

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

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 1999 calendar year, OR tax year period beginning **07/01**, 1999, and ending **06/30**, 2000

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

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
331 EAST 70TH STREET

City or town, state or country, and ZIP + 4
NEW YORK, NY 10021

D Employer identification number
13-1628180

E Telephone number
(212) 744-5022

F Check if exemption application is pending

G Type of organization — 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 No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) _____

(b) If "Yes," enter the number of affiliates for which this return is filed _____

(c) Is this a separate return filed by an organization covered by a group ruling? Yes No

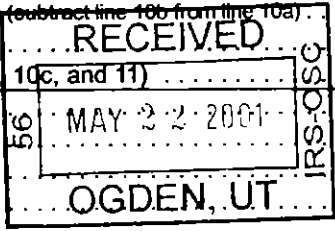
J Accounting method Cash Accrual Other (specify) _____

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 15.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	3,251,167		
b	Indirect public support	1b	111,810		
c	Government contributions (grants) STATEMENT 2	1c	6,749,225		
d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ _____ noncash \$ _____)	1d	10,112,202		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3	941,373		
4	Interest on savings and temporary cash investments	4	12,335		
5	Dividends and interest from securities	5	440,830		
6a	Gross rents	6a	158,967		
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	158,967		
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	4,949,190	(B) Other	
b	Less: cost or other basis and sales expenses	8a		8b	
c	Gain or (loss) (attach schedule)	8b	5,235,895	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	(286,705)	8d	(286,705)
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ 589,529 of contributions reported on line 1a) STATEMENT 1	9a	824,414		
b	Less: direct expenses other than fundraising expenses	9b	310,743		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	513,671		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	11,892,673		
13	Program services (from line 44, column (B))	13	9,185,618		
14	Management and general (from line 44, column (C))	14	1,179,037		
15	Fundraising (from line 44, column (D))	15	487,091		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	10,851,746		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,040,927		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,493,983		
20	Other changes in net assets or fund balances (attach explanation) STATEMENT 1	20	308,539		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,843,449		



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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 19.)

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 STATEMENT 3	43a	10,851,746	9,185,618	1,179,037
	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	10,851,746	9,185,618	1,179,037

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 22.)

What is the organization's primary exempt purpose? SEE A-D BELOW	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a YOUTH AND FAMILY SERVICES-Early Childhood Center; Afterschool programs; Teen Center providing academic support, recreation and career preparation; family services and camp programs (Grants and allocations \$ _____ NONE)	2,744,766
b OLDER ADULT SERVICES-Two senior citizen centers, case management services, adult day care programs, home care and housekeeping services; East Side Transportation program (Grants and allocations \$ _____ NONE)	1,476,417
c COMMUNITY SERVICES & Education-Computer Education Laboratory; Vocational Services; Neighborhood Information Action Center, providing information, referrals and case management services; Community Organizing (Grants and allocations \$ _____ NONE)	687,762
d HOMELESS SERVICES-Operate Women's Shelter at the Park Avenue Armory, Homeless Outreach Program, Coordinate Homeless Services on the Upper East Side of Manhattan through East Side Homeless Network; Provides transitional housing; & operates 54-bed facility (Grants and allocations \$ _____ NONE)	3,556,898
e Other program services (attach schedule) (Grants and allocations \$ STATEMENT 3 NONE)	719,775
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	9,185,618

Part IV Balance Sheets (See Specific Instructions on page 22.)

		(A) Beginning of year	(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
Assets	45 Cash — non-interest-bearing AND INTEREST BEARING	1,538,292	1,372,833
	46 Savings and temporary cash investments		
	47a Accounts receivable	719,821	
	b Less: allowance for doubtful accounts		719,821
	47b	447,995	
	48a Pledges receivable	602,546	
	b Less: allowance for doubtful accounts		602,546
	48b	314,723	
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		
	51a Other notes and loans receivable (attach schedule)		
	b Less: allowance for doubtful accounts		
	51b		
	51c		
	52 Inventories for sale or use		
53 Prepaid expenses and deferred charges	38,004	49,779	
54 Investments — securities (attach schedule) STATEMENT 1	3,903,615	4,080,808	
55a Investments — land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule)			
55b			
55c			
56 Investments — other (attach schedule)			
57a Land, buildings, and equipment: basis	4,874,292		
b Less: accumulated depreciation (attach schedule) STATEMENT 2			
57b	2,004,120		
57c	1,592,399		
58 Other assets (describe ►)			
58			
59 Total assets (add lines 45 through 58) (must equal line 74)	7,835,028	9,695,959	
Liabilities	60 Accounts payable and accrued expenses	861,111	1,474,487
	61 Grants payable		
	62 Deferred revenue	417,735	321,098
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		
	63		
	64a Tax-exempt bond liabilities (attach schedule)		
	b Mortgages and other notes payable (attach schedule)		
64b			
65 Other liabilities (describe ► CAPITAL LEASE PAYABLE)	62,199	56,925	
65			
66 Total liabilities (add lines 60 through 65)	1,341,045	1,852,510	
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	5,414,989	6,783,254
	68 Temporarily restricted	1,078,994	1,060,195
	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 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72: column (A) must equal line 19 and column (B) must equal line 21)	6,493,983	7,843,449	
73			
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	7,835,028	9,695,959	
74			

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 VI Other Information (See Specific Instructions on page 25.)		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 ► THE CARING NEIGHBOR, INC. 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	NONE
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	96,727
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) orgs. 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) orgs. 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, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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 ► ; section 4912 ► ; section 4955 ►		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," 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 ► NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 1999 (See inst.)	90b	224
91	The books are in care of ► LENOX HILL Telephone no. ► (212) 744-5022 Located at ► 331 EAST 70TH ST. NEW YORK, NY ZIP + 4 ► 10021		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

1999

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

Name of the organization

LENOX HILL NEIGHBORHOOD HOUSE

Employer identification number

13-1628180

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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 STREET NEW YORK, NY 10021	ASSOC. EXEC. DIR. FINANCE 35	\$94,437	\$20,936	NONE
JOSEPH GIRVEN 331 E. 70TH STREET NEW YORK, NY 10021	CONTROLLER 35	\$77,626	\$14,485	NONE
TENIANNE FRANK 331 E. 70TH STREET NEW YORK, NY 10021	DIR HOMELESS SVCS 35	\$70,212	\$13,333	NONE
LYNN APPELBAUM 331 E. 70TH STREET NEW YORK, NY 10021	ASSOC. EXEC. DIR. 35	\$67,778	\$13,650	NONE
MARIAN DETELJ 331 E. 70TH STREET NEW YORK, NY 10021	DIR. YOUTH & FAM 35	\$66,777	\$9,342	NONE
Total number of other employees paid over \$50,000	12			

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions. 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
SWEET CONSTRUCTION 22 WEST 21ST STREET 2ND FLOOR NEW YORK, NY 10010	CONSTRUCTION	888,616
AMBASSADOR FOOD SERVICES P.O. BOX 716 MIDTOWN STATION NEW YORK, NY 10018	FOOD	249,877
SQUIRE MAINTENANCE & ENVIRONMENTAL P.O. BOX 716 MIDTOWN STATION NEW YORK, NY 10018	CLEANING	167,735
ROCKMOR ELECTRIC ENTERPRISE 1042 39TH STREET BROOKLYN, NY 11219	ELECTRICAL	126,991
AMIE GROSS ARCHITECTS 22 EAST 49TH STREET 4 TH FLOOR NEW YORK, NY 10017	ARCHITECTURAL	102,061
Total number of others receiving over \$50,000 for professional services	5	

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? 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		X
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)? (KEY EMPLOYEE)	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 page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions.)

- 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 page 4 of the instructions.)

(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 page 4 of the instructions.)

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)1998	(b)1997	(c)1996	(d)1995	(e)Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,776,313	8,130,156	7,863,249	5,518,118	30,287,836
16 Membership fees received	1,051,394	940,538	849,438	822,877	3,664,247
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	555,748	581,779	492,055	707,098	2,336,680
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	235,025	437,197	92,157	137,476	901,855
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	10,618,480	10,089,670	9,296,899	7,185,569	37,190,618
24 Line 23 minus line 17	10,062,732	9,507,891	8,804,844	6,478,471	34,853,938
25 Enter 1% of line 23	106,185	100,897	92,969	71,856	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	697,079
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 1995 through 1998 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	34,853,938
d Add: Amounts from column (e) for lines: 18 <u>901,855</u> 19 _____ 22 _____ 26b <u>NONE</u> ▶	26d	901,855
e Public support (line 26c minus line 26d total) ▶	26e	33,952,083
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	97.41 %

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

(1998) _____ (1997) _____ (1996) _____ (1995) _____

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:

(1998) _____ (1997) _____ (1996) _____ (1995) _____

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 1995 through 1998, 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 page 4 of the instructions.)

Part V Private School Questionnaire (See page 4 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV) **N/A**

		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 page 6 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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

Limits on Lobbying Expenditures		(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 —		
	If the amount on line 40 is — The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	} 41
	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 of the instructions)

Calendar year (or fiscal year beginning in)▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(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 page 8 of the instructions.)

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 8 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash		X
(ii) Other assets		X
b Other transactions:		
(i) Sales or exchanges of assets to a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

LENOX HILL NEIGHBORHOOD
FORM 990

EIN 13-1628180

PART I-LINE 1

<u>CONTRIBUTORS - WHO CONTRIBUTED > 2% (\$202,244)</u>	<u>AMOUNT</u>
	405,192
	1,619,203
	1,159,285
	942,660
	2,229,468
OTHER	393,417
GOVERNMENT SUPPORT	<u>6,749,225</u>
PUBLIC SUPPORT (DIRECT & INDIRECT) HAD NO ONE OVER LIMIT	3,362,977
	<u><u>10,112,202</u></u>

PART IV-LINE 55a & 55b

-PROPERTY AND EQUIPMENT

At June 30, 2000, 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	3,296,336	968,462	2,327,874	3-20 years
Furniture and Equipment	<u>913,476</u>	<u>536,177</u>	<u>377,299</u>	2-15 years
Total	\$ <u>4,874,292</u>	\$ <u>2,004,120</u>	\$ <u>2,870,172</u>	

PART IV-A & PART IV-B LINE b(1)

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER-DONATED FOOD	<u>2,952</u>

**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 LENOX HILL NEIGHBORHOOD HOUSE, INC.	Employer identification number 13-1628180
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 331 EAST 70 TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NEW YORK 10021	

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 2001** 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 **7/1 1999** and ending **6/30 2000**.

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 NEEDED 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 ▶ *Denise E. Spears* Title ▶ **CPA** Date ▶ 2/9/01

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

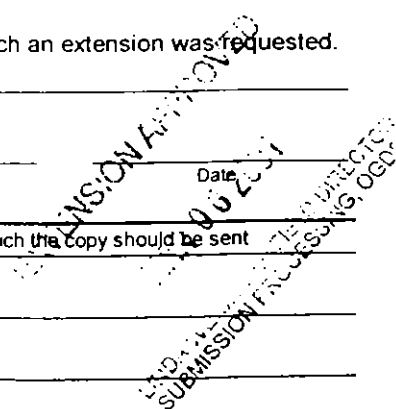
Notice to Applicant — To Be Completed by the IRS

- 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.
- Other. _____

IN THE FUTURE EXTENSIONS FOR FORMS 990PF, 990, 990EZ, 990T, 990BL, 4720, 5227, 1041A, 6069, AND 8870 MUST FILE USING FORM 8868.

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 MARKS PANETH AND SHRON LLP
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 622 THIRD AVENUE
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NEW YORK 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 LENOX HILL NEIGHBORHOOD HOUSE, INC.	Employer identification number 13-1628180
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 331 EAST 70 TH STREET	
City, town, or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NEW YORK 10021	

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, 2001**, 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 **7/1, 1999** and ending **6/30, 2000**

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 NEEDED 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 ▶ James E. Spear Title ▶ **CPA** Date ▶ 11/14/00

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

- 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 _____

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 MARKS PANETH AND SHRON LLP
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 622 THIRD AVENUE
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NEW YORK 10017

EXTENSION APPROVED
NOV 14 2000
CHIEF OF BUREAU DIRECTOR
TAXPAYER SERVICES CENTER

LENOX HILL NEIGHBORHOOD
FORM 990

EIN 13-1628180

PART I - LINE 9

SPECIAL FUNDRAISING EVENTS & ACTIVITIES:

<u>DESCRIPTION</u>	<u>REVENUE</u>	<u>EXPENSE</u>	<u>INCOME</u>
HOLIDAY BAZAAR	352,861	101,200	251,661
SPRING GALA	280,401	105,480	174,921
FALL ASSOC.	44,315	40,218	4,097
SPRING ASSOC.	46,985	36,123	10,862
HOUSE TOUR	22,030	13,285	8,745
THRIFT SHOP	42,822	10,530	32,292
STREET FAIR	35,000	3,907	31,093
TOTAL	<u>824,414</u>	<u>310,743</u>	<u>513,671</u>
	9a	9b	9c

PART I - LINE 20

OTHER CHANGES IN NET ASSETS FUND BALANCES:

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN ON INVESTMENTS	<u>308,539</u>

PART IV - LINE 54

-INVESTMENTS

Investments consist of the following:

	<u>June 30, 2000</u>		<u>June 30, 1999</u>	
	<u>Market Value</u>	<u>Cost</u>	<u>Market Value</u>	<u>Cost</u>
Listed Stocks and Funds	\$ 4,080,808	\$ 3,772,269	\$ 3,903,615	\$ 3,741,928
Unrealized Appreciation	-	308,539	-	161,687
Total	<u>\$ 4,080,808</u>	<u>\$ 4,080,808</u>	<u>\$ 3,903,615</u>	<u>\$ 3,903,615</u>

EIN 13-1640100

Lenox Hill Neighborhood House
Statement of Functional Expenses

FORM 990 PART II + III

	YAFS	OAS	Community Services	Homeless Services	Fitness	Eliminations	Total Program Services	Mgmt and General	Fund Raising	Total Expenses
Salary and Wages	1,697,641	887,239	443,552	1,825,515	409,552	0	5,263,499	735,694	244,456	6,243,649
Payroll Taxes	269,537	215,861	110,685	436,427	103,405	0	1,135,915	142,909	56,198	1,334,122
Total	1,967,178	1,103,100	554,237	2,261,942	512,957	0	5,399,414	877,603	300,654	7,577,771
OTHER EXPENSES:										
Professional Fees	148,485	37,787	55,744	167,159	32,401	(87,803)	353,773	175,478	97,275	626,526
Insurance	24,863	10,400	3,987	35,636	7,184	(12,715)	69,355	12,374	4,175	85,904
Program Activities	94,182	98,060	39,438	427,834	35,903	(394,797)	300,520	37,788	4,958	343,045
Occupancy	271,408	69,919	25,324	405,081	40,575	(219,558)	592,249	21,863	7,788	621,900
Expensed Equipment	59,295	710	6,570	60,013	4,477	0	131,055	5,565	2,612	140,642
Telephone	13,607	18,021	9,971	56,968	3,930	(190)	102,307	19,205	5,006	126,519
Office Supplies, Printing & Postage	49,331	21,962	12,909	27,053	15,683	(14,400)	112,578	35,581	45,262	194,521
Repairs and Materials	90,507	16,830	1,845	13,702	11,863	(43,105)	91,642	10,794	3,256	105,692
Food	253,977	98,979	1,272	286,256	1,204	(123,003)	519,695	8,221	1,421	528,127
Transportation	43,163	58,772	7,286	24,057	156	(7,318)	126,156	362	103	126,621
Staff Training	53,239	9,013	3,541	14,532	10,921	0	91,346	37,525	4,723	133,594
Payments to Subgrantees	0	0	0	95,343	0	0	55,343	0	0	95,343
Total Other Expenses	1,102,057	439,853	167,887	1,613,814	164,397	(902,889)	2,585,119	366,037	177,279	3,128,435
Total Expenses before Depreciation	3,069,235	1,542,953	722,124	3,875,756	677,354	(902,889)	8,984,533	1,243,740	477,933	10,706,206
Depreciation (allocated by % per Sq Ft.)	111,176	35,201	7,898	7,341	42,421	0	204,037	29,072	5,158	242,757
Total Expenses	3,180,411	1,578,154	730,022	3,883,097	719,775	(902,889)	9,188,570	1,272,812	483,091	10,948,473
Less: Donated Food	(2,952)	0	0	0	0	0	(2,952)	0	0	(2,952)
Less: Elimination Entries	(433,693)	(101,737)	(42,260)	(326,199)	0	902,889	0	0	0	0
Less: In-Kind Expenses	0	0	0	0	0	0	0	(93,775)	0	(93,775)
Total	2,744,766	1,476,417	687,762	3,556,898	719,775	0	9,185,618	1,179,037	487,091	10,851,746

a b c d e Part II B C D

Part III Line e FITNESS AND RECREATION—State-of-the-Art Indoor Pool, fitness center; fitness and recreational activities for adults and children.

LENOX HILL NEIGHBORHOOD HOUSE, INC.
Fiscal Year 2000

1 KEY EMPLOYEE

Nancy Wackstein	Executive Director	331 East 70th Street New York, NY 10021	\$134,827 00
-----------------	--------------------	--	--------------

2 5 HIGHEST PAID EMPLOYEES (OTHER THAN KEY EMPLOYEES)

<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	\$94,437.00
Joseph Girven	Controller	331 East 70th Street New York, NY 10021	\$77,626.00
Tenianne Frank	Director of Homeless Services	331 East 70th Street New York, NY 10021	\$70,212 00
Lynn Appelbaum	Associate Executive Director	331 East 70th Street New York, NY 10021	\$67,778.00
Marian Detelj	Director of Youth and Family Services Department	331 East 70th Street New York, NY 10021	\$66,777 00

