

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

1998

This Form Is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 1998 calendar year, OR tax year period beginning 07/01, 1998, and ending 6/30, 19 99

- B Check if: Change of address, Initial return, Final return, Amended return (required also for State reporting)

C Name of organization: LENOX HILL NEIGHBORHOOD HOUSE
D Employer identification number: 13-1628180
E Telephone number: (212) 744-5022
F Check if exemption application is pending

G Type of organization - [X] Exempt under section 501(c)(3) (insert number) OR [ ] section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? [ ] Yes [X] No
I If either box in H is checked "Yes," enter four-digit group exemption number (GEN)
J Accounting method: [ ] Cash [X] Accrual [ ] Other (specify)

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.)

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Table with 21 rows and 3 columns: Description, Sub-Category, Amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 10,619,407. Total expenses: 10,232,777. Net assets at end of year: 6,493,983.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 17.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22	NONE	NONE		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses (itemize): a <b>STATEMENT 4</b>	43a	10,232,777	8,591,591	1,132,716	508,470
	b	43b				
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	10,232,777	8,591,591	1,132,716	508,470

**Reporting of Joint Costs.** — Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 20.)

What is the organization's primary exempt purpose? <b>SEE A-D BELOW</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others)
a <u>YOUTH, ADULT AND FAMILY SERVICES-AFTER SCHOOL DAY CARE, SUMMER DAY CAMP, HEAD START PROGRAM, SUMMER PRETEEN RECREATION AND SPORTS PROGRAM</u> (Grants and allocations \$ <b>NONE</b> )	2,367,220
b <u>OLDER ADULT SVCS-SR. CITIZEN CTR. PROVIDING LUNCH PROGRAMS SOC. EVENTS &amp; RECREATIONAL ACTIVITIES, VAR. OUTREACH EFFORTS FOR HOMEBOUND SRS &amp; PROTECTIVE SVCS. FOR THOSE UNABLE TO ATTEND</u> (Grants and allocations \$ <b>NONE</b> )	1,392,391
c <u>COMMUNITY &amp; HOMELESS SVCS.- ADULT EVENING CLASS, HOUSING ASSISTANCE, TEENSPORTS &amp; RECREATION PROGRAMS, NEIGHBORHOOD &amp; TENANT ORG., HEALTH &amp; WELFARE</u> (Grants and allocations \$ <b>NONE</b> )	4,137,796
d <u>FITNESS- SWIM AND FITNESS INSTRUCTION, ADULT LEARNING AND ENRICHMENT AND OTHER RECREATIONAL ACTIVITIES.</u> (Grants and allocations \$ <b>NONE</b> )	694,184
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	8,591,591

**Part IV Balance Sheets** (See Specific Instructions on page 20.)

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45	Cash — non-interest-bearing <b>AND INTEREST BEARING</b> . . . . .		854,483	45	1,538,292
	46	Savings and temporary cash investments . . . . .			46	
	47a	Accounts receivable . . . . .	47a 447,995			
	b	Less: allowance for doubtful accounts . . . . .	47b	501,225	47c	447,995
	48a	Pledges receivable . . . . .	48a 314,723			
	b	Less: allowance for doubtful accounts . . . . .	48b	372,702	48c	314,723
	49	Grants receivable . . . . .			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			50	
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a			
	b	Less: allowance for doubtful accounts . . . . .	51b		51c	
	52	Inventories for sale or use . . . . .			52	
	53	Prepaid expenses and deferred charges . . . . .		82,174	53	38,004
	54	Investments — securities (attach schedule) <b>STATEMENT 3</b> . . . . .		3,801,087	54	3,903,615
	55a	Investments — land, buildings, and equipment: basis . . . . .	55a			
b	Less: accumulated depreciation (attach schedule) . . . . .	55b		55c		
56	Investments — other (attach schedule) . . . . .			56		
57a	Land, buildings, and equipment: basis . . . . .	57a 3,355,057				
b	Less: accumulated depreciation (attach schedule) <b>STATEMENT 8</b> . . . . .	57b 1,762,658	1,523,891	57c	1,592,399	
58	Other assets (describe ► ) . . . . .			58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		7,135,562	59	7,835,028	
Liabilities	60	Accounts payable and accrued expenses . . . . .		780,513	60	861,111
	61	Grants payable . . . . .			61	
	62	Deferred revenue . . . . .		377,232	62	417,735
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			63	
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .			64a	
	b	Mortgages and other notes payable (attach schedule) . . . . .			64b	
	65	Other liabilities (describe ► <b>CAPITAL LEASE PAYABLE</b> ) . . . . .		0	65	62,199
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		1,157,745	66	1,341,045	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted . . . . .		5,188,315	67	5,414,989
	68	Temporarily restricted . . . . .		789,502	68	1,078,994
	69	Permanently restricted . . . . .			69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds . . . . .			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .			72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) . . . . .		5,977,817	73	6,493,983	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		7,135,562	74	7,835,028	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 22.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p><b>a</b> Total revenue, gains, and other support per audited financial statements . . . . . ▶ <b>a</b> 10,889,278</p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments . . . \$ 129,536</p> <p>(2) Donated services and use of facilities \$ 131,297</p> <p>(3) Recoveries of prior year grants . . . . . \$</p> <p>(4) Other (specify):</p> <p><b>STATEMENT 5</b> \$ 9,038</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> 269,871</p> <p><b>c</b> Line a minus line b . . . . . ▶ <b>c</b> 10,619,407</p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . . . \$</p> <p>(2) Other (specify):</p> <p>_____ \$</p> <p>Add amounts on lines (1) and (2) . ▶ <b>d</b></p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶ <b>e</b> 10,619,407</p>	<p><b>a</b> Total expenses and losses per audited financial statements . . . . . ▶ <b>a</b> 10,373,112</p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ 131,297</p> <p>(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$</p> <p>(3) Losses reported on line 20, Form 990 . \$</p> <p>(4) Other (specify):</p> <p><b>STATEMENT 6</b> \$ 9,038</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> 140,335</p> <p><b>c</b> Line a minus line b . . . . . ▶ <b>c</b> 10,232,777</p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . . . \$</p> <p>(2) Other (specify):</p> <p>_____ \$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶ <b>e</b> 10,232,777</p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions on page 22.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7	VARIES	116,848	See Statement 7	

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? . . . . . ▶  Yes  No

If "Yes," attach schedule — see Specific Instructions on page 22.

STF FED1923F.4 A - The Agency has a qualified defined benefit pension plan. As such, it is not practicable to assign amounts contributed for individual employees

Part VI Other Information (See Specific Instructions on page 23.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . .	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a	X
b	If "Yes," enter the name of the organization <u>THE CARING NEIGHBOR, INC.</u> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 . . . . .	81a	
b	Did the organization file Form 1120-POL for this year? . . . . .	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) . . . . .	82b	140,335
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	X
85	501(c)(4), (5), or (6) organizations. — a Were substantially all dues nondeductible by members? . . . . .	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members . . . . .	85c	NONE
d	Section 162(e) lobbying and political expenditures . . . . .	85d	NONE
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	NONE
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? . . . . .	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	N/A
86	501(c)(7) organizations. — Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87	501(c)(12) organizations. — Enter: a Gross income from members or shareholders . . . . .	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX . . . . .	88	X
89a	501(c)(3) organizations. — Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>                    </u> ; section 4912 <u>                    </u> ; section 4955 <u>                    </u>		
b	501(c)(3) and 501(c)(4) organizations. — Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction . . . . .	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . .		
d	Enter: Amount of tax in 89c, above, reimbursed by the organization . . . . .		
90a	List the states with which a copy of this return is filed <u>NEW YORK</u>		
b	Number of employees employed in the pay period that includes March 12, 1998 (See instructions.) . . . . .	90b	224
91	The books are in care of <u>LENOX HILL</u> Telephone no. <u>(212) 744-5022</u> Located at <u>331 EAST 70TH ST. NEW YORK, NY</u> ZIP + 4 <u>10021</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	92	N/A



**SCHEDULE A  
(Form 990)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
**Supplementary Information**  
See separate instructions.

OMB No. 1545-0047

**1998**

Department of the Treasury  
Internal Revenue Service

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization <b>LENOX HILL NEIGHBORHOOD HOUSE</b>	Employer identification number <b>13-1628180</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions on page 1. List each one. If there are none, enter "None.") **"UNAUDITED"**

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RICHARD WEEKS 331 E. 70TH ST. NEW YORK, NY 10021	AED FIN/AD 35	93,733	20,781	NONE
SHARON MYRIE 331 E. 70TH ST. NEW YORK, NY 10021	AS EXE DIR 35	89,629	20,597	NONE
HILARY ALGER 331 E. 70TH ST. NEW YORK, NY 10021	AED DEV&PR 35	83,030	15,514	NONE
TENIANNE FRANK 331 E. 70TH ST. NEW YORK, NY 10021	DIR H.S. 35	70,785	14,163	NONE
JOSEPH GIRVEN 331 E. 70TH ST. NEW YORK, NY 10021	CONTROLLER 35	68,880	13,785	NONE
Total number of other employees paid over \$50,000	9			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions on page 1. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SHAKIN, LICHTY & BOREYKO ASSOC. 60 MADISON AVENUE, ROOM 1217 NEW YORK, NEW YORK 10010	FUNDRAISING	75,887
AMIE GROSS ARCHITECTS 106E 19TH STREET NEW YORK, NEW YORK 10003	ARCHITECTURAL	55,550
LENOX HILL HOSPITAL 163 EAST 84TH STREET NEW YORK, NEW YORK 10028	MEDICAL	71,000
PANETH, HABER & ZIMMERMAN 600 THIRD AVENUE NEW YORK, NEW YORK 10016	AUDITING	51,183
TAILORED TECHNOLOGIES 622 THIRD AVENUE, 6TH FLOOR NEW YORK, NEW YORK 10017	COMPUTER CONSULTANTS	112,800
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? . . . . .		X
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a	Sale, exchange, or leasing of property? . . . . .		X
b	Lending of money or other extension of credit? . . . . .		X
c	Furnishing of goods, services, or facilities? . . . . .		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>(Key Employee)</b> . . . . .	X	
e	Transfer of any part of its income or assets? . . . . . If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . . .		X
4a	Do you have a section 403(b) annuity plan for your employees? . . . . .		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)		

**Part IV Reason for Non-Private Foundation Status** (See instructions on pages 2 through 4.) **"UNAUDITED"**

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions on page 4.) **"UNAUDITED"**

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . . . ▶	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	8,130,156	7,863,249	5,518,118	4,308,808	25,820,331
16 Membership fees received . . . . .	940,538	849,438	822,877	726,170	3,339,023
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .	581,779	492,055	707,098	763,903	2,544,835
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	437,197	92,157	137,476	178,930	845,760
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
23 Total of lines 15 through 22 . . . . .	10,089,670	9,296,899	7,185,569	5,977,811	32,549,949
24 Line 23 minus line 17 . . . . .	9,507,891	8,804,844	6,478,471	5,213,908	30,005,114
25 Enter 1% of line 23 . . . . .	100,897	92,969	71,856	59,778	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . ▶	26a	600,102
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts . . . . . ▶	26b	NONE
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶	26c	30,005,114
d Add: Amounts from column (e) for lines: 18 <u>845,760</u> 19 _____ 22 _____ 26b <u>NONE</u> . . . . . ▶	26d	845,760
e Public support (line 26c minus line 26d total) . . . . . ▶	26e	29,159,354
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶	26f	97.18 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:  
**NOT APPLICABLE**  
 (1997) \_\_\_\_\_ (1996) \_\_\_\_\_ (1995) \_\_\_\_\_ (1994) \_\_\_\_\_

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  
 (1997) \_\_\_\_\_ (1996) \_\_\_\_\_ (1995) \_\_\_\_\_ (1994) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶	27c	
d Add: Line 27a total . . . . . and line 27b total . . . . . ▶	27d	
e Public support (line 27c total minus line 27d total) . . . . . ▶	27e	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . . ▶	27f	\$
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . . . ▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). . . . . ▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions on page 4.)

**Part V**

**Private School Questionnaire** (See instructions on page 4.)

**NOT APPLICABLE**

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	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? .....		
30	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? .....		
31	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, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	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 .....		

**Part VI-A**

**Lobbying Expenditures by Electing Public Charities** (See instructions on page 6.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

**NOT APPLICABLE**

- Check here  a if the organization belongs to an affiliated group.  
 Check here  b if you checked "a" above and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39	Other exempt purpose expenditures . . . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	41	
	Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 7.)

"UNAUDITED"

Calendar year (or fiscal year beginning in)▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
45	Lobbying nontaxable amount . . . . .				
46	Lobbying ceiling amount (150% of line 45(e)) . . . . .				
47	Total lobbying expenditures . . . . .				
48	Grassroots nontaxable amount . . . . .				
49	Grassroots ceiling amount (150% of line 48(e)) . . . . .				
50	Grassroots lobbying expenditures . . . . .				

**Part VI-B**

**Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions on page 8.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers . . . . .	..	X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .	..	X	
c Media advertisements . . . . .	..	X	
d Mailings to members, legislators, or the public . . . . .	..	X	
e Publications, or published or broadcast statements . . . . .	..	X	
f Grants to other organizations for lobbying purposes . . . . .	..	X	
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	..	X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .	..	X	
i Total lobbying expenditures (add lines c through h) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



13-1628180

**LENOX HILL NEIGHBORHOOD HOUSE  
FORM 990, PART 1 EXCLUDED CONTRIBUTIONS**

**DESCRIPTION**

HOLIDAY BAZAAR	296,235
MADISON AVE. CARES	38,000
SPRING GALA	235,915
FALL ASSOCIATION	2,105
SPRING ASSOCIATION	13,035
HOUSE TOUR	6,935
THRIFT SHOP	39,181
CABARET STREET FAIR	28,767
<b>TOTAL REVENUE</b>	<b><u>660,173</u></b>

**STATEMENT 1**

Q:\K-L\Lenox Hill Neighborhood House\FORM 990-SCH. SPECIAL EVENTS.xls]EXCLUDED CONTRI

**PART 1  
SPECIAL FUNDRAISING EVENTS &  
ACTIVITIES:**

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSE</u>	<u>NET INCOME</u>
HOLIDAY BAZAAR	45,725	98,129	(52,404)
MADISON AVENUE CARES	-	5,651	(5,651)
SPRING GALA	515,300	177,319	337,981
FALL ASSOC.	75,400	38,502	36,898
SPRING ASSOC.	73,840	44,377	29,463
HOUSE TOUR	29,850	11,014	18,836
THRIFT SHOP	26,294	3,631	22,663
STREET FAIR		4,835	(4,835)
TOTAL	<u>766,409</u>	<u>383,458</u>	<u>382,951</u>

**STATEMENT 2**

Q:\K-L\Lenox Hill Neighborhood House\FORM 990-SCH. SPECIAL EVENTS.xls]Special fundraising

LENOX HILL NEIGHBORHOOD HOUSE  
 OTHER CHANGES IN NET ASSETS FUND BALANCES

13-1628180.

DESCRIPTION:

UNREALIZED GAIN ON INVESTMENTS

129,536

*Form 990 Part I Ln 20*

NOTE 7—INVESTMENTS

*Form 990 Part IV Ln 54*

Investments consist of the following:

	<u>June 30, 1999</u>		<u>June 30, 1998</u>	
	<u>Market Value</u>	<u>Cost</u>	<u>Market Value</u>	<u>Cost</u>
Listed Stocks and Funds	\$ 3,903,615	\$ 3,741,928	\$ 3,801,087	\$ 3,768,936
<b>Total</b>	3,903,615	3,741,928	3,801,087	3,768,936
Unrealized Appreciation	-	161,687	-	32,151
<b>Total</b>	<u>\$ 3,903,615</u>	<u>\$ 3,903,615</u>	<u>\$ 3,801,087</u>	<u>\$ 3,801,087</u>

*STATEMENT 3*

LENOX HILL NEIGHBORHOOD HOUSE  
(A Corporation)  
STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED JUNE 30, 1999 (With Comparative Totals For 1998)

13-1628180

	Youth, Adult and Family Services	Older Adult Services	Community Services	Homeless Services	Fitness	Eliminations	Total Program Services	Management and General	Fund Raising	Total 1999
Salary and Wages	1,538,883	817,071	369,235	1,722,269	393,772	0	4,841,330	700,807	267,769	5,809,706
Payroll Taxes & Employee Benefits (Note 6)	228,148	184,195	77,556	385,156	92,887	0	967,942	158,773	57,245	1,183,960
<b>Total</b>	<b>1,767,131</b>	<b>1,001,266</b>	<b>446,791</b>	<b>2,107,425</b>	<b>486,659</b>	<b>0</b>	<b>5,809,272</b>	<b>859,380</b>	<b>325,014</b>	<b>6,993,666</b>
<b>OTHER EXPENSES:</b>										
Professional Fees	136,703	50,675	50,217	144,496	34,809	(80,801)	336,099	177,268	79,573	592,940
Insurance	28,160	12,087	4,108	39,924	9,513	(12,500)	81,292	14,817	4,038	100,147
Program Activities	75,340	85,000	17,310	433,428	36,211	(355,268)	292,021	6,679	8,554	307,254
Occupancy	267,521	71,018	23,400	396,689	37,808	(218,688)	577,734	21,200	9,840	608,774
Expensed Equipment	17,765	18,170	1,478	188,530	5,300	0	229,243	2,286	477	232,006
Telephone	10,356	18,355	7,500	56,563	3,257	(190)	95,841	8,828	4,249	108,918
Office Supplies, Printing & Postage	28,859	31,803	11,736	32,442	18,228	(14,414)	108,454	45,921	56,372	210,747
Repairs and Materials	70,301	19,309	7,284	50,037	15,847	(43,105)	119,673	5,554	3,937	129,164
Food	212,207	88,243	580	287,644	220	(100,040)	488,834	8,955	2,860	500,649
Transportation	39,310	41,297	5,089	21,234	451	(5,760)	101,621	11,539	99	113,259
Staff Training	15,092	14,899	2,749	17,929	3,012	0	53,681	33,207	4,203	91,091
Payments to Subgrantees	0	0	0	139,670	0	0	139,670	0	0	139,670
<b>Total Other Expenses</b>	<b>901,414</b>	<b>448,857</b>	<b>131,431</b>	<b>1,808,586</b>	<b>164,656</b>	<b>(830,761)</b>	<b>2,624,163</b>	<b>336,254</b>	<b>174,202</b>	<b>3,134,619</b>
<b>Total Expenses before Depreciation</b>	<b>2,668,545</b>	<b>1,450,123</b>	<b>578,222</b>	<b>3,915,991</b>	<b>651,315</b>	<b>(830,761)</b>	<b>8,433,435</b>	<b>1,195,634</b>	<b>499,216</b>	<b>10,128,285</b>
Depreciation	112,351	35,574	7,982	7,418	42,869	0	206,194	28,379	9,254	244,827
<b>Total Expenses</b>	<b>2,780,896</b>	<b>1,485,697</b>	<b>586,204</b>	<b>3,823,409</b>	<b>694,184</b>	<b>(830,761)</b>	<b>8,639,628</b>	<b>1,225,013</b>	<b>508,470</b>	<b>10,373,112</b>
Less: Donated Food	(9,038)	0	0	0	0	0	(9,038)	0	0	(9,038)
Add: Elimination Entries	(404,638)	(83,306)	(28,630)	(304,187)	0	830,761	0	0	0	0
<b>Less: In-Kind Expenses</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(39,000)</b>	<b>0</b>	<b>0</b>	<b>(39,000)</b>	<b>(82,297)</b>	<b>0</b>	<b>(131,297)</b>
<b>Total</b>	<b>2,367,220</b>	<b>1,392,391</b>	<b>557,574</b>	<b>3,580,222</b>	<b>684,184</b>	<b>0</b>	<b>8,591,591</b>	<b>1,132,716</b>	<b>508,470</b>	<b>10,232,777</b>

4,137,796

**STATEMENT 4**

**FORM 990 IV-A  
OTHER REVENUE ON  
BOOKS BUT NOT ON  
RETURN**

**EIN 13-1628180**

DESCRIPTION

OTHER-DONATED FOOD 9,038

**TOTAL** 9,038

**STATEMENT 5**

**FORM 990 IV-A  
OTHER EXPENSES ON  
BOOKS BUT NOT ON  
RETURN**

**EIN 13-1628180**

DESCRIPTION

OTHER-DONATED FOOD	<u>9,038</u>
TOTAL	<u><u>9038</u></u>

STATEMENT 6

13 - 1628180

LENOX HILL NEIGHBORHOOD HOUSE, INC.  
BOARD OF DIRECTORS  
1999-2000

OFFICERS

Chair	Sydney Roberts Shuman
President	Diana Ronan Quasha
First Vice President	Renee Landegger
Vice Presidents	Allen R. Adler Gary A. Beller Timothy Collins Christina Pennoyer John Rosselli David Wirtz
Secretary	Helene W. Tilney
Treasurer	Mal Barasch
Assistant Treasurer	Tom Dean

STATEMENT 7

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EIN: 13-1628180

**LENOX HILL NEIGHBORHOOD HOUSE, INC.**  
**BOARD OF DIRECTORS**  
**1999 - 2000**

<u>NAME</u> (Term Ends)	<u>ADDRESS</u>	<u>PHONE</u>	<i>Compensation</i>
Mr. Allen R. Adler 2000 VP	<i>c/o</i> 331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. Harold d'O. Baker 2001 (Nancy)	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mr. Mal L. Barasch 2001 Treasurer	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Ms. Jane U. Bayard 2001	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mr. Gary A. Beller 2000 VP	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. John Lee Carroll 2001 (Nina)	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mr. Timothy Collins '99 VP	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mr. Bryan York Colwell '99	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Thompson Dean 2000 Assist. Treasurer	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -

STATEMENT 7

2/7

EIN: 13-1628180

<u>NAME</u> (Term Ends)	<u>ADDRESS</u>	<u>PHONE</u>	<u>Compensation</u>
Honorable David N. Dinkins 2000	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mr. Jonathan Gargiulo 2002	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Ms. Helene D. Goldfarb 2002	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Barbara Hemmerle Gollust 2000	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Roger L. Greif, MD	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. Jay V. Grimm 2000 (Teresa)	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. Martin Gruss 2001 (Audrey)	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Ms. Jane S. Hoffman 2002	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Amabel B. James 2001 (Amie)	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Ms. Katherine Kahan 2002	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -

STATEMENT 7

3/7

EIN: 13-1628180

<u>NAME</u> (Term Ends)	<u>ADDRESS</u>	<u>PHONE</u>	<i>Compensation</i>
Robert Kerrigan 2000	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mark James Kimsey 2001	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Henry Lambert 2001	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. Carl C. Landegger 2001 1st VP (Rencee)	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mr. John H. Manice 2001	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. David C. Masket 2002 (Joan)	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. Gordon B. Pattee 2001 (Dailey)	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. Christina Pennoyer 2001 VP (Christy)	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. Diana R. Quasha 2002 President	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Martin D. Raab 2001	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -

STATEMENT 7

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EIN: 13-1628180

<u>NAME</u> (Term Ends)	<u>ADDRESS</u>	<u>PHONE</u>	<i>Compensation</i>
Ms. Phyllis C. Robinson 2000	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mr. John Rosselli 2002 VP	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mr. Guy G. Rutherford, Jr. 2001 2002	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. Sydney Roberts Shuman 2000 Chair	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. Nanna Lydiker Stern 2002	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Simon Taylor 2000	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. Helene W. Tilney 2002 Secretary	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mr. Charles S. Warren 2000	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Ms. Bunny Williams 2001	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mr. David M. Wirtz 2001 VP	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -
Mrs. Stanley Zabar 2001 (Judith M.)	331 East 70 <sup>th</sup> Street New York, NY 10021	(212) 744 - 5022	- 0 -

STATEMENT 7

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EIN: 13-1628180

**Honorary Board Members**

*compensation*

Mr. Christopher J. Elkus

331 East 70<sup>th</sup> Street  
New York, NY 10021

(212) 744 - 5022 - 0 -

Mr. Albert Hadley

331 East 70<sup>th</sup> Street  
New York, NY 10021

(212) 744 - 5022 - 0 -

Mr. John Pierrepont

331 East 70<sup>th</sup> Street  
New York, NY 10021

(212) 744 - 5022 - 0 -

Mrs. Felix G. Rohatyn  
(Elizabeth)

331 East 70<sup>th</sup> Street  
New York, NY 10021

(212) 744 - 5022 - 0 -

Mr. Guy G. Rutherford

331 East 70<sup>th</sup> Street  
New York, NY 10021

(212) 744 - 5022 - 0 -

STATEMENT 7

6/7

EIN: 13-1628180

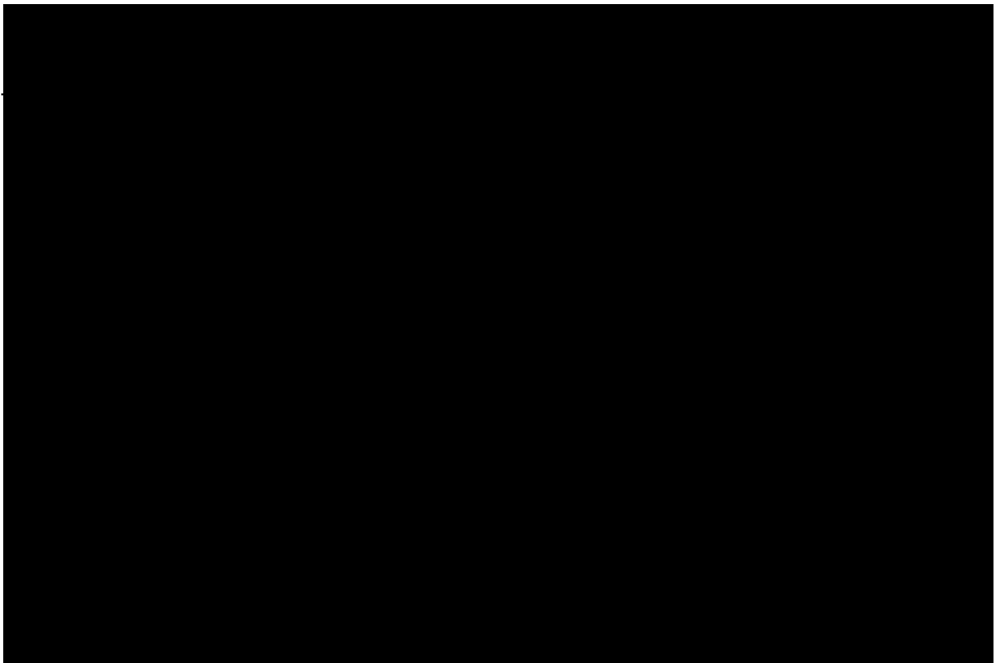
LENOX HILL NEIGHBORHOOD HOUSE, INC.  
Fiscal Year 1999

1 KEY EMPLOYEE

Nancy Wackstein Executive Director 35 hrs/wk 331 East 70th Street \$118,847.61  
New York, NY 10021

2 5 HIGHEST PAID EMPLOYEES (OTHER THAN KEY EMPLOUEES)

<u>Employee</u>	<u>Title</u>	<u>Address</u>	<u>Salary</u>
Richard Weeks	Associate Executive Director of Finance and Administration	331 East 70th Street New York, NY 10021	\$93,732.98
Sharon Myrie	Associate Executive Director	331 East 70th Street New York, NY 10021	\$89,628.80
Hilary Alger	Associate Executive Director	331 East 70th Street New York, NY 10021	\$83,029.63
Tenianne Frank	Director of Homeless Services	331 East 70th Street New York, NY 10021	\$70,784.61
Joseph Girven	Controller	331 East 70th Street New York, NY 10021	\$68,880.12



STATEMENT 7

7/7

LENOX HILL NEIGHBORHOOD HOUSE  
PROPERTY AND EQUIPMENT

EIN 13-1628180

~~XXXXXXXXXX~~

Form 990 Part IV.  
Ln. 55a & 55b

NOTE 5—PROPERTY AND EQUIPMENT

At June 30, 1999, property and equipment consists of the following:

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>	<u>Estimated Useful Lives in Years</u>
Land	\$ 164,999	\$ -	\$ 164,999	-
Buildings	499,481	499,481	-	50 years
Building Improvements	1,863,374	838,556	1,024,818	3-20 years
Furniture and Equipment	<u>827,203</u>	<u>424,621</u>	<u>402,582</u>	2-15 years
Total	<u>\$ 3,355,057</u>	<u>\$ 1,762,658</u>	<u>\$ 1,592,399</u>	

STATEMENT 8

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

Name: LENOX HILL NEIGHBORHOOD HOUSE, INC. Employer Identification number: 13-1628180. Address: C/O SCHLOSS & CO., INC. SUITE 310, 1400 OLD COUNTRY ROAD WESTBURY NY 11590.

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until MAY 15, 2000, to file (check only one): [X] Form 990 or 990-EZ, [ ] Form 990-T, [ ] Form 990-BL, [ ] Form 990-PF, [ ] Form 990-T (sec. 401(a) or 408(a) trust), [ ] Form 990-T-(trust other than above), [ ] Form 1041 (estate) (see instructions), [ ] Form 1041-A, [ ] Form 1042, [ ] Form 1120-ND (sec. 4951 taxes), [ ] Form 3520-A, [ ] Form 4720, [ ] Form 5227, [ ] Form 6069, [ ] Form 8612, [ ] Form 8613, [ ] Form 8725, [ ] Form 8804, [ ] Form 8831.

2a For calendar year JULY 1, 1998 and ending JUNE 30, 1999. b If this tax year is for less than 12 months, check reason: [ ] Initial return, [ ] Final return, [ ] Change in accounting period. 3 Has an extension of time to file been previously granted for this tax year? [X] Yes [ ] No. 4 State in detail why you need the extension: INFORMATION REQUESTED FROM THIRD PARTIES IN ORDER TO COMPLETE THE RETURN IS NOT YET AVAILABLE.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ . b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ . c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ .

Signature and Verification

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

Signature: Jimmie E. Spears, CPA. Date: 2/14/00.

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by the IRS

[X] We HAVE approved your application. Please attach this form to your return. [ ] We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return. [ ] We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period. [ ] We cannot consider your application because it was filed after the due date of the return for which an extension was requested. [ ] Other:

Director: By: [Signature]

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be returned.

Name: MARKS PANETH AND SHRON LLP. Address: 622 THIRD AVENUE, NEW YORK, NY 10017.

# Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

▶ File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions.	Name <b>LENOX HILL NEIGHBORHOOD HOUSE, INC.</b>	Employer identification number <b>13-1628180</b>
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) <b>C/O SCHLOSS &amp; CO., INC. SUITE 310</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>1400 OLD COUNTRY ROAD WESTBURY NY 11590</b>	

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

- 1 I request an extension of time until FEBRUARY 15, 2000, to file (check only one):
- |  |   |   |                                    |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D)                | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T)                | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 3520-A                    | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions)    | <input type="checkbox"/> Form 4720                      | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL                   | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 5227                      | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF                   | <input type="checkbox"/> Form 1042                                | <input type="checkbox"/> Form 6069                      | <input type="checkbox"/> Form 8831 |

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

- 2a For calendar year \_\_\_\_\_, or other tax year beginning JULY 1, 1998 and ending JUNE 30, 1999.
- b If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3 Has an extension of time to file been previously granted for this tax year?  Yes  No
- 4 State in detail why you need the extension INFORMATION REQUESTED FROM THIRD PARTIES IN ORDER TO COMPLETE THE RETURN IS NOT YET AVAILABLE.

- 5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_
- b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_
- c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions \$ \_\_\_\_\_

### Signature and Verification

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

Signature ▶ *Annice E. Spears* Title ▶ CPA Date ▶ 4/15/99

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

### Notice to Applicant — To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
- We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: \_\_\_\_\_

EXTENSION APPROVED

Director

By: \_\_\_\_\_

NOV 2 1999

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name <b>PANETH, HABER &amp; ZIMMERMAN, LLP</b>
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) <b>600 THIRD AVENUE</b>
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10016</b>