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Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Short Form
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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Plant year, or tax year beginning of the second of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use this form the organization of the year may use the year.

Open to Public Inspection

A D			ilendar year, or tax year beginning JUL 1, 2008	and end			2009
- B	Check	able Please	C Name of organization			D Employer i	dentification number
닏	—J∂Nan ∏Nan	label or	HOUSED GARDIED GGHOOF DOD DIGGOHEDY		Ì	20.2	601700
늗	J cha	nge Print of	Number and street (or P O box, if mail is not delivered to street address)				601728
늗	Init reti	im See min- Specific	· · · · · · · · · · · · · · · · · · ·		loom/suite	E Telephone	
누	Hatic		City or town, state or country, and ZIP + 4				941-4100
누	—Jret⊪	lication ding	SCRANTON, PA 18508		j	F Group Exe	· ·
			(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a coi	malated	C 4000U0	Number ting method	
	- 31	striun 501(c)	(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a cor Schedule A (Form 990 or 990-EZ).	mhieren	l	pecify)	A Cusii
	Webs	ita: NW	W.HOWARDGARDNERSCHOOL.COM				he organization is not
			(check only one) — X 501(c) (3) ◀ (insert no) — 4947(a)(1) or	527			ule B (Form 990, 990-EZ, or 990-PF)
	Chec		the organization is not a section 509(a)(3) supporting organization and its gross is				
			organization chooses to file a return, be sure to file a complete return		.oayo.		
			nd 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 i	instead of Fo	rm 990-EZ	▶ \$	647,740.
	art	Rever	nue, Expenses, and Changes in Net Assets or Fund Ba	lances (S	ee the instru	ctions for Pai	
	1		ons, gifts, grants, and similar amounts received			1	15,316.
	2		ervice revenue including government fees and contracts			2	632,224.
	3	-	ip dues and assessments			3	
	4	Investmen	t income			4	200.
	5	Gross amo	ount from sale of assets other than inventory 5a				
		Less cost	or other basis and sales expenses 5b				
	0		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach			5c	
ine	6	Special eve	ents and activities (complete applicable parts of Schedule G). If any amount is from				
Revenue	:	Gross reve	nue (not including \$ of contributions	1			
æ		reported o	· · · · · · · · · · · · · · · · · · ·	 			
	1		et expenses other than fundraising expenses				
	1		e or (loss) from special events and activities (Subtract line 6b from line 6a)	1		6c	
	71		s of inventory, less returns and allowances				
	'		of goods sold 7b		_,	<u> </u>	
			it or (loss) from sales of inventory (Subtract line 7b from line 7a)			, <u>7c</u>	
	8	Other reve	nue (describe			_) 8	647,740.
	9		nue. Add lines 1, 2, 3, 4, 5c 6c, 7c, and CEVED			9	047,140.
	10		ald to or for members MAY 2 © 2010			10	
,	11	Selents pa	ther compensation, and employee benefits 2 0 2010			12	528,232.
Ses	12 13	Drofossion	ther compensation, and employee benefits and the same and other payments to independent contractors			13	15,322.
xpenses	14			STATE	MENT :	3 14	52,629.
Щ	15		ublications, postage, and shipping			15	
	16			STATE	MENT	1) 16	71,454.
	17	-	enses. Add lines 10 through 16			▶ 17	667,637.
	18		(deficit) for the year (Subtract line 17 from line 9)			18	-19,897.
Net Assets	19		or fund balances at beginning of year (from line 27, column (A))				
Ass			ee with end-of-year figure reported on prior year's return)			_ 19	54,236.
ĕ	20		nges in net assets or fund balances (attach explanation)			20	
z	21		or fund balances at end of year. Combine lines 18 through 20			▶ 21	34,339.
P	art	Balar	nce Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more,	file Form 990	0 instead of l	Form 990-EZ	
			(See the instructions for Part II)	(A)	Beginning of		(B) End of year
22	2 C	ash, savings,	and investments			921. 22	18,185.
23		and and build				309.23	31,412.
24		•	escribe OTHER DEPRECIABLE ASSETS	_)		000.24	4,000.
25		otal assets		.		230. 25	53,597.
26			s (describe SEE STATEMENT 2	-)		994. 26	19,258.
833	7 N	et assets or f	und balances (line 27 of column (8) must agree with line 21)		54,	236. 27	34,339.
12	2171 -17-08	LHA F	or Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.			Form 990-EZ (2008)

		GARDNER S					<u> </u>	20017	ZO rayez
	Statement of Prog					Part III)			rpenses for 501(c)(3)
	ne organization's primary exemp							and (4) or	ganizations and
	what was achieved in carrying o the number of persons benefite					escribe the services		4947(a)(1 for others) trusts, optional
	EE STATEMENT 5	o, or other relevant line	illiatioi	i ioi eacii più	ogram title			101 041010	'
(Gra	nts\$) If this amount	ınclude	es foreign g	rants, check here	•		28a	500,652.
29			_						
-									
(Gra	nts \$) If this amount	include	es foreian a	rants, check here			29a	
30		THE CONTRACTOR OF THE CONTRACT							
							_		
	nts \$		ınclude	es foreign g	rants, check here			30a	
	r program services (attach schei		اماريط	o foreign a	rants, check here			31a	
	nts \$ I program service expenses (ac			es toreign g	rants, check here		<u></u>	32	500,652.
Part I				nd Key E	mployees. List each one ex	ven if not compensated	(See the		
				_	(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
	(a) Name a	and address		·	per week devoted to	(If not paid, enter		employee fit plans &	account and
					position	-0)		eferred pensation	other allowances
ттм	AND JOANN SPEI	СНЕВ					COIII	pensation	
	SCHOOL STREET,		PA	18508	0.00	0.		0.	0.
	RUBEL								
	SCHOOL STREET,	SCRANTON,	PA	18508	0.00	0.		0.	0.
	PEDUTO			10500				0	
	SCHOOL STREET,	SCRANTON,	PA	18508	0.00	0.		0.	0.
	A REGAN SCHOOL STREET,	SCRANTON,	DΔ	18508	0.00	0.		0.	0.
	ENT RIZZO	BCKANTON	<u> FA</u>		DIRECTOR	-			
	SCHOOL STREET,	SCRANTON,	PA	18508		61,105.		0.	0.
	Y HEWITT							_	
	SCHOOL STREET,	SCRANTON,	PA	18508	0.00	0.	ļ	0.	0.
MICA	ELENE KENNEDY			10500	0.00	0.		0.	0.
	SCHOOL STREET, N YUSCAVAGE	SCRANTON,	PA	18208	0.00				0.
	SCHOOL STREET,	SCRANTON,	PA	18508	0.00	0.		0.	0.
131	Denool Dinler,								
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ВВВ 2 14 ²					<u> </u>		<u> </u>		
832172 12-17-08								Form	990-EZ (2008)

Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
þ	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	1		
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			ĺ
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 Finter amount of tax on line 40c reimbursed by the organization			
	Enter amount of tax on line 400 fellinbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE	1 4	1 0 0	
42 a	The books are in care of \triangleright VINCENT RIZZO Telephone no \triangleright $570-94$	$\frac{1-4}{0.50}$	100	
	Located at ► 134 SCHOOL STREET, SCRANTON, PA ZIP+4 ► 1	850	8	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	Г		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	·········	X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			.,
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37 / B		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		г		T.
		<u> </u>	res	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			v
	Form 990-EZ	44		X
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	_		v
	completed instead of Form 990-EZ	45		(2020)
		Form 9	9U-EZ	(2008)

Page 4

	tables for lines 50 and 51.		or anomor quotion		,0.000 111	•
46 D	d the organization engage in direct or indirect political campaign activities	es on behalf of or in opposition to	candidates for public		Ye	s No
	fice? If "Yes," complete Schedule C, Part I	•••		ſ	46	X
	d the organization engage in lobbying activities? If "Yes," complete S	Schedule C, Part II		Γ	47	X
	the organization operating a school as described in section 170(b)(1)(A		lule E	Ţ	48 X	T
	d the organization make any transfers to an exempt non-charitable relati			Ī	49a	X
	"Yes," was the related organization(s) a section 527 organization?	•			49b	
	omplete this table for the five highest compensated employees (other th	an officers, directors, trustees and	kev employees) who	each received me		00 000
	f compensation from the organization. If there is none, enter "None"		,,,		•	,
		(h) Title and everage hours	(a) Componentias	(D) Contribution	(E) E	
	(a) Name and address of each employee paid more	(b) Title and average hours per week devoted to	(c) Compensation	to employee benefit plans &	(E) Exp	
	than \$100,000	position	į	deferred	other all	
	NONE	ļ.		compensation		
	· · · · · · · · · · · · · · · · · · ·				1	
	 					
_			1	l	İ	
					1	
		-			1	
					 	
Total a	imber of other employees paid over \$100,000				+	
15	none, enter "None " NONE	41.00.000	(1) 7			
	(a) Name and address of each independent contractor paid mo	ore than \$100,000	(b) Type of ser	vice [c) Compens	ation
				İ		
		-				
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T - 4 - 1 -	2400000	-	 			
i otai nt	imber of other independent contractors each receiving over \$100,000 Linder cenamies of penury, I declare that have examined this return, including		nts, and to the best of my	knowledge and bel	ef, it is true,	
Cian	Under penalties of penjury, I declare that I have examined this return, including correct, and complete. Declaration of preparer (other than officer) is based on	all information of which preparer has any	knowledge	1/11/	010	
Sign Here	Signatus of officer			Date L	$\omega_{/\mathcal{O}}$	
	VINCENT J. X1220					
	Type of print name and title					
Paid	Preparer's signature		ck if self- Prep	arer's Identifying Nu	imber (See in	str)
Prepare	- U U (-	05/14/10 em	ployed >	116/1	712	2
Use On	Firm's name (or yours MCGRAIL MERKEL QUINN	& ASSOCIATES	EIN I	<u> </u>		
	if self-employed). 1173 CLAY AVENUE		Phon	e ►		
	address, and ZIP+4 SCRANTON, PA 18510		no	(570)	961-	0345
May the	IRS discuss this return with the preparer shown above? See instruction	ns		▶ [Yes	No
				F	orm 990-E	Z (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization HOWARD GARDNER SCHOOL FOR DISCOVERY

Employer identification number 20-2601728

Schedule A (Form 990 or 990-EZ) 2008

Part I	Reason	tor Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) (see inst	ructions)				
The organi	ization is not a	a private foundation I	because it is: (Please ch	eck only o	ne organiz	ation.)		_				
1 🗀	A church, co	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)	•				
2 X			0(b)(1)(A)(ii). (Attach Scl									
з 🗔			tal service organization of		n section	170(b)(1)(A)(iii). (Att	ach Sche	dule H.)			
4 🗔	•	•	operated in conjunction						•	he hospital	's nam	ie,
. —	city, and stat	_			•				-			
5			benefit of a college or un	niversity ov	vned or or	erated by	a governr	nental unit	describe	ed in		
•	-	(b)(1)(A)(iv). (Comple				•	3					
6 🔲			ent or governmental unit	described	t in sectio	n 170(b)(1)(A)(v).					
7			eives a substantial part of					r from the	oeneral c	oublic desc	rıbed ı	n
,	_	b)(1)(A)(vi). (Comple		o, 110 00pp	011 110111 4	govennie			90 J			
8 🔲			•	Complete	Part II \							
9 🗔	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
• —	_		nctions - subject to certa									
		·	axable income (less sect	-								
		509(a)(2). (Complete	•		., 50		45 56 6	, 5.94			,, . . ,	-
10 🔲			perated exclusively to tes	st for publi	c safety 5	See sectio	n 509(a)(4), (see ins	tructions)	1		
11 🗔	•	•	perated exclusively for th	-	-						of one	or
			ations described in section									
			organization and comple				,. 555 555		-/(-/-			
	a Type		7			tionally int	egrated		d 🗀	Type III • 0	Other	
е 🗀			t the organization is not			•	-	more disc	ualified r			'n
•			han one or more publicly									
f			ten determination from t						(-/(-/		(-/(-/	
•	•	rganization, check th				po ., . , po	, 0, p.					
g		-	organization accepted an	v alft or c	ontribution	from any	of the follo	owing pers	ons?			
9			rectly controls, either al								Yes	No
			upported organization?	0110 01 109	O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(.) (.,	11g(i)		
	-		n described in (i) above?							11g(ii)		
	• • •	•	person described in (i) of		a?					11g(iii)		
h			about the organizations			poorts.						
••	1 TOVIGE LITE I	Ollowing information	about the organizations	ino organ		, C						
		400 5101	(iii) Type of	(iv) is the c	rnanization	(v) Did you	notify the	(vi) Is	the	(vii) An	nount o	
	of supported	(ii) EIN	organization	P .	sted in your			l organizátir	n in col l		port	.1
viya	inization		(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	(i) organiz U S	2	Oup	PUIL	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	-			-								
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			· · · · · · · · · · · · · · · · · · ·									
					,							
					<u> </u>							
										·		
												
Total												

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

Section A. Public Support						
calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	(0) 2004	(6) 2000	10/2000	(0) 2007	(6)2555	(1) 10.03
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 · 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public Support. Subtract line 5 from line 4	***************************************					
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006_	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4				<u></u>		
8 Gross income from interest,						
dividends, payments received on						1
securities loans, rents, royalties						
and income from similar sources]	·
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital				+		
assets (Explain in Part IV.)		İ				
1 Total support. Add lines 7 through 10						
2 Gross receipts from related activities, e	etc. (see instructi	ons)			12	
3 First five years. If the Form 990 is for t			rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
organization, check this box and stop						▶ _
ection C. Computation of Public	Support Pe	rcentage	<u></u>			
4 Public support percentage for 2008 (lin	ne 6, column (f) c	livided by line 11,	column (f))		14	
5 Public support percentage from 2007	Schedule A, Part	IV-A, line 26f			15	
6a 33 1/3% support test - 2008. If the or	ganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
stop here. The organization qualifies a						▶∟
b 33 1/3% support test - 2007. If the or	ganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
and stop here. The organization qualif						▶[_
7a 10% -facts-and-circumstances test				ne 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "facts						
meets the "facts-and-circumstances" t						▶□
b 10% -facts-and-circumstances test					17a, and line 15 is	10% or
more, and if the organization meets the						
						▶ □
organization meets the "facts-and-circu	umstances° test.	The organization	qualifies as a pub	iliciy supported org	ganization	

Calendar year (or fiscal year beginning in) 1	Section A. Public Support	or Organizations	Described in	Section 509(a	// (Complete only</th <th>y if you checked the bo</th> <th>ox on line 9 of Part I</th>	y if you checked the bo	ox on line 9 of Part I
Giffs, grants, contributions, and membership fear second (Q no 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 teawering purpose of grants and the organization's teawering purpose of grants and the organization's teawering purpose of a facilities are not an unrelated trade or bus inness under section 513 and are not an unrelated trade or bus inness under section 513 and are not an unrelated trade or bus inness under section 513 and the part of core expended on its behalf or expended on the behalf of the organization without charge of the organization without charge of Total. Add lines 1 - 5 and 7 to the organization without charge of Total. Add lines 1 - 5 and 7 to the organization without charge of Total. Add lines 1 - 5 and 7 to the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of Total. Add lines 1 - 5 and 7 to the organization without charge of Total. Add lines 1 - 5 and 7 to the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization of the organization without charge of the organization without charge of the organization without charge of the organization of the organization without charge of the organization of the organization without charge of the organization without charge of the organization organization without charge of the organization organization or the organization of the organization organization without organization organization without organization organization with an organization organization or		n) (a) 2004	(b) 2005	(a) 200e	(4) 0007	(=) 0000	40 T
memberahip fees received. (Do not include any unusual grants.) 2. Gross receipts from admissions, memberands sold or services performed, or facilities furnished in any activity that is related to the originatation's travesumpl purposes. 3. Gross receipts from admissions, memberands and the properties of the originatation's travesumpl purposes. 3. Gross receipts from admissions and the properties and the originatation's travesumpl purposes. 4. Tax revenues levied for the organization's breaking and the part of or expended on its behalf. 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paul to or expended on its behalf. 6. Total. Add lines 1 - 5. 6. The value of services or facilities furnished by a governmental unit to the organization without charge. 6. Total. Add lines 1 - 5. 7. A Amounts included on lines 1, 2, and 3. Increased the properties of the properties		11) (d) 2004	(0) 2005	(6) 2006	(a) 2007	(e) 2008	(I) lotal
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		•					ind
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	20 Private foundation. If the organiz	zation did not check a	DOX on line 14, 19	a, or 195, check to			<u> </u>

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

HOWARD GARDNER SCHOOL FOR DISCOVERY

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number 20-2601728

			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	X	
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	X	
	Does the constraint of the fellows 0			
4	Does the organization maintain the following? Records indicating the record companies of the student body faculty, and administrative stoff?	4-	Х	
a	· · · · · · · · · · · · · · · · · · ·	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	A	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	4c	х	
	admissions, programs, and scholarships?	4d	X	
a	Copies of all material used by the organization or on its behalf to solicit contributions?	40	1	
	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:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	<u>5e</u>		_X_
f	Use of facilities?	5f		X
9	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
				•
				,,
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	7	X	L

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

Schedule E (Form 990 or 990-EZ) 2008

FORM 990-EZ OTHER	EXPENSES STATEMENT 1
DESCRIPTION	AMOUNT
SUPPLIES	11,972.
CONFERENCES	3,066.
ADVERTISING	10,690.
OFFICE EXPENSE	5,534.
BANK CHARGES	43.
INSURANCE	8,832.
REFUSE EXPENSE	1,850.
LICENSES	134.
DUES	3,966. 1,292.
CLASSROOM SUPPLIES TRANSPORTATION	4,144.
FIELD TRIPS	9,312.
SPECIAL PROGRAMS	7,647.
INTEREST	272.
INSTRUCTORS	2,700.
TOTAL TO FORM 990-EZ, LINE 16	71,454.
FORM 990-EZ OTHER LI	ABILITIES STATEMENT 2
DESCRIPTION	BEG. OF YEAR END OF YEAR
ACCOUNTS PAYABLE	2,994. 0.
LINE OF CREDIT	0. 19,258.
TOTAL TO FORM 990-EZ, LINE 26	2,994. 19,258.
FORM 990-EZ OCCUPANCY, RENT, UTILIT	PIES AND MAINTENANCE STATEMENT 3
DESCRIPTION	AMOUNT
DEDDECIMITON	4,897.
DEPRECIATION OTHER EXPENSES	47,732.
TOTAL TO FORM 990-EZ, LINE 14	52,629.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		Sī	PATEM	1ENT	4
A)	DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO
B)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• []	YES	[X]	NO

990-EZ PĠ 2

STATEMENT

5

HOWARD GARDNER SCHOOL FOR DISCOVERY IS A PRIVATE, ACADEMIC SCHOOL FOCUSED ON ITS LEARNERS AND THEIR STRENGTHS. WELL-TRAINED FACULTY AND SMALL CLASS SIZE ENABLE THE STUDENTS TO DISCOVER LEARNING THROUGH INQUIRY AND EXPERIENCES.

990-EZ PG 2

STATEMENT

NT 6

TO ENABLE THE STUDENTS TO DISCOVER LEARNING THROUGH INQUIRY AND THEIR OWN UNIQUE EXPERIENCES, WHILE IMPROVING THE PRACTICE OF TEACHING.

Form (3868 (Rev 4-2009)		_ Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	×	▶ [X]
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies n	eeded).
Туре	or Name of Exempt Organization	Empl	oyer identification number
print File by	HOWARD GARDNER SCHOOL FOR DISCOVERY	2	0-2601728
extend	Number, street, and room or suite no. If a P.O. box, see instructions.	For IF	S use only
retum Instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	= : :	rm 5227
STO	Pl Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	d Form 8868.
	VINCENT RIZZO e books are in the care of 134 SCHOOL STREET - SCRANTON, PA 18508		
	lephone No. ► 570-941-4100 FAX No. ►		
	he organization does not have an office or place of business in the United States, check this box		
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		
box 4	I request an additional 3-month extension of time until MAY 15, 2010	memb	ers the extension is for.
5	For calendar year, or other tax year beginningJUL_1, _2008, and ending	JUN	30, 2009
6	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
7	State in detail why you need the extension		·
	THE ORGANIZATION IS AWAITING INFORMATION FROM A THIRD	PAR	TY IN ORDER TO
	FILE A COMPLETE AND ACCURATE RETURN.		
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	8a	\$
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	i	\$
•	previously with Form 8868. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	8b	3
U	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	s N/A
	Signature and Verification	, 00	<u> </u>
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the second complete, and that I amount on the correct, and complete, and that I amount on the correct, and complete, and that I amount on the correct of the	e best o ES	f my knowledge and belief,
Signa	1173 CLAY AVENUE	Date	2-10-10
<u> O Mira</u>	SCRANTON, PA 18510 (570) 961-0345	2410	Form 8868 (Rev. 4-2009)
	(5/0/100 (0/0)		• • • • • • • • • • • • • • • • • • • •

I.D. 23-2226550

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	e filing for an Automatic 3-Month Extension, complete only Part I and check this box			► X
	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).		
Do not cor	mplete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed For	m 8868.	
Part 1	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corporati	ion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	olete		
Part I only		,		▶ □
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an me tax returns.	exten	sion of time	
noted belo (not autom you must s	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension with (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic latic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file over the form of the form consumption of the form constitution of the file of the formation of the file of the formation of the file of the formation of the file of the file of the formation of the file of the	cally if	(1) you want the ited Form 990-T	additional
Type or	Name of Exempt Organization	Empl	oyer identificat	ion number
print	HOMARD CARDNER COHOOL EOD DICCOVERY	_	0 060172	0
File by the	HOWARD GARDNER SCHOOL FOR DISCOVERY		0-260172	<u> </u>
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 134 SCHOOL STREET			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCRANTON, PA 18508		, , , , , , , , , , , , , , , , , , ,	-
Check typ	e of return to be filed (file a separate application for each return):			
X Form		27 169		
Telepho If the or If this is	VINCENT RIZZO oks are in the care of ► 134 SCHOOL STREET - SCRANTON, PA 18508 one No. ► 570-941-4100 FAX No. ► rganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this . If it is for part of the group, check this box ► and attach a list with the names and EINs of all			
ıs foi ▶ [uest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untife FEBRUARY 15, 2010, to file the exempt organization return for the organization named a rithe organization's return for: calendar year or x x x x x x x x x		The extension	
2 If thi	s tax year is for less than 12 months, check reason: Initial return Final return		Change in acco	unting period
3a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	refundable credits. See instructions.	3а	\$	
	s application is for Form 990-PF or 990-T, enter any refundable credits and estimated		•	
	payments made. Include any prior year overpayment allowed as a credit. Ince Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3ь	\$	
	osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
	instructions.	3с	\$	N/A
	f you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment	
	or Privacy Act and Paperwork Reduction Act Notice, see Instructions.			8 (Rev 4-2009)
				- 1 2003