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Form	ч	ч	1
FOIID		-71	

Department of the Treasury

# 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

2009

Open to Public Inspection on may have to use a copy of this return to satisfy state reporting requirements

	arricec	The organization may have to doby or the retain to editer,	otato .	Орогин	5 . oqu s.			
A F	or the			dending				, 20
	eck if	Please C Name of organization METROPOLITAN LEARNING I	NSTI	TUTE	CI Bethple	oyer id	entification	on number
1 1	idress (	l use IRS			11-33			
H	me cha	Number and except (or B.O. how if mail a net delivered to except address)	T	Room/ suite	E Telep	hone n	umber	
Н	tial retu	type. 97-45 OUFFNS BLVD	l l	Suite			-0482	
Н	rminate	Specific Constitution and SID . 4					<u> </u>	
Н		Instruction with a second seco			G Gross receip		5 3	24,905
Н	nended		11/->					<del></del> -
∐ Ap	plicatio	n pending F Name and address of principal officer		_	group retur		liates?	Yes X No
			H(b)	Are all aft	filiates incl	uded?		∐ Yes ∐ No
		mpt status X 501(c)(3 )    (insert no )   4947(a)(1) or   527		If "No," a	ttach a list	(see inst	tructions)	
J W	ebsite	:► N/A	H(c)	Group ex	emption nu	ımber 🕨	<u> </u>	
K Fo	rm of o	ganization X Corporation Trust Association Other ▶ L Yea	r of form	ation		M Sta	ate of legal o	domicile NY
Pa	rt I	Summary						
·	1	Briefly describe the organization's mission or most significant activities.						
_	SEI	ATTACHMENT #1	_					
A G								
TG	-							
¹ ¥	<u> </u>	Check this box ▶ X if the organization discontinued its operations or disposed o	f more	than 25	% of its r	ot seec	nto.	
V E R N	2		1111016	man 20	/6 OI 113 I	1 _ 1	, i.ə.	_
	3	Number of voting members of the governing body (Part VI, line 1a)		•		3		5
E ANC	4	Number of independent voting members of the governing body (Part VI, line 1b)	•	•	• • • •	4		
3 E	5	Total number of employees (Part V, line 2a)		•		5		84
& _	6	Total number of volunteers (estimate if necessary)				6		
_	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12,	•			7a		
	b	Net unrelated business taxable income from Form 990-T, line 34				7b		0
				Pı	rlor Year		Curr	ent Year
R E V	8	Contributions and grants (Part VIII, line 1h)	[				-	
V	9	Program service revenue (Part VIII, line 2g)	[	3.	449,1	81	5.3	19,234
E N	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	· · · · · · ·	······	5,0		- , -	5,671
U	1	Other revenue (Dest VIII) polymer (A) lines 5 Cd 20 00 400 and 440	··· }		3,0.	<del></del>		3,071
E	11		; ·		454,2	16	F 2	24 005
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12	<del>'</del>		454,2	-	5,3	24,905
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3),	. }					
Ε	14	Benefits paid to or for members (Part IX, column (A), line 4)		_ <del></del> -				
X	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20	2,818,479				
EXPENSES	16a	Professional fundraising fees (Part IX, column (A), line 11e)	[					
N S	b	Total fundraising expenses (Part ﷺ 60), line 25) ▶						
Ě	17	Other expenses (Part IX, column (A), lines Tia- Ftd, 11f-24f)	. [	1,	111,7	59	1,4	02,651
S	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,	049,2	79	4,2	21,130
	19	Revenue less expenses. Settradiffine 18 from line 12			404,9	37	1,1	03,775
N		S		Beginnin	ng of Curre	nt Year	End	of Year
TR	20	Total assets (Part X, line 16) OGDEN: UT	. [		202,7		3.8	59,012
SF	21	Total liabilities (Part X, line 26)	·		525,0			77,601
OR FUZO	22	Net assets or fund balances Subtract line 21 from line 20	}		677,6			81,411
Da	1 11	Signature Block			077,0		2,,	01,211
- 131	E IE	Under penalties of perjury Declare that I have examined this return, including accompanying so	hodulos	and state	monte an	d to the l	host of mul	recycledes and
		belief, it is true correct, and complete Declaration of proparer (other than officer) is based on a						
C:		The state of the s					oc/	מיול שם
Sig							03/1	77/10
Her	е	Signature of officer					Date <sup>r</sup>	/
		BORIS DAVIDOFF PRES	IDE	<u>NT</u>				
		Type or print name, and title						
		Preparer's Date		heck if	Pre	parer's i	dentifying n	iumber (see instr
		signature HARVEY GLICK 04-25-20	10 se	lf- nployed	<b>▼</b> X			
Pald		Firm's name (or yours HARVEY R. GLICK, CPA			IN	<b>&gt;</b>		
Use (	arer's Only	if self-employed), 106 DONNYBROOK ROAD					•	<del></del>
USE (	Unity	address, and ZIP+4 SCARSDALE, NY 10583		<del> </del> <sub>P</sub>	hone no	▶19	14)63	2-6191
May	the ID	6 discuss this return with the preparer shown above? (see instructions)				- 1, 7		Yes No
		Act and Paperwork Reduction Act Notice, see the separate instructions.	• • • •	-	<del></del>	<u>··</u>		n <b>990</b> (2009)
							רטוו	<b>330</b> (2009)
JVA	US	99012 TWF 33393 Copyright Forms (Software Only) - 2009 TW						

4e Total program service expenses ▶ \$ 3,430,853

Par	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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the			<u> </u>
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Orbital de B. Band	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>	1	<del></del> -
•	the second of the second or the second of th	7		X
۰	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
8		8		X
•	complete Schedule D, Part III	<u> </u>	<del> </del>	- <u>^</u>
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	<del> </del>	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		v
	If "Yes," complete Schedule D, Part V		<del>                                     </del>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or	١		
	X as applicable	11	X	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI			
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			ĺ
•	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Ţ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
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			<u> </u>
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Book IV. as home (A) have 0 and 4400 K IV. as II commisses Calendaria C. Book I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	<del></del>	1	ᢡ
	1	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	<del>                                     </del>	
13		19		x
20	If "Yes," complete Schedule G, Part III	20	+	X

Form 990 (2009)

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
С	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? N/A	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	25b		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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			i
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)	1		**
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1,7
	conservation contributions? If "Yes," complete Schedule M.	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	31	<b> </b>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ <b>v</b>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<del> </del>	_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	34		х
	III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	35		x
	Schedule R, Part V, line 2	35	+	<u>^</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		X
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	3,	<del> </del>	+ <del>^</del>
38		38		x
	Note: All Form 990 filers are required to complete Schedule O	_ 36	1	

	90 (2009) METROPOLITAN LEARNING INST 11-3350641		P	age <b>5</b>
Part	Statements Regarding Other IRS Filings and Tax Compliance			T
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			ŧ
	U.S. Information Returns Enter -0- if not applicable			
b	Effect the fluthbeil of forms will a military and a fine approached the fine approache			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	10		x
_	gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return 2a 84			1
	Statements, med for the statement year straining training	2b	х	ŧ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		<del> </del>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			Ī
3a	-	3a		X
	this return?	3b	<b>-</b>	
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1	į	
		4a	ľ	X
	account)?	1		1
b	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	5a	İ	x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Jb	-	<del>  ^</del>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
•	* * * * * * * * * * * * * * * * * * * *	- 30	<b></b>	<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
	•	- Oa		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or diffs were not tax deductible?	6b		
-	g.,,	0.5		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
а	-	7a	Ì	X
	and services provided to the payor?	7b		<u>~</u>
ь	, , , , , , , , , , , , , , , , , , , ,	<del>'</del>	-	+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
	required to file Form 8282? 1f "Yes" indicate the number of Forms 8282 filed during the year 7d	/-		<del>  ^</del>
d	The following the first of the	-[		1
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e	1	x
	benefit contract? disparation and property or indirectly on a percental benefit contract?	7f	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del> </del>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	/ <del>9</del>	1	<del>  **</del>
h		7h	X	
_	required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	<del>  '''</del>		<del>                                     </del>
8	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	horses heldings at any time during the year?	8	İ	X
•	business holdings at any time during the year?		<del>                                     </del>	<del>                                     </del>
9		9a		X
a	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X
b 40	<del>-</del>	55	<del> </del>	<del>  ••</del>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	1		
a	Initiation fees and capital contributions included on Part VIII, line 12,	-		-
b		-		Į.
11	Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders			
a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
40	against amounts due or received from them.)  Sociales 4047/2V4) per exempt charitable tructe is the example to filing Form 900 in liquid Form 10412	12a		X
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes." enter the amount of tax-exempt interest received or accrued during the year   12b	120	+-	1
p	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	Form	gan	(2009

Page 6

Form 990 (2009) Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section	on A. Governing Body and Management			
		]	Yes	No
1a	Enter the number of voting members of the governing body	1		
b	Enter 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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its 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?	5		X
6	Does the organization have members or stockholders?	6		X
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	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	Na.
		100	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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? N/A	10b		
44	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		$\vdash$
11		11		х
44-	form?			
11a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give N/A			<del></del>
ь		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," N/A		-	
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	14	-	X
15	Did the process for determining compensation of the following persons include a review and approval by	-		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			İ
а	The organization's CEO, Executive Director, or top management official?	15a	х	Ī
b	Other officers or key employees of the organization?	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		<u> </u>	<del>                                     </del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		X
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 N/A			1
	the organization's exempt status with respect to such arrangements?	16b	Ì	
Secti	on C. Disclosure			<u>.                                    </u>
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 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			
.5	policy, and financial 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. ▶ SEE ATTACHMENT #4			

Form 990 (2009)

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 Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	Po	oition	(Cobool	•	ot applu)	(D) Reportable	(E)	(F)
Name and Title	Average		Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations					
BORIS DAVIDOFF PRESIDENT ROBERT DAVYDOV VICE PRESIDENT	50.00	x x		x ×	x ×	х	405,000 120,400	0	0
VLADIMIR KATS SECRETARY JAMES K BRUCE	40.00	x	:	х			71,000	0	0
TREASURER ALBERT DAVYDOV OLGA DAVIDOFF	40.00 5.00	X X		X			53,795 0	o o	o o
VP	40.00	Х		X			120,400	o	o

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			(0	•			(D)	(E)		(F)	
	Name and title	Average		sition	(check	all the	at apply)		Reportable	Reportable	ł	mated	
		hours	I T D	1 T N R	O F	K E E M Y P	H C E I O M	F O	compensation	compensation	ì	ount o other	f
		per week	D-RECTOR	N R S U T S	O F I	L	G M P H P L	R M	from the	from related organizations		onsati	ion
			VTC	TEUE	CER	Ϋ́	EEO	E R	organization	(W-2/1099-MISC)		m the	
			U R	Ţ	"	E	T S E A E		(W-2/1099-MISC)		_	ınızatıc	
			ĹŘ	0 N			Ë				ł .	relate	
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				İ									
				1									
1b	Total			l			٠	▶	770595	0	0	_	
2	Total number of individuals	(including	but not	limited	to the	ose list	ted abov	e) wh	o received more tha	n \$100,000 ın reporta	able con	npensa	ation
	from the organization >												
											F	Yes	No
3	Did the organization list any									ted			
	employee on line 1a? If "Ye										3	<del> </del>	X
4	For any individual listed on												
	the organization and related	•	-								4	x	
5	ındıvıdual Did any person listed on lin	 o 1a rocon				 neatı∧n		····			-	<u>^</u>	-
3	services rendered to the org										5	1	х
Section	on B. Independent Contracto		100,		pioto		4.0 0 .0.		po			1	1
1	Complete this table for your		st comp	ensate	ed ınd	epend	ent cont	ractor	s that received more	than \$100,000 of			
	compensation from the orga	_				•							
		(A)							(B)		(	C)	
	Name an	d business	addres	s					Description of s	ervices	Comp	ensatio	n
								<u> </u>					
								ļ					
								ļ					
2	Total number of independe	nt control	tore (incl	udina	hut n	at limit	ed to the	l les	ted above) who reco	wed more than			
2	\$100,000 in compensation					,	W 1110	, JO 1101	42010/ 11110 1000				

UN L T S R	f	All other contributions, gifts, grants, &	•				
OAA		similar amounts not included above 1f					
NÄWI	g	Noncash contributions included in lines 1a-1f \$		-			
S D T	h	Total. Add lines 1a-1f	▶				
P			Business Code				
R	2a	TUITION		5,319,234	5,319,234		
ÖS GE	b						
RRR	С						
AVE	d						
"CE	e						
EN	f	All other program service revenue		_			
U E	-	Total. Add lines 2a-2f		5,319,234			
_ <del>-</del>		Investment income (including dividends, intere					<del></del>
	Ŭ	other similar amounts)		5,671	5,671		
	4	Income from investment of tax-exempt bond p		<del></del>	3,0,		
	5						
	3	Royalties	► (ıı) Personal				
	62	Gross Rents	(ii) i cioonai				
		Less: rental expenses			1		
		·					
		Rental income or (loss)  Net rental income or (loss)				•	
	a	(i) Securities	▶				
İ	7a	Gross amount from sales (1) Securities	(ii) Other	1	•		
		of assets other than				:	
	_	inventory					
	D	Less: cost or other basis					
o	_	and sales expenses					
T		Gain or (loss)		ł	<b>†</b>		
н							
E	8a	Gross income from fundraising					
R		events (not including \$					
R		of contributions reported on line 1c)			1		
E		See Part IV, line 18 a Less direct expenses b	<del></del>	1			
v			····	1	•		
E N		Net income or (loss) from fundraising events	····· •				
ΰ	9a	Gross income from gaming activities. See				:	
E		Part IV, line 19 a		1			
		Less' direct expenses b		1	ŧ		
		Net income or (loss) from gaming activities	<u> </u>				
	iva	Gross sales of inventory, less			1		l L
		returns and allowances a		-	‡ !		<b>‡</b>
		Less. cost of goods sold b		4	1	ł	
	С	Net income or (loss) from sales of inventory				<u> </u>	
		Miscellaneous Revenue	Business Code	<u> </u>	E	•	1

5,324,905 5,324,905

JVA 09 9909

11a b c

d All other revenue . .e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

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

	Include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
	· · · · · · · · · · · · · · · · · ·		expenses	general expenses	expenses
1	Grants and other assistance to governments and		ļ	1	
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		İ		
_	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,	1			
	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,			050 505	
	trustees, and key employees	770,595	500,000	270,595	
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,765,575	1,500,739	264,836	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) .	48,648	38,918	9,730	
9	Other employee benefits	39,526	33,597	5,929	
10	Payroll taxes	194,135	155,308	38,827	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	20,300	16,300	4,000	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	43,869	38,869	5,000	
9 12	Advertising and promotion	39,813	39,813	<u> </u>	
13	Office expenses	141,682	113,346	28,336	
14			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Davidhaa			<del>                                     </del>	
15	Royalties Occupancy	650,367	552,812	97,555	
16		11,317	4,527	6,790	
17	Travel	11,317	4,541	0,790	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	- 00			
19	Conferences, conventions, and meetings	80		80	
20	Interest				
21	Payments to affiliates		ļ - <u></u>		<del>-</del>
22	Depreciation, depletion, and amortization #5 .	31,932	25,546	6,386	
23	Insurance	33,896	27,117	6,779	
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.)				
а	INSTRUCTIONAL EXPENSES	184,778	184,778		
b	DATA PROCESSING	54,830	54,830		
С	DUES & PUBLICATIONS	34,819	17,410	17,409	
d	UTILITIES	32,260	24,195	8,065	
е	GRADUATION	26,235	26,235		
f	All other expenses	96,473	76,513	19,960	
25	Total functional expenses. Add lines 1 through 24f	4,221,130	3,430,853	790,277	
<u>25</u> 26	Joint costs. Check here ▶ If following SOP 98-2	1,221,130	2,220,000		
20	Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational			]	
	campaign and fundraising solicitation,	L	_l		

Page 10

art X	Balance Sheet			
		(A)		(B)
		Beginning of year		End of year
1	Cash non-interest bearing	1,276,103	1	2,288,090
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	733,344	4	1,334,163
5	Receivables from current and former officers, directors, trustees, key			
1	employees, and highest compensated employees. Complete Part II of			
	Schedule L , , ,		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		1 1	
	Part II of Schedule L		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use	3,237	8	5,037
9	Prepaid expenses and deferred charges	52,231	9	
1 -	Land, buildings, and equipment cost or other			***************************************
	basis Complete Part VI of Schedule D 10a 293,990		1	
١,	Less: accumulated depreciation	62,267	10c	136,280
11			11	
12	0 5 1071		12	
13			13	
14			14	
15		75,542	15	95,442
16		2,202,724	16	3,859,012
	Accounts payable and accrued expenses	17,233	17	24,448
18	Our advisor according	,	18	
19		507,855	19	1,018,901
20		3077033	20	.,0.0,50.
١ .			21	
·	Payables to current and former officers, directors, trustees, key		1	
.   22	employees, highest compensated employees, and disqualified		1 1	
-	persons. Complete Part II of Schedule L	İ	22	
	Secured mortgages and notes payable to unrelated third parties		23	34,252
	Unsecured notes and loans payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	24	34,432
24			25	
25	Other liabilities Complete Part X of Schedule D	525,088	26	1,077,601
126	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶   X and	323,000		1,077,001
F   33	complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	1,677,636	27	2,781,411
<u> </u>		1,077,030	28	2,701,411
וח	Temporarily restricted net assets		29	
29	Permanently restricted net assets		25	
B A	Organizations that do not follow SFAS 117, check here			
<u>ا</u> ا	and complete lines 30 through 34.		20	
N	Capital stock or trust principal, or current funds		30	
C   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<b>C</b>	Retained earnings, endowment, accumulated income, or other funds	4 685 636	32	2 704 444
33	Total net assets or fund balances	1,677,636	33	2,781,411
34	Total liabilities and net assets/fund balances	2,202,724	34	3,859,012

Form **990** (2009)

raye 12	Page	12
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Form 990 (2009)			
Part XI Financial Statem	ente and Deporting	 <del>_</del>	
Pari Ali Financiai Statem	ants and Reporting		

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain			1
	ın Schedule O.			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on			
	a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	
	the Single Audit Act and OMB Circular A-133?	За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	
JVA	09 99012 99011 TWF 33421 Copyright Forms (Software Only) - 2009 TW	Form	990	(2009)

### **SCHEDULE A**

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions.

Employer Identification number

ME	rR	OPOLITAN	LEARNING I	NSTITUTE IN	C			1	1-335	0641	
Pa				ty Status (All organ					tructions		
The o	orga			cause it is (For lines 1							
1	Ц			association of churche		d in secti	on 170(b)(	(1)(A)(i).			
2	X			(1)(A)(ii). (Attach Sche							
3	Ц			ervice organization des							
4		A medical resea	arch organization oper	ated in conjunction wit	th a hospita	al describe	ed in <b>secti</b>	on 170(b)	(1)(A)(III).	Enter the	nospital's name,
	$\Box$	city, and state	<del></del>		<del></del> -						
5		170(b)(1)(A)(lv)	. (Complete Part II.)	efit of a college or univ					ntai unit de	escribea ir	1 section
6	Ш			or governmental unit d							
7	Ш		n that normally received (1)(A)(vI). (Complete F	s a substantial part of i Part II.)	ts support	from a go	vernmenta	l unit or fro	om the gei	neral publi	ic described in
8				on 170(b)(1)(A)(vi). (C							
9		receipts from ac support from gr	ctivities related to its ex ross investment incom	s: (1) more than 33 1/3 xempt functionssubj ee and unrelated busin ne 30, 1975 See <b>secti</b>	ect to certa ess taxable	un excepti income (l	ons, and (	2) no more n 511 tax)	e than 33 <sup>-</sup>	1/3 % of it	
10 11		An organization purposes of on-	n organized and opera e or more publicly sup	ted exclusively to test of ted exclusively for the oported organizations of the type of support	benefit of, described i	to perform n section (	the functi 509(a)(1) o	ons of, or r section 5	609(a)(2)	See <b>sectio</b>	on
e		a Type I By checking this persons other t 509(a)(1) or sec	han foundation manag	ell c ] ] e organization is not co gers and other than on	Type III-Fu ntrolled dir e or more	ectly or in	directly by	one or mo	re disqua	'ype III-Ot Iified ed in sect	
f			ion received a written heck this box	determination from the	IRS that it	ıs a Type	I, Type II o	or Type III	supporting	g 	[
g		Since August 1 following perso		nization accepted any o	gift or conti	ribution fro	m any of t	he			
				y controls, either alone	or togethe	er with per	sons desc	ribed in (ii)	)		Yes No
				dy of the supported or						[1	l1g(l) X
		(II) A family me	ember of a person des	scnbed in (i) above?						🚹	1g(ii) X
		(III) A 35% con	trolled entity of a perso	on described in (i) or (i	ı) above? .					1	1g(iii) X
h		Provide the foll	owing information abo	out the supported orga	nızatıon(s)						
(I) N		e of supported	(ii) EIN	(III) Type of organization (described on lines 1-9			organizatio	nın cot (İ)	(vi) organizatio		(vii) Amount of support
				above or IRC section (see instructions))	governing	document?	of your s	support?	_	S 7	
				(555 111511 4511 5115))	Yes	No	Yes	No	Yes	No	1
					· · • •		T				
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						ļ	ļ	ļ <u>.</u>		<b>_</b>	
Tota	al										

### SCHEDULE D

Department of the Treasury

internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete If the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate Instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer Identification number Name of the organization METROPOLITAN LEARNING INSTITUTE INC 11-3350641 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements . **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06. 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .... No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (I) Revenues included in Form 990, Part VIII, line 1 . . . . (II) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X . . .

items (check all that apply) Public exhibition

Scholarly research

included on Form 990, Part X?

Additions during the year . . . .

. . . . . .

Distributions during the year

Beginning of year balance

End of year balance , . . .

Permanent endowment >

Contributions . . . . Net investment earnings, gains, and losses . . . Grants or scholarships Other expenditures for facilities and programs . . . . Administrative expenses . . .

Beginning balance.

Ending balance .

Part III

3

b

c

C

f

2a

b

1a

f

2

b

Part V

Part XIV.

Term endowment ▶ %						
Are there endowment funds not in the pos	session of the organization that are held and admii	nistered for the	е			
organization by					Yes	N
(i) unrelated organizations				3a(l)		
(II) related organizations				3a(li)		Ĺ
If "Yes" to 3a(II), are the related organization	ons listed as required on Schedule R?			3b		
Describe in Part XIV the intended uses of t	he organization's endowment funds					
	Are there endowment funds not in the posorganization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organization	Are there endowment funds not in the possession of the organization that are held and admit organization by  (I) unrelated organizations.	Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations   If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations

Part VI Investments Land, Buildings	, and Equipment. See For	m 990, Part X, line 10		
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment				
e Other				
Total Add lines to through to (Column (d) shou	ld oqual Form 990 Part Y	column (B) line 10(c)	1	

Part VII	Investments Other Securities. See For	rm 990, Part X, line 12		
	a) Description of security or category	(b) Book value	(c) Method of valua	ation
	(including name of security)		Cost or end-of-year mai	rket value
Financial der	ivatives			
	equity interests			
Other	, , , , , , , , , , , , , , , , , , , ,			-
	n (b) must equal Form 990, Part X, col. (B) line 12 )			
Part VIII	Investments Program Related. See Fo	rm 990, Part X, line 13	<del></del>	
	(a) Description of investment type	(b) Book value	(c) Method of valua	
			Cost or end-of-year ma	rket value
·				
-	in (b) must equal Form 990, Part X, col. (B) line 13 )	_	<u> </u>	
Part IX	Other Assets. See Form 990, Part X, line			(h) Doole value
CECUPI		escription		(b) Book value
SECURI	TY DEPOSITS			95,442
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) lii	ne 15.)		95,442
Part X	Other Liabilities. See Form 990, Part X, Irr			
1.	(a) Description of liability	(b) Amount		
Federal inco		<del></del>	1	
			<del>[</del>	
		1	<b>E</b>	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25 )			
5 FINI 40 F-	atanta In Part VIV arounds the text of the fact	<del></del>	inancial statements that reports the are	

·	December of Change in New Agents from Form 900 to Audited Ements Statements		1.292 1
Part X		$\Box$	5,324,905
	tal revenue (Form 990, Part VIII, column (A), line 12)	<del> </del>	
	tal expenses (Form 990, Part IX, column (A), line 25)	_	4,221,130
	cess or (deficit) for the year Subtract line 2 from line 1	3	1,103,775
	t unrealized gains (losses) on investments	4	<u> </u>
	nated services and use of facilities , ,	5	
	estment expenses	6	
	or period adjustments	7	
	ner (Describe in Part XIV)	8	
	tal adjustments (net). Add lines 4 through 8	9	
	cess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,103,775
Part X	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		T
1 Tot	tal revenue, gains, and other support per audited financial statements	1	
2 Am	nounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Ne	t unrealized gains on investments 2a		
<b>b</b> Do	nated services and use of facilities 2b		
c Re	coveries of prior year grants 2c		
<b>d</b> Oth	her (Describe in Part XIV.)		
e Ad	d lines 2a through 2d	. 2e	
3 Su	btract line 2e from line 1	. 3	
4 Am	nounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Inv	restment expenses not included on Form 990, Part VIII, line 7b 4a		
<b>b</b> Oth	her (Describe in Part XIV ) 4b		
c Ad	d lines 4a and 4b	. 4c	
5 Tot	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part X	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
<b>1</b> Tot	tal expenses and losses per audited financial statements	1	
2 Am	nounts included on line 1 but not on Form 990, Part IX, line 25		
a Do	nated services and use of facilities 2a		
<b>b</b> Pre	or year adjustments		
c Oth	her losses		
	her (Describe in Part XIV.)		
	d lines 2a through 2d	. 2e	
<b>3</b> Su	btract line 2e from line 1	. 3	1
4 Am	nounts included on Form 990, Part IX, line 25, but not on line 1:		
	vestment expenses not included on Form 990, Part VIII, line 7b 4a		
	her (Describe in Part XIV )		
	Id lines 4a and 4b	4c	
	tal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	Ry Complete and Information		

### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

### SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Schools**

▶ Complete If the organization answered "Yes" to Form 990, Part IV, line 13,

or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization METROPOLITAN LEARNING INSTITUTE INC

**Employer Identification number** 11-3350641

			YES	NC
	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	
	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	
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990)	3	-	х
	THE SCHOOL DOES NOT PUBLICIZE ITS RACIALLY NON- DISCRIMINATORY POLICY. STUDENT BODY IS COMPRISED OF VARIOUS ETHNIC GROUPS (HISPANIC, RUSSIAN EUROPEAN, AFRICAN AMERICANS, CHINESE, ETC.)			
l •	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	4a_		х
;	nondiscriminatory basis?	4b	X	
	with student admissions, programs, and scholarships?	4c	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Schedule O  (Form 990)			
1	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		х
•	Admissions policies?	5b		Х
;	Employment of faculty or administrative staff?	5c		Х
i	Scholarships or other financial assistance?	5d		X
;	Educational policies?	5e	-	X
	Use of facilities?	5t 5g		X
3	Athletic programs?	5 <u>9</u>		x
7	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).		x	
a b	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b	^	X
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75–50, 1975–2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	y	

# 11-3350641 METROPOLITAN LEARNING INST

Page 2

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

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

Schedule J (Form 990) 2009 (E) Total of columns (F) Compensation reported in prior Form 990-EZ Form 990 or 255,000 000'96 (B)(I)-(D) (D) Nontaxable benefits and other deferred (C) Retirement compensation Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a (B) Breakdown of W-2 and/or 1099-MISC compensation compensation reportable (iii) Other (ii) Bonus & incentive compensation Copyright Forms (Software Only) - 2009 TW compensation (I) Base (A) Name BORIS DAVIDOFF ROBERT DAVYDOV 09 990J2 **₹** 

TWF 32870

### SCHEDULE O

(Form 990)

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

**Employer Identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

METROPOLITAN LEARNING INSTITUTE INC

11-3350641

ORGANIZATION RECEIVES MOST OF ITS FUNDING

FROM US DEPARTMENT OF EDUCATION THROUGH

ITS TITLE IV PROGRAM. ADDITIONALLY, NEW YORK

STATE PROVIDES GRANTS THROUGH ITS TUITION ASSISTANCE PROGRAM.

### PRIMARY EXEMPT PURPOSE

<b>ATTACHMENT</b>	1: FORM 990 PAGE 1, PART I		
OPEN TO PUBLIC			
INSPECTION	For calendar year 2009 or tax period beginning	, and ending	·
Name of Organization	on		Employer Identification Number
METROPOLIT	AN LEARNING INSTITUTE INC		11-3350641

Primary Purpose

THE ORGANIZATION IS A SCHOOL THAT TEACHES LOW INCOME INDIVIDUALS THE LATEST COMPUTER OR NURSING SKILLS, GIVES THEM HANDS-ON EXPERIENCE AND HELPS STUDENTS OBTAIN EMPLOYMENT. THE SCHOOL TEACHES OVER 500 INDIVIDUALS PER YEAR IN TWO LOCATIONS IN QUEENS, NY AND ONE IN JERSEY CITY, NJ.

### PRIMARY EXEMPT PURPOSE

ATTACHMENT	2: FORM 990 PAGE 2, PART III		
OPEN TO PUBLI	¢		
INSPECTION	For calendar year 2009 or tax period beginning	, and ending .	
Name of Organizat	on	Employer Identification Number	r
METROPOLIT	AN LEARNING INSTITUTE INC	11-3350641	

Primary Purpose

THE ORGANIZATION IS A SCHOOL THAT TEACHES LOW INCOME INDIVIDUALS THE LATEST COMPUTER OR NURSING SKILLS, GIVES THEM HANDS-ON EXPERIENCE AND HELPS STUDENTS OBTAIN EMPLOYMENT. THE SCHOOL TEACHES OVER 500 INDIVIDUALS PER YEAR IN TWO LOCATIONS IN QUEENS, NY AND ONE IN JERSEY CITY, NJ.

# PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

		Eve	met Pureaca Achievemen	te	
Code	Expenses	3,430,853	including Grants of		Revenue <sup>-</sup>
Part III - Statement	of Program Service Ac	_ <del></del>			
Name of Organizat METROPOLIT		INSTITUTE I	NC		mployer Identification Number 1 -3350641
INSPECTION	For calendar year 20	009, or tax period begin	ning	, and ending	
OPEN TO PUBLI	¢				
		O PAGE 2, PA	RT III		

SCHOOL IS USED TO TEACH COMPUTER, OFFICE SKILLS AND NURSING TO LOW INCOME STUDENTS. IT ALSO HELPS STUDENTS OBTAIN EMPLOYMENT ON GRADUATION.

# BOOKS ARE IN CARE OF

ATTACHI	MENT	4: FORM	990 1	PAGE 6,	PART	VI,	SECTIO	ON C,	LINE	20	
OPEN TO	PUBLIC										
INSPECTI	ON F	or calendar ye	ear 2009 o	r tax period b	eginning			, and	ending		· · · · · · · · · · · · · · · · · · ·
Name of Org		N LEARN	ING TI	ייינויד	E INC						er Identification Number 50641
Part VI - Line											
T CIT VI ZIII	0014										<del></del>
Individual Na	ame						ORGANI	IZATI	NC		
or											
Business Na	me										
	<del></del>	·									
Stroot Addro	NCC						97-45	OHER	NS BI	VD.	
Street Addre	.55					•	<del>)                                    </del>	QUEE:	TO DE	<del>\</del>	- · · · · · · · · · · · · · · · · · · ·
U S. Address	s.										
Zıp o	code <u>1</u>	1374	<u></u>	City REG	O PAR	<u>K</u>			Sta	te <u>NY</u>	
or											
Foreign Add	ress										
City											
Ony		• • • •							-		
Prov	ince or St	ate									
				<del></del>							•
Cou	ntry		•								
<b>n</b> .											
Post	tal code				•				•		
Pho	ne Numbe	r									(718)897-0482
. 1101							•				
Fax	Number										(718)897-5667

# SCHEDULE OF DEPRECIATION AND DEPLETION ATTACHMENT 5: FORM 990 PAGE 10, PART IX, LINE 22

OPEN TO PUBLIC INSPECTION	For Calendar year 2009, or tax year perlod beginning	year perlod beginning	F	and ending	•	
N LEARNING	NSTITUTE INC			Employer Identification Number	lon Number	
Description of Property	i	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
COMPUTER EQPT OFFICE EQPT AUTO	2007-07 2007-07 2009-12	, 193,649 44,590 55,751	110, 226 SL 15, 553 SL SL		ĸκ	19,879 . 6,478 5,575
						•
	Total	293,990	125,779			31,932

# SCHEDULE OF OTHER EXPENSES

ATTACHMENT 6: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

INSPECTION For calendar year 2009 or tax period beginning , and end Name of Organization METROPOLITAN LEARNING INSTITUTE INC			Employer Identification Number	
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
COMPUTER & DATA PROCESSING	21,788	14,650	7,138	
relephone	21,061	15,796	5,265	
BAD DEBTS	20,000	20,000	·	
SOFTWARE	15,787	15,787		
AUTO	6,171		6,171	
LICENSES	5,250	5,250	,,,,,	
PRINTED MATERIAL	5,030	5,030		
CHILD SUPPORT	1,386	3,030	1,386	
	,,555		.,300	
	j			
			j	
	1			
	96,473	76,513	19,960	

### **2009 DETAIL STATEMENTS**

METROPOLITAN LEARNING INSTITUT PAGE 1 11-3350641 STATEMENT #1 - PREPAID EXPENSES END YR (990-EO PG 11 LINE 9B) **BEGINNING ENDING** 52,231 PREPAID EXPENSES..... 52,231 0 TOTAL CARRIED TO 990-EO PG 11 LINE 9B..... STATEMENT #2 - ( ) **BEGINNING ENDING** SECURITY DEPOSITS..... 95,442 0 95,442 TOTAL CARRIED TO ......