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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No 1545-0047 Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009 C Name of organization D Employer identification number use IRS Address change label or LEARNINGSPRING SCHOOL print or X Name change 01-0603628 type Doing Business As Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite See E Telephone number Specific 212-239-4926 Termin-ation 254 WEST 29TH STREET, 4TH FLOOR Instruc-Amended return $\overline{4}$,367,880. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending NEW YORK, NY 10011 H(a) Is this a group return F Name and address of principal officer:MARGARET POGGI Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c) (3) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.LEARNINGSPRING.ORG H(c) Group exemption number ▶ K Type of organization X Corporation Trust Association Other > L Year of formation 2001 M State of legal domicile, NY Part I Summary Briefly describe the organization's mission or most significant activities TO OPERATE A SCHOOL FOR CHILDREN 1 ON THE AUTISM SPECTRUM. Check this box If the organization discontinued its operations or disposed of more than 25% of its assets. 14 Number of voting members of the governing body (Part VI, line 1a) 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 62 5 Total number of employees (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0. Total gross unrelated business revenue from Part VIII, line 7a Net unrelated business taxable income from Form 900-T, line 34 0. **Prior Year Current Year** OSC 842,820. 550,321. Contributions and grants (Part VIII, line 1h) MAY 2 4 2010 2,589,235 2,666,892. Program service revenue (Part VIII, line 2g) 9 67,351 -15,507. Investment income (Part VIII, column (A), lines 3, 4, and -1,284. 51,295. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d (and 1 te) 11 498,122. 3,253,001. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 2,168,737. 2,457,509. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 20,017. b Total fundraising expenses (Part IX, column (D), line 25) 762,692 805,009. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3,262,518. 931,429 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 566,693. -9,517.Revenue less expenses. Subtract line 18 from line 12 **Beginning of Year End of Year** 3,362,993 3,443,077. 20 Total assets (Part X, line 16) 193,389 251,036. 21 Total liabilities (Part X, line 26) 3,169,604. 3,192,041 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I hay kamined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, a officer is based on all information of which preparer has any knowledge Sign Signature of officer Here MARGARET POGGI, HEAD OF SCHOOL Type or print name and title Preparer's identifying number (see instructions) Check if Preparer's Paid selfsignature Preparer's Firm's name (or TROPER LLP LOÉB. & EIN ▶ Use Only self-employed), 655 THIRD AVENUE, 12TH FLOOR address, and NEW YORK, NY 10017 Phone no \triangleright (212) 867-4000 X Yes

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

Form	1990 (2008) LEARNINGSPRING SCHOOL	01-060362	28 Page 2
Pa	rt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION	1	
•	THE LEARNINGSPRING SCHOOL FOR CHILDREN ON THE AUTISM S		
	GRADES K-8 IS COMMITTED TO ADVANCE THE SOCIAL, DEVELOP		
	ACADEMIC GROWTH OF ITS STUDENTS THROUGH PIONEERING EDU		JD
	THERAPEUTIC STRATEGIES IN ORDER TO PREPARE EACH CHILD		
2	Did the organization undertake any significant program services during the year which were not listed on	10 IIIKIICII	11111
2	the prior Form 990 or 990-EZ?	(v)	Yes No
	•	(A)	res LINO
	If "Yes", describe these new services on Schedule O.		.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	:s?	Yes X No
	If "Yes", describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a		(Revenue \$ 2,66	
	LEARNINGSPRING SCHOOL DEVELOPS AN INTEGRATED CURRICULU		
	THE AUTISM SPECTRUM. THE ACADEMIC CURRICULUM FOLLOWS E		RADE
	LEVEL EXPECTATIONS, WHILE ALLOWING FOR ACCOMMODATIONS	FOR THE	
	INDIVIDUAL NEEDS OF EACH STUDENT. SPECIAL INTEREST CLA	SSES GIVE T	THE
	CHILDREN THE OPPORTUNITY TO SHARE THEIR VAST KNOWLEDGE	OF A PARTI	CULAR
	SUBJECT WHILE MAKING SOCIAL CONNECTIONS AND RELATIONSH	IPS WITH ST	TUDENTS
	WHO SHARE SIMILAR INTERESTS. SOCIAL SKILLS GROUPS TEA	CH AND PRAC	CTICE
	SKILLS THAT WILL HELP MAKE THE STUDENTS CONTRIBUTING A		
	MEMBERS OF THEIR COMMUNITY, SCHOOL AND HOME LIFE. RELA		
	DEVELOPMENT INTERVENTION GROUPS AND CLASSROOM STRATEGI		
	EMPHASIS ON TEACHING SOCIAL DEVELOPMENT, DYNAMIC THINK		TONAT.
	MEMORY.	CINO IND DIE	711014111
4b) (Revenue \$	
40	(Code.) (Expenses \$ including grants of \$	(Hevenue \$,

4c	(Code ⁻) (Expenses \$ Including grants of \$) (Revenue \$)
			· · · · · · · · · · · · · · · · · · ·
			,,
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶\$ 2,823,521. (Must equal Part IX, Line 25, column (I	 B))	
	[[[] [] [] [] [] [] [] [] []		rm 990 (2008)
32002	2	1 31	()

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		•	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
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 questions 24b-24d and complete Schedule K.			1
	If "No", go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26_		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Form	990 ((2008)

			Yes	No
28 `	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			İ
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		:	
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	ĺ	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		}	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter 0-6 find applicable Dethie organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pinze winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return See Tent the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return So If at least one is reported on line 23, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return, (see instructions) By If Yes, it has it filed a Form 990-11 for this year? If "No, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities excount, or other financial account)? By If Yes, enter the name of the foreign country is "No, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or their authority over, a financial account in a foreign country (such as a bank account, securities exceeding or other financial Accounts). By If Yes, enter the name of the foreign country: By If Yes, an expension of the congenization till a till was or is a party to a prohibited tax shaller transaction? By If Yes, an expension of the congenization include with every solicitation an express statement that such contributions or grits were not tax deductible? By If Yes, an expension that may receive deductible contributions under section 170(c). By If Yes, an expension that may receive deductible contributions under sect	Par	t V Statements Regarding Other IRS Filings and Tax Compliance							
U.S., Information Returns. Enter 0- if not applicable Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return filed for the calendary year ending with or within the year covered by this return. 5b If at least one is reported on line 2a, did the organization file all required feared employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3b If V'es, has in titled a Form 990-17 for this year? If No., "provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; line of the second in a foreign country is considered any time of the foreign country. If Yes, each time are of the foreign country. If Yes, each the organization on a bank account, securities account, or other financial account? 4a X 5b If Y'es, and the organization apparent of the foreign country. If Yes, it is a party to a prohibited tax shelter transaction? 5c If Yes, it of question 5a or 5b, did the organization file form 8865. Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If Yes, it due to organization molucide with every solicitation an express statement that such contributions or grifts were not tax deductible? 5c If Yes, it due to organization molucide with every solicitation an express statement that such contributions or grifts were not tax deductible? 5c If Yes, it due to organization notify the donor of the value of the goods or services provided? 5c If Yes, it due to organization notify the donor of the value of the goods or s			1 .		Yes	No			
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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return 5 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, Gee instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account/? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, and the foreign country to provide an any time during the tax year? 5c Was the organization is party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, did the organization in the fit was or is a party to a prohibited tax shelter transaction? 6c If Yes, it ougestion 5a or 5b, did the organization the fit was or is a party to a prohibited tax shelter transaction? 6c If Yes, it ougestion 5a or 5b, did the organization the fit was or is a party to a prohibited tax shelter transaction? 6c If Yes, it du the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, it du the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, it du the organization on ority the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, indicate the number of Forms 8282 filed during the year 9d If Yes, indicate the number of Forms 8282 filed during the year. 9d If Yes, indicate	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0						
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization fiel all required federal employment tax returns? Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated businesses gross income of \$1,000 or more during the year covered by this return? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? a financial account? a financial account in a foreign country; which as a bank account, securities account, or other financial account? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Did any taxable party notify the organization tile form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c Did the organization solicit any contributions that were not tax deductible? 6c Did the organization solicit any contributions that were not tax deductible? 6c Did the organization solicit may receive deductible contributions under section 170(c). 8d Did the organization solicit may receive deductible contributions under section 170(c). 8d Did the organization solicit may receive deductible contributions under section 170(c). 8d Did the organization solicit may receive deductible contributions under section 170(c). 8d Did the organization solicit may receive deductible contributions in dispersion of the value of the goods or services provided? 8d If "Yes," indicate the number of Forms 8828 (field during the year 9d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9	C	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	portable gaming						
titled for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-flie this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If Yes, 1s at filled a Form 990 To fit his year? 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a timenical account in a foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any travable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6d Did the organization appropriation of the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization or the fit of the value of the goods or services provided? 6d Did the organization or services in exchange for any quid pro quo contribution of more than \$75? 7d X 7d If Wes, 'indicate the number of Forms 8282 filed during the year 6d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization s				1c	Х				
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d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: N / A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	С		as required	_		v			
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-			1					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	_		116						
27/2	12a	•		12a					
		27/2	1						

Form **990** (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management							
		F	Yes	No				
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,							
	processes, or changes in Schedule O. See instructions							
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent.							
b	Effect the number of voting members that are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2_	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			7.7				
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X				
6	6 Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the							
	governing body? .	7a		X				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
	by the following							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9a	Does the organization have local chapters, branches, or affiliates?	9a		X				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with those of the organization?	9b	ļ <u>-</u>					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must							
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	<u> </u>				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>				
<u>Sec</u>	tion B. Policies			г				
			Yes	No				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		i					
	to conflicts?	12b	X	<u> </u>				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this is done .	12c	X					
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>				
14	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:							
а	The organization's CEO, Executive Director, or top management official?	15a	X_					
b	Other officers or key employees of the organization?	15b	ļ <u>.</u>	X				
	Describe the process in Schedule O. (see instructions)		1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1					
	taxable entity during the year?	16a	ļ	<u> X</u>				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		1					
	exempt status with respect to such arrangements?	16b	<u> </u>					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶NY							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for						
	public inspection. Indicate how you make these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ancial					
	statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:						
	YVETTE LEE - 212-239-4926							
	254 WEST 29TH STREET, NEW YORK, NY 10011							
83200		Fara	000	(2008)				

12-18-08

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0))			(D)	(E)	(F)	
Name and Title	Average hours	/2	Position (check all the				l. A	Reportable	Reportable	Estimated amount of	
	per	_						compensation from	compensation from related	amount of other	
	week	directo						the	organizations	compensation	
		ofte or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
		lat fig	onal tr		ployee	(COL)		(11 2 1000 11110 0)		and related	
		Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			organizations	
RICHARD WILLET											
ASST. VICE PRESIDENT	2.00	X		X				0.	0.	0.	
MARILYN SIMONS											
PRESIDENT	10.00	X		X				0.	0.	0.	
MARIA MAFFUCCI								1			
SECRETARY	2.00	X		X				0.	0.	0.	
LINDA WILLET								_	_	_	
TRUSTEE	2.00	X	<u> </u>	X	<u> </u>			0.	0.	0.	
JAMES SNYDER											
VICE PRESIDENT	10.00	X		X		<u> </u>		0.	0.	0.	
LORI DUBOS		l			İ						
TRUSTEE	2.00	X	<u> </u>	X		_		0.	0.	0.	
LINDA GELFOND	2 00	١		ŀ							
TREASURER	2.00	X				<u> </u>	_	0.	0.	0.	
STUART ZWERLING TRUSTEE	2 00		ł					0.	0.	1	
ANN DOWD	2.00	X	-		_	-	_	0.	0.	0.	
TRUSTEE	2.00	Х						0.	0.	0.	
JOAN GOODMAN	2.00	^		-	├	-	_	0.	0.	- 0.	
TRUSTEE	2.00	X						0.	0.	0.	
LINDA LEVINE	2.00	Α.	1		-				<u>.</u>		
TRUSTEE	2.00	X						0.	0.	0.	
MARISELA STALLER		1	-	-		 	-				
TRUSTEE	2.00	X						0.	0.	0.	
ROBERT CAMPAGNA											
TRUSTEE	2.00	$ _{\mathbf{X}}$						0.	0.	0.	
SANDY PERLBINDER			†								
TRUSTEE	2.00	X	ĺ					0.	0.	0.	
MARGARET POGGI											
HEAD OF SCHOOL	40.00			X				90,116.	0.	8,004.	
		-		_				-			

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Form 990 (2008)

(A) (B) (C)

Name and business address Description of services Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

Form 990 (2008)

35,788. Form 990 (2008)

0.

2666892

12 832009 02-02-09

d All other revenue

Total. Add lines 11a-11d

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

3253001.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

•	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	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 governments and							
	organizations in the U.S. See Part IV, line 21							
2	Grants and other assistance to individuals in							
	the U.S. See Part IV, line 22							
3	Grants and other assistance to governments,							
	organizations, and individuals outside the U.S.							
	See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees	98,570.		98,570.				
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	1 000 000	1 070 000	56 400				
7	Other salaries and wages	1,926,646.	1,870,208.	56,438.	·			
8	Pension plan contributions (include section 401(k)							
	and section 403(b) employer contributions)	200 710	252 424	22 222				
9	Other employee benefits	282,712.	259,434.	23,278.				
10	Payroll taxes	149,581.	137,265.	12,316.				
11	Fees for services (non-employees):							
а	Management	16-000		16 000				
b	Legal	16,838.		16,838.				
С	Accounting	32,363.		32,363.				
d	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees	40.004		20 007	20 017			
9	Γ	40,904.		20,887.	20,017.			
12	Advertising and promotion	105 202	101 740	22 545				
13	Office expenses	125,293.	101,748.	23,545.				
14	Information technology							
15	Royalties	E10 0FF	206 072	125 002				
16	Occupancy	512,855.	386,873.	125,982.				
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates	1/ 275	14 275					
22	Depreciation, depletion, and amortization	14,275. 15,748.	14,275. 11,811.	3,937.				
23	Insurance	15,740.	11,011.	3,937.				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total							
	expenses shown on line 25 below) STAFF TRAINING	30,057.	30,057.	-				
a	STUDENT ACTIVITIES	11,850.	11,850.					
Þ	MISCELLANEOUS	4,826.	11,030.	4,826.				
c	MISCELLANEOUS	4,020.		4,020.				
d								
e	All add an august and							
f OF	All other expenses	2 262 510	2,823,521.	418,980.	20,017.			
25	Total functional expenses Add lines 1 through 24f	3,262,518.	2,023,321.	410,300.	20,017.			
26	Joint Costs. Check here Jif following							
	SOP 98-2 Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation	. <u> </u>	<u>, </u>		Form 990 (2008)			

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Form **990** (2008)

Pa	rt X	Balance Sheet							
				(A) Beginning of year		(B) End of year			
	1	Cash · non-interest-bearing		170,496.	1	565,167.			
	2	Savings and temporary cash investments	[1,683,301.	2	1,965,809.			
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net		250,898.	4	461,289.			
	5	Receivables from current and former officers, of	lirectors, trustees, key						
		employees, or other related parties. Complete			5				
	6	Receivables from other disqualified persons (as	s defined under section						
		4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete						
		Part II of Schedule L			6				
ş	7	Notes and loans receivable, net			7				
Assets	8	Inventories for sale or use	_		8				
Ä	9	Prepaid expenses and deferred charges			9	29,482.			
	10a	Land, buildings, and equipment: cost basis	10a 113,674.						
	b	Less: accumulated depreciation. Complete			} [
		Part VI of Schedule D	10b 102,064.	25,469. 1,232,829.	10c	11,610. 409,720.			
	11	Investments - publicly traded securities		1,232,829.	11	409,720.			
	12	Investments - other securities. See Part IV, line	11		12				
	13	Investments - program-related. See Part IV, line	-11		13				
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11		15					
	16	Total assets. Add lines 1 through 15 (must equ	ual line 34)	3,362,993.	16	3,443,077. 29,827.			
	17	Accounts payable and accrued expenses		16,000.	17	29,827.			
	18	29,600.							
	19 Deferred revenue 15,234. 19								
	20	Tax-exempt bond liabilities			20				
S	21	Escrow account liability. Complete Part IV of Se	chedule D		21				
Liabilities	22	Payables to current and former officers, director	ors, trustees, key employees,						
abi		highest compensated employees, and disquali	fied persons. Complete Part II		-				
		of Schedule L	<u> </u>		22				
	23	Secured mortgages and notes payable to unre		23					
	24	Unsecured notes and loans payable	24						
	25	Other liabilities Complete Part X of Schedule D	162,155. 193,389.	25	191,609.				
	26	251,036.							
		Organizations that follow SFAS 117, check h	ere 🕨 🗓 and complete						
es S		lines 27 through 29, and lines 33 and 34.							
anc	27	Unrestricted net assets	<u> </u>	2,680,868.	27	2,715,155.			
Bal	28	Temporarily restricted net assets	1	488,736.	28	476,886.			
p	29	Permanently restricted net assets	<u> </u>		29				
or Fund Balances		Organizations that do not follow SFAS 117, or	check here						
ō		complete lines 30 through 34.	-						
Net Assets	30	Capital stock or trust principal, or current funds			30				
Ass	31	Paid-in or capital surplus, or land, building, or e	quipment fund		31				
et e	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32				
_	33	Total net assets or fund balances		3,169,604.	33	3,192,041.			
	34	Total liabilities and net assets/fund balances		3,362,993.	34	3,443,077.			
Pai	t XI	Financial Statements and Reporting]			TWTN-			
				•		Yes No			
1		unting method used to prepare the Form 990:		Other					
	Were		2a X						
	b Were the organization's financial statements audited by an independent accountant?								
С	If "Ye	s" to lines 2a or 2b, does the organization have	a committee that assumes respon-	sibility for oversight of the	audit,	2c X			
	review, or compilation of its financial statements and selection of an independent accountant?								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?								
<u> </u>	If "Ye	s," did the organization undergo the required at	idit or audits?			3b			
832011	12-18-	08				Form 990 (2008)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

			GSPRING SCHO						01	-0603	628	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) (see ins	tructions)		·		
The organ	ization is not	a private foundation	because it is: (Please ch	eck only o	ne organiz	zation)						
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2 X	A school des	scribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🖳	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)			
4 📖	A medical re	search organization o	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital'	s nam	e,
	city, and stat		••									
5 📖	_	•	benefit of a college or un	niversity o	wned or op	perated by	a governi	mental uni	t describe	d In		
		(b)(1)(A)(iv). (Comple	•									
6		=	ent or governmental unit									
7 🗀	-	-	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desci	ribed i	n
• 🗀		(b)(1)(A)(vi). (Comple		.	n							
8 📙	_		ection 170(b)(1)(A)(vi).	•	-							
9			eives: (1) more than 33 1									
			nctions - subject to certa									
		509(a)(2). (Complete	axable income (less sect	lion on ita	ix) Hom bu	311103503	acquired 0	y trie Orga	iiiiZaliOii ai	iter dune 3	0, 197	J.
10 🔲			perated exclusively to te	et for nubl	ic safety S	See sectio	n 509(a)(4	1) (see ins	tructions)			
11 🗔	_		perated exclusively for the	·-	-				_	ourposes o	f one	or
			ations described in section									•
			organization and comple				,		-,(-,-			
	а 🔲 Туре		_	с 🔲 Тур			tegrated		d 🔲	Type III - C	Other	
е 🔲	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	n
	foundation n	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box									
g	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or c	ontribution	from any	of the foli	owing pers	sons?			
	(i) A perso	n who directly or ind	rectly controls, either al	lone or tog	ether with	persons o	described	ın (ıi) and (III) below,		Yes	No
	the gov	erning body of the si	upported organization?							11g(i)		
			n described in (i) above?						-	11g(ii)		
			person described in (i) of						•	11g(iii)		
h	Provide the f	ollowing information	about the organizations	the organ	ization su	oports.						
		Γ	(iii) Type of	T		1		T				<u> </u>
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your		u notify the tion in col	l organizatio	on in col l	(vii) Am		f
orga	anization		(described on lines 1-9	1 ',	document?		r support?	(i) organiz U S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
								 				
				1								
		· ·										
				1								
					ļ	ļ		ļ				
						1						
Total					<u> </u>	<u> </u>	1	<u> </u>				
LHA For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see tl	he Instruc	tions for l	Form 990.		Schedul	e A (Form	990 or 99	0-EZ)	2008

<u>Sçh</u>	edule A (Form 990 or 990-EZ) 2008			<u>-</u>			Page 2
Pa	art II · Support Schedule for	_			(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(\	/i)
_	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)				
	ction A. Public Support			T	Т	T	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			<u></u>			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			ļ	-	-	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		-				
4	Total. Add lines 1 · 3					<u> </u>	
5	The portion of total contributions					1	•
	by each person (other than a	İ					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				Ę.	1	}
	amount shown on line 11,						
	column (f)			ļ			
_	Public Support. Subtract line 5 from line 4	<u> </u>	<u> </u>	1		<u> </u>	
	ction B. Total Support	Γ	т	1	1		
	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4			-			
8	Gross income from interest,				ł		
	dividends, payments received on						
	securities loans, rents, royalties				1		
	and income from similar sources				 		
9	Net income from unrelated business						
	activities, whether or not the			1			
	business is regularly carried on		<u> </u>		-	<u> </u>	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	L			1	<u></u>	
	Gross receipts from related activities	•	•			12	·
13	First five years. If the Form 990 is fo	-	's first, second, th	ırd, fourth, or fifth 1	tax year as a sect	ion 501(c)(3)	. □
<u></u>	organization, check this box and stored		roontogo				
	ction C. Computation of Publ					Taal	
	Public support percentage for 2008 (•	column (f))		14	%
15	., , ,				4.4 00.4/00/	15	<u>%</u>
16	a 33 1/3% support test - 2008. If the	•		· ·	14 IS 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies					0/	-
1	o 33 1/3% support test - 2007. If the	-			a line 15 is 33 1/3	% or more, check t	uis pox ►
<i>.</i> -	and stop here. The organization qua				- 40 4040		·
17	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art iv now the orga	nization
	meets the "facts-and-circumstances"	-	•			47a and bas 45	10% or
	b 10% -facts-and-circumstances tes	it - 2007. If the ord	ganization did not	CHECK A DOX ON III	ıe ı.ə, ıoa, ≀oo,o	r iza, anu iine i5 is	1070 UI

Schedule A (Form 990 or 990-EZ) 2008

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

	rt III Support Schedule for C	Organizations	Described in	Section 509(a)(2) (Complete only	If you checked the bo	x on line 9 of Part I.)
	ction A. Public Support	Γ	1	T	1		
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				· · · · · · · · · · · · · · · · · · ·		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				ļ		
	the organization without charge						1
6	Total. Add lines 1 · 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		}				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support	1	•	4		.1	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6		1-7				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			†			
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization'	s first, second. the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here	.		,	•	· · · · · · · · · · · · · · · · · · ·	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2008 (column (fl)		15	%
16	Public support percentage from 2007	• • • • • • • • • • • • • • • • • • • •	,	(//		16	%
	ction D. Computation of Inve						
17						17	%
	Investment income percentage from	•				18	<u>/0</u> %
18	33 1/3% support tests - 2008. If the				a 15 is more than		
198							is not ▶ □
	more than 33 1/3%, check this box a						and
C	b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20							
20	Private foundation. If the organization	<u>лт ото поселеска</u>	DOX OF HITE 14, 19	a, ui 190, check t			00 or 000 E7\ 0000
					50	nedule A (Form 98	0 or 990-EZ) 2008

SCHEDULE E GOVERNMENT FINANCIAL ASSISTANCE STATEMENT 1
LINE 6

THE SCHOOL RECEIVES FUNDING FROM NYS DOE, STATE SENATOR DUANE, AND NYC.

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

LEARNINGSPRING SCHOOL

Employer identification number 01-0603628

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible p	rivate benefit? Yes No
Par	til Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cor	nservation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	asement is located 🕨	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations,	and
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year ▶	\$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections o	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	·	
	treasures, or other similar assets held for public exhibition, e	•	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	•	
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	•	iai gain, provide
	the following amounts required to be reported under SFAS 1	116 relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		P \$
1114	For Privacy Act and Panaguark Reduction Act Nation as	- H - L - A - A - A - A - A - A - A - A - A	Sahadula D (Form 990) 2008

832051 12-23-08

► 11,610. Schedule D (Form 990) 2008

72,511

29,553

b Buildings

d Equipment

c Leasehold improvements

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

83,705.

29,969.

т	T7 7	DAT	TATA	COD	TNIC	SCHOO	_
1.	r. H	KIN	LING	70 PR		SC. HOO	١.

(a) Description of security or category	(b) Book value	(c) Method	of valuation:
(including name of security)	(b) book value	Cost or end-of-	year market value
Financial derivatives and other financial products			
Closely held equity interests			<u> </u>
Other			
		 	
			
otal. (Col (b) should equal Form 990, Part X, col (B) line 12)		10	
Part VIII Investments - Program Related.		13.	d of valuation:
(a) Description of investment type	(b) Book value		year market value
·		000(0) 0110 01	year market value
		 	
		 	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13)			
		<u></u>	
Pare IA.1 Uther Assets. See Form 990. Part X. III	ne 15.		
Part IX Other Assets. See Form 990, Part X, lir	ne 15. a) Description		(b) Book value
			(b) Book value
	a) Description		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part	a) Description		(b) Book value
(i Total. (Column (b) should equal Form 990, Part X, col (B,	a) Description	(b) Amount	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part (a) Description of liability	a) Description	(b) Amount	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B. Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal Income taxes DUE TO THE NEW YORK CITY DEP	a) Description) line 15.) X, line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO THE NEW YORK CITY DEP EDUCATION	a) Description) line 15.) X, line 25.	173,947.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO THE NEW YORK CITY DEP EDUCATION	a) Description) line 15.) X, line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO THE NEW YORK CITY DEP EDUCATION	a) Description) line 15.) X, line 25.	173,947.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO THE NEW YORK CITY DEP EDUCATION	a) Description) line 15.) X, line 25.	173,947.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO THE NEW YORK CITY DEP EDUCATION	a) Description) line 15.) X, line 25.	173,947.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part	a) Description) line 15.) X, line 25.	173,947.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO THE NEW YORK CITY DEP EDUCATION	a) Description) line 15.) X, line 25.	173,947.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes DUE TO THE NEW YORK CITY DEP EDUCATION	a) Description) line 15.) X, line 25.	173,947.	(b) Book value

under FIN 48. 832053 12-23-08

Schedule D (Form 990) 2008

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

LEARNINGSPRING SCHOOL

Employer identification number 01-0603628

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	3	Х	
	ADVERTISING IN LOCAL NEWSPAPERS			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to:			.,
	Students' rights or privileges?	_5a	ļ	X
	Admissions policies? .	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	_5e_		Х
f	Use of facilities?	_5f		X
g	Athletic programs?	5g	<u> </u>	X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
		-		<u> </u>
				•
		-		
	Does the organization receive any financial aid or assistance from a governmental agency?	_6a	X	1,
b	Has the organization's right to such aid ever been revoked or suspended?	6b	ļ	X
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. STATEMENT 1			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		1	1
	Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	7	X	<u> </u>
_HA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule E (Form 99	0 or 9	90-EZ	2008 (

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open To Public Inspection

lame of the organization LEARNTN(SSPRING SCHOOL					Employer ide 01-0603	ntification number 628
	Complete if the organization answer	ered "Y	es" to	Form 990, Part IV, I			
 Indicate whether the organization raise a Mail solicitations Email solicitations Phone solicitations In-person solicitations Did the organization have a written or key employees listed in Form 990, Pa If "Yes," list the ten highest paid individual compensated at least \$5,000 by the experience. 	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of ration of g fundral (includerofession uant to	non-govern sing of ing of onal f	overnment grants rnment grants events fficers, directors, trus fundraising services? ements under which	stees (Yes	
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	stody rol of	(iv) Gross receipts from activity	to (or	Amount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					-		
							
otal	•]		
3 List all states in which the organization	n is registered or licensed to solicit	funds c	r has	been notified it is ex	kempt	from registrati	on or licensing.
						<u> </u>	
							
						<u> </u>	
HA For Privacy Act and Panerwork Red	duction Act Notice see the Instru	etions	for F	orm 990	Sched	lule G /Form 9	90 or 990-EZ\ 200

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events ANNUAL AUTISM (Add col. (a) through SPRING BENEFAWARENESS DA col. (c)) (total number) (event type) (event type) Revenue 16,245. 199,867. 46,576. 262,688. Gross receipts 132,115 43,176 175,291. 2 Less: Charitable contributions 67,752 3,400 16,245 87,397. Gross revenue (line 1 minus line 2) 4 Cash prizes Non-cash prizes Direct Expenses 11,783. 11,783. 6 Rent/facility costs 49,432 49,432. Other direct expenses 61,215.) Direct expense summary. Add lines 4 through 7 in column (d) 26,182. Net income summary. Combine lines 3 and 8 in column (d) Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 28,740 28,740. Gross revenue 500. 500. 2 Cash prizes Direct Expenses 180 180. 3 Non-cash prizes 970. 970. Rent/facility costs 2,477. 2,477. Other direct expenses Yes Yes % Yes % X No Volunteer labor No 4,127. Direct expense summary. Add lines 2 through 5 in column (d) 24,613. Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: NY X a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain: Х 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain. X Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? X Schedule G (Form 990 or 990-EZ) 2008

832082 03-18-09

Schedule G (Form 990 or 990-EZ) 2008 LEARNINGSPRING SCHOOL 01-0	60362	8 Pa	age 3
•		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	%		
b An outside facility	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records.			
Name ▶	_		
Address ▶	_		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party ►\$			
c If "Yes," enter name and address:			
Name ►	-		
Address ▶		-	
Address V	- [
16 Gaming manager information:			
To Carming manager mormation.			
Name ▶			
	_		
Gaming manager compensation ▶ \$			
· · · · · · · · · · · · · · · · · · ·			
Description of services provided ▶	_		
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a		X
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$			<u> </u>

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

LEARNINGSPRING SCHOOL	01-0603628
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATIO	N MISSION:
IN THE WIDER COMMUNITY.	
FORM 990, PART VI, SECTION A, LINE 2: LINDA WILLETT AN	D RICHARD WILLETT
HAVE A FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION A, LINE 10: ANNUALLY, THE S	CHOOL HEAD SHALL
PREPARE FORM 990 FOR REVIEW BY BOTH THE BUDGET AND FIN	ANCE AND AUDIT
COMMITTEES. THE TREASURER OF THE BOARD OF TRUSTEES SHA	LL PRESENT THE
COMPLETED FORM 990 TO THE BOARD OF TRUSTEES AT A REGUL	AR MEETING FOR REVIEW
AND APPROVAL.	

FORM 990, PART VI, SECTION B, LINE 12C: NEAR THE BEGINNING OF EACH FISCAL YEAR, A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS REQUIRED TO BE SUBMITTED BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES, REGARDLESS OF WHETHER SUCH PERSONS FILLED ONE OUT THE PREVIOUS YEAR. THE COMPLETED DISCLOSURE STATEMENTS ARE REVIEWED FOR COMPLIANCE BY THE HEAD OF THE BOARD OF DIRECTORS. IF CONFLICTS EXIST, THE BOARD MEMBER IS REQUIRED TO RECUSE HIM/HERSELF FROM ANY RELATED DELIBERATION AND DECISION.

FORM 990, PART VI, SECTION B, LINE 15: THE COMMITTEE OF TRUSTEES IS REPONSIBLE FOR COMPENSATION FOR HEAD OF SCHOOL. THEY REVIEW INFORMATION REGARDING HEAD OF SCHOOL SALARIES FROM GUIDESTAR AND NYSAIS, AS WELL AS DISCUSSIONS WITH OTHER LOCAL SCHOOL BOARDS. THEY PROPOSE THE COMPENSATION TO THE BOARD OF TRUSTEES FOR FINAL APPROVAL.

2009, LEARNINGSPRING SCHOOL REVIEWED SALARY RATES AT OTHER NON-PUBLIC LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08

SCHEDULE 0

(Form 990)^{*}

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization LEARNINGSPRING SCHOOL	Employer identification number 01–0603628
SCHOOLS IN THE AREA TO ENSURE THAT THE STAFF SALARIES WER	E IN LINE WITH
SIMILAR ORGANIZATIONS IN THE REGION.	
CHANGES IN SALARY LEVEL, INCLUDING ANNUAL INCREASES, ARE	APPROVED BY THE
BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCU	MENTS, CONFLICT
OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABL	E UPON REQUEST.
FORM 990, PART XI, LINE 23	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
SCHEDULE G, PART III, LINE 9B, EXPLANATION:	
LEARNINGSPRING SCHOOL HAD A ONE-TIME GAMING ACTIVITY DURI	NG THE FISCAL
YEAR. IT IS NOT AN ONGOING ACTIVITY AND WILL NOT OCCUR IN	FUTURE YEARS.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

Schedule R (Form 990) 2008 Employer identification number Open to Public Inspection. OMB No 1545-0047 Direct controlling Direct controlling 2008 01-0603628 entity entity N/A End-of-year assets status (if section 501(c)(3)) Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Œ Û Total Income Exempt Code IRC SECTION section ê 9 501(C)(3 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▶ See separate instructions. NEW YORK LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. PROGRAMS FOR PEOPLE WITH Primary activity ASPERGER AND RELATED Primary activity PROVIDE EDUCATIONAL <u>@</u> <u>@</u> LEARNINGSPRING SCHOOL Identification of Related Tax-Exempt Organizations LEARNINGSPRING FOUNDATION - 13-4161693 Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 254 W. 29TH STREET, 4TH FLOOR Name of the organization NEW YORK, NY 10001 Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Parti

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN	(B) Primary activity	(C) Legal domicile	(D) Direct controlling	(E)		<u>la</u>	(G) hare of	(H) Disproportion-	(i) Code V-UB	(J) General or
of related organization		(state or foreign country)	entity	(related, investment, unrelated)		Income end	end-ot-year assets	ate allocations?	20 of Schedule K-1 (Form 1065)	x managing le partner? 5) Yes No
		·								
Part IV Identification of Related Orc	Identification of Related Organizations Taxable as a Corporation		or Trust			•				
(A)			(8)	<u>©</u>	(<u>a</u>)	(E)	(F)			£
Name, address, and EIN of related organization	N. c	<u>. </u>	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total		Share of end-of-year assets	Percentage ownership
							-			
		1								
		ł								
							-			
		1					_			
		1								
			3.0					- 6		8000
832162 12-23-08))	_				50	Schedule K (Form 990) 2008	agn) znno

Part 》 Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		X bt
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		14 ~
g Purchase of assets from other organization(s)		19 X
h Exchange of assets		Th X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1 _j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
l Performance of services or membership or fundraising solicitations by other organization(s)		=
m Sharing of facilities, equipment, mailing lists, or other assets		T X
n Sharing of paid employees		1n X
o Rembursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		Tp X
q Other transfer of cash or property to other organization(s)		
		1r X
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	saction thresholds	
(y)	(B)	(C)
Name of other organization(s)	type (a-r)	Amount involved
(1)		
(3)		
(4)		
(2)		
197		
822163 12-23-08	Sche	Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

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

inal was not a regard or grammary of the state of the sta		Schuis	ĝ	(4)	Œ	(5)	E
			<u> </u>			2	/ · ·
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Uspropor- tionate	code V-UBI amount in box 20	General or managing
			Yes No			of Schedule K-1 (Form 1065)	Yes No
			-				
							-, -,
							-
					-		
						_	
						Schedule R (Form 990) 2008	1 990) 2008

Basis For Accumulated Current Depreciation Sec 179	29,969, 28,823. 0. 29,969. 28,823. 0.	83,705. 58,966.	0. 113,674. 87,789. 0.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
Basis For Depreciation	29,969, 28,823	83,705. 58,966	. 113,674. 87,789	tion 179, Salvage, Bonus, Commercial Rev
	29,969	83,705	. 113,674	tion 179, Salvage, Bonus
	· o	Ó	0	tion 17
Reduction in Basis				TC, Sec
Bus % Excl				*
Unadjusted Cost Or Basis	29,969.	83,705.	113,674.	(D) - Asset disposed
No S	H 6	16		- Asset
Life	000	000.		(Q)
Method	ST	SI		
Date Acquired	VARIESSL	/ARIES		
👸	NERY & EQUIPMENT FURE AND MENT PAGE 10 TOTAL NERY & EQUIPMENT	OTHER 2LEASEHOLD IMPROVEMENTSVARIESSL * 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE		
Asset No	,	2		828102 04-25-08



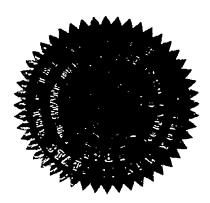
LEARNINGSPRING SCHOOL

AMENDMENT OF CHARTER

This Instrument Witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York at their meeting of May 18, 2009,

An application having been made by and on behalf of the trustees of The LearningSpring Elementary School, for an amendment of its charter, it was

Voted, that the absolute charter of The LearningSpring Elementary School, located in the city, county, and state of New York, which was granted a provisional charter by action of the Board of Regents on December 20, 2001; which provisional charter was amended and made absolute by Regents action on May 23, 2006; and which absolute charter was amended by Regents action on April 20, 2009 be, and the same hereby is, amended to change the corporate name to "LearningSpring School."



Granted, May 18, 2009, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University and recorded as Number 24,801.

Meigly Ticl

President of the University and Commissioner of Education

Form **8868**(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 		▶ X
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page	e 2 of this form).	•
Do not complete Part II unless you have already been granted an automatic 3-month extension on a pr	•	
Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies neede	d).	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this bo	k and complete	
Part I only	t and complete	▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to a to file income tax returns.	request an exter	ision of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatinoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composition must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the elewww irs.gov/efile and click on e-file for Chanties & Nonprofits.	Belectronically if site or consolidations	(1) you want the additional ated Form 990-T. Instead,
Type or Name of Exempt Organization	Emp	loyer identification number
print • • • • • • • • • • • • • • • • • • •	1 0	1 0602620
THE LEARNINGSPRING ELEMENTARY SCHOOL		1-0603628
due date for filing your 254 WEST 29TH STREET, 4TH FLOOR		
return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10011		
Check type of return to be filed (file a separate application for each return):		
X Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 990-PF Form 1041-A	Form 4720 Form 5227 Form 6069 Form 8870	
YVETTE LEE • The books are in the care of ▶ 254 WEST 29TH STREET - NEW YORK, Note that the care of ▶ 254 WEST 29TH STREET - NEW YORK, Note that the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box ▶ □ If it is for part of the group, check this box ▶ □ and attach a list with the names and the care of the group, check this box ▶ □ and attach a list with the names and the care of the group, check this box ▶ □ and attach a list with the names and the care of the group, check this box ▶ □ and attach a list with the names and the care of the group, check this box ▶ □ and attach a list with the names and the care of the group is the care of the group.	If this is fo	
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of FEBRUARY 15, 2010 , to file the exempt organization return for the organization is for the organization's return for: ▶ □ calendar year or ▶ ☒ tax year beginning ☐ JUL 1, 2008, and ending ☐ JUN 30, 2	n named above.	
2 If this tax year is for less than 12 months, check reason: Initial return Final return	urn	Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an nonrefundable credits. See instructions.	y 3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	
tax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	F-	/-
See instructions.	3c	\$ N/A
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO	and Form 8879	-EO for payment instructions.
1 HA For Privacy Act and Panenyork Reduction Act Notice see Instructions		Form 8868 (Rev. 4-2009

1 01111	8868 (HeV	4-2008)						
Note	. Only co	filing for an Additional (Not Automatic) 3-Month Extension, con omplete Part II if you have already been granted an automatic 3-moni filing for an Automatic 3-Month Extension, complete only Part	th exter	nsion on a pre				V
Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.								
Туре	or				Employer ic	Employer identification number		
print		The Learningspring Elementary School		01 0603628				
File by		Number, street, and room or suite no. If a PO box, see instructions			For IRS use	only		
extend due d	ded late for	254 West 29th Street, 4th Floor						
filing the return See		City, town or post office, state, and ZIP code. For a foreign address, see instructions						
instru		New York, NY 10011						,
Che	ck type	of return to be filed (File a separate application for each return):						
☑ F	orm 990	D Form 990-PF	☐ Fo	orm 1041-A		☐ Form 6069		
☐ Form 990		D-BL	☐ F	orm 4720		☐ Form 8870		
☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 5227								
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.								
The books are in the care of ► Yvette Lee								
Telephone No. ► (212) 239-4926 FAX No. ► ()								
● If the organization does not have an office or place of business in the United States, check this box								
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is								
for the whole group, check this box ▶ □ . If it is for part of the group, check this box ▶ □ and attach a								
list with the names and EINs of all members the extension is for.								
4	I request an additional 3-month extension of time until May 17 , 20.10							
5		or calendar year, or other tax year beginning July 1, 20.08 , and ending June 30, 20.09						
6		nis tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period						
7	Contain information accesses to Elementary and accesses action in the							
8a	If this a	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, et	nter the	e tentative tax	κ.			
		ass any nonrefundable credits. See instructions.				\$		
b	if this a	application is for Form 990-PF, 990-T, 4720, or 6069, enter any re	efundal	ole credits an	d			
_		stimated tax payments made. Include any prior year overpayment allowed as a credit and any						
	amount paid previously with Form 8868					\$		
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit							
·	with FT	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	ystem).	See instruction	S 8c	\$		N/A
		Signature and Verification of perjury, I declare that I have examined this form, including accompanying schedut, and complete, and that I am authorized to prepare this form.		statements, and	to the best of n	ny kno	wledge and	belief,
Signa	ture ►	Lell Affic Title ▶ CPA		<u></u>	Date ►	_	02/01/10	

Form **8868** (Rev 4-2008)