "Yes" on Form	ion answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	, or 36		•
1 0	ns with one or more re y	lated organizations listed	ın Parts II-IV?	1 1 1 1	Y X Y
 c Giff, 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) 				D 10 10	X X X
 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) 	,			# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	××××
 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) 	ed organization(s) ed organization(s) ganization(s)			축 = 투 다 6	×× ×
p Reimbursement paid to related organization(s) for expensesq Reimbursement paid by related organization(s) for expenses				- t	×
 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 	who must complete the	iis line, including covered	relationships and transa	1r 1s	××
	(b) Transaction type (a-s)	(c) Amount involved	Method of	(d) Method of determining amount involved	
(1) UNIVERSAL BUSINESS TEAM	X	107,318.	SUB LEASE FOR	R SHARED SPACE	
(3)					
(5)					1
732163 09-11-17	48			Schedule R (Form 990) 2017	rm 990) 2017

Page 4

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

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

(a)	(Q)	(2)	(a) (b) (c) (d)	(e)	E	(6)	Ξ	Ξ	Э	(K)
Name, address, and EIN of entity	Primary activity	micile	t income related,	Are all partners sec 501(c)(3)	Share of	Share of	Dispropor- Tonate	101:propor- 300ate amount in box 20 managing purpership	General c managin	Percentage
f		country)	excluded from tax under sections 512-514)	Yes No	ncome	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
							_			
						j				
										····
			-							
				-			-			
				+			+		_	
								c		
					-					
			_							
	•									
									_	
					-					
				<u> </u>			-			
									_	
100										
				+			+		$\frac{1}{2}$	
								_		_
		_								
							$\frac{1}{1}$			
			,					Schedule	R (For	Schedule R (Form 990) 2017

41

Schedule R	(Form 990) 2017 Supplemental Infor	STERLING	EDUCATION INC.	•	2	0-0930293	Page 5
Part VII	Supplemental Infor	mation.	·		<u> </u>		
•	Provide additional inform	ation for responses	to questions on Schedule F	R See instructions			
	T TO THOU ASSESSMENT AT THE OTHER	ation to responde	to duositoria en gamedato i	. Coo mongonorio			
				 -			
			<u>-</u>	_	-		
			-				
	 						
				-			
						_	
				•			
						···	
		··			-		
						-	
					-		
				· · · · · · · · · · · · · · · · · · ·			
	·						
							
					<u>-</u>		
						=	
							_
		· · · · · · · · · · · · · · · · · · ·				_	
				· · · · · · · · · · · · · · · · · · ·		=	
				· · · · · · · · · · · · · · · · · · ·			
							
					<u>. </u>		
			<u></u>				
				_		_	
							