

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2000**

Open to Public Inspection

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

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

A For the 2000 calendar year, or tax year period beginning **07/01**, 2000, and ending **06/30**, 2001

- B Check if applicable
- Change of address
  - Change of name
  - Initial return
  - Final return
  - Amended return

C Name of organization  
**LENOX HILL NEIGHBORHOOD HOUSE**

D Employer identification number  
**13-1628180**

E Telephone number  
**(212) 744-5022**

F Check  if application pending

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

City or town state or country and ZIP code  
**NEW YORK, NY 10021**

G Organization type (check only one)  501(c) (3 ) (insert no)  527 or  4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included?  Yes  No (If "No," attach a list. See inst.)

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

I Enter 4-digit group exemption no. (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

		1a	1b	1c	1d
Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	<b>2,900,500</b>			
	b Indirect public support		<b>58,871</b>		
	c Government contributions (grants)			<b>7,248,959</b>	
	d Total (add lines 1a through 1c) (cash \$ <b>10,206,855</b> noncash \$ <b>1,445</b> )				<b>10,208,330</b>
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				
	3 Membership dues and assessments				<b>982,768</b>
	4 Interest on savings and temporary cash investments				<b>5,490</b>
	5 Dividends and interest from securities				<b>325,248</b>
	6a Gross rents	<b>135,512</b>			
	b Less rental expenses				
	c Net rental income or (loss) (subtract line 6b from line 6a)				<b>135,512</b>
7 Other investment income (describe <input type="checkbox"/> )					
8a Gross amount from sales of assets other than inventory	(A) Securities	<b>1,592,993</b>	8a		
	(B) Other		8b		
		<b>1,577,255</b>	8c		
		<b>15,738</b>	8d		<b>15,738</b>
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ <b>1,124,441</b> of contributions reported on line 1a) <b>STATEMENT 1</b>	<b>357,867</b>	9a			
b Less direct expenses other than fundraising expenses	<b>398,949</b>	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	<b>(41,082)</b>	
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)				<b>29,889</b>	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>11,661,893</b>	
Expenses	13 Program services (from line 44, column (B))				<b>9,854,705</b>
	14 Management and general (from line 44, column (C))				<b>1,196,727</b>
	15 Fundraising (from line 44, column (D))				<b>500,013</b>
	16 Payments to affiliates (attach schedule)				
	17 Total expenses (add lines 16 and 44, column (A))				<b>11,551,445</b>
18 Excess or (deficit) for the year (subtract line 17 from line 12)				<b>110,448</b>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))				<b>7,843,449</b>	
20 Other changes in net assets or fund balances (attach explanation) <b>Stmnt. 1</b>				<b>(1,058,360)</b>	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>6,895,537</b>	

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20-51-5

SCANNED JUL 17 2002

FILED  
JUL 20 2001  
NEW YORK

**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 20.)

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 \$ _____)	<b>NONE</b>	<b>NONE</b>		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses (itemize) a <b>STATEMENT 3</b>	<b>11,551,445</b>	<b>9,854,705</b>	<b>1,196,727</b>	<b>500,013</b>
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	<b>11,551,445</b>	<b>9,854,705</b>	<b>1,196,727</b>	<b>500,013</b>

**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 23.)

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 <b>YOUTH AND FAMILY SERVICES-Early Childhood Center; Afterschool programs; Teen Center providing academic support, recreation and career preparation; family services and camp programs</b> (Grants and allocations \$ <b>NONE</b> )	<b>2,782,828</b>
b <b>OLDER ADULT SERVICES-Two senior citizen centers, case management services, adult day care programs, home care and housekeeping services; East Side Transportation program</b> (Grants and allocations \$ <b>NONE</b> )	<b>1,853,186</b>
c <b>COMMUNITY SERVICES &amp; EDUCATION-Computer Education Laboratory; Vocational Services; Neighborhood Information Action Center, providing information, referrals and case management services; Community Organizing</b> (Grants and allocations \$ <b>NONE</b> )	<b>695,921</b>
d <b>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; &amp; operates 54-bed facility</b> (Grants and allocations \$ <b>NONE</b> )	<b>3,697,626</b>
e Other program services (attach schedule) (Grants and allocations \$ <b>STATEMENT 3 NONE</b> )	<b>825,144</b>
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	<b>9,854,705</b>

**Part IV Balance Sheets** (See Specific Instructions on page 23 )

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash — non-interest-bearing <b>AND INTEREST BEARING</b>	<b>1,372,833</b>	45	<b>1,176,347</b>
46	Savings and temporary cash investments		46	
47a	Accounts receivable	<b>944,727</b>		
b	Less allowance for doubtful accounts		47c	<b>944,727</b>
48a	Pledges receivable	<b>216,834</b>		
b	Less allowance for doubtful accounts		48c	<b>216,834</b>
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	<b>49,779</b>	53	<b>24,532</b>
54	Investments — securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	<b>4,080,808</b>	54	<b>3,251,460</b>
55a	Investments — land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments — other (attach schedule)		56	
57a	Land, buildings, and equipment basis	<b>5,036,648</b>		
b	Less accumulated depreciation (attach schedule) <b>STATEMENT 2</b>	<b>2,325,022</b>	57c	<b>2,711,626</b>
58	Other assets (describe ► )		58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>9,695,959</b>	59	<b>8,325,526</b>
60	Accounts payable and accrued expenses	<b>1,474,487</b>	60	<b>1,025,338</b>
61	Grants payable		61	
62	Deferred revenue	<b>321,098</b>	62	<b>404,651</b>
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>56,925</b>	65	<b>0</b>
66	<b>Total liabilities</b> (add lines 60 through 65)	<b>1,852,510</b>	66	<b>1,429,989</b>
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	<b>6,783,254</b>	67	<b>6,334,353</b>
68	Temporarily restricted	<b>1,060,195</b>	68	<b>561,184</b>
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)	<b>7,843,449</b>	73	<b>6,895,537</b>
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	<b>9,695,959</b>	74	<b>8,325,526</b>

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 26 )		N/A	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 <b>THE CARING NEIGHBOR, INC.</b> _____ 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		107,236
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		N/A
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 on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed <b>NEW YORK</b>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst )	90b		233
91	The books are in care of <b>LENOX HILL</b> Telephone no <b>(212) 744-5022</b> Located at <b>331 EAST 70TH ST. NEW YORK, NY</b> ZIP code <b>10021</b>			
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

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30 )**

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					<b>982,768</b>
95 Interest on savings and temporary cash investments			<b>14</b>	<b>5,490</b>	
96 Dividends and interest from securities			<b>14</b>	<b>325,248</b>	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			<b>16</b>	<b>135,512</b>	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			<b>18</b>	<b>15,738</b>	
101 Net income or (loss) from special events			<b>01</b>	<b>(41,082)</b>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <b>OTHER</b>			<b>01</b>	<b>29,889</b>	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				<b>470,795</b>	<b>982,768</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>1,453,563</b>

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31 )**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
<b>94</b>	<b>FEES CHARGED TO INDIVIDUALS PARTICIPATING IN THE ORGANIZATION'S PROGRAMS</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31 )**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
<b>N/A</b>	%	<b>N/A</b>		
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31 )**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

including accompanying schedules and statements and to the best of my knowledge and that of the preparer (other than officer) is based on all information of which preparer has any knowledge (Important)

*Taylor* Joseph H. Gamm, Jr. *Director Executive*

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary Information — (See separate instructions )

▶ **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, INC</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 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
<b>JOSEPH GIRVEN</b> 331 E. 70TH STREET NEW YORK, NY 10021	<b>DEPUTY EXEC. DIR. OF FINANCE</b>  35	<b>95,900</b>	<b>9,362</b>	<b>NONE</b>
<b>MARTHA DORN</b> 331 E. 70TH STREET NEW YORK, NY 10021	<b>ASSOC. EXEC. DIR. DEV &amp; PR</b>  35	<b>93,601</b>	<b>9,565</b>	<b>NONE</b>
<b>LYNN APPELBAUM</b> 331 E. 70TH STREET NEW YORK, NY 10021	<b>DIR. PROG &amp; DEV</b>  35	<b>77,250</b>	<b>8,754</b>	<b>NONE</b>
<b>MARIAN DETELJ</b> 331 E. 70TH STREET NEW YORK, NY 10021	<b>DIR YOUTH &amp; FAM</b>  35	<b>72,386</b>	<b>0</b>	<b>NONE</b>
<b>TENIANNE FRANK</b> 331 E. 70TH STREET NEW YORK, NY 10021	<b>DIR HOMELESS SVCS</b>  35	<b>71,605</b>	<b>7,644</b>	<b>NONE</b>
Total number of other employees paid over \$50,000 ▶	<b>11</b>			

**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
<b>SQUIRE MAINTENANCE &amp; ENVIRONMENTAL</b> P.O. BOX 716 MIDTOWN STATION NEW YORK, NY 10018	<b>CLEANING</b>	<b>170,190</b>
<b>DALE SYSTEMS INC.</b> P.O. BOX 10479 CHARLOTTE, NC 28260	<b>SECURITY</b>	<b>93,150</b>
<b>AMBASSADOR FOOD SERVICES</b> P.O. BOX 716 MIDTOWN STATION NEW YORK, NY 10018	<b>FOOD</b>	<b>251,135</b>
<b>ROCKMOR ELECTRIC ENTERPRISE</b> 1042 39TH STREET BROOKLYN, NY 11219	<b>ELECTRICAL</b>	<b>118,529</b>
<b>LENOX HILL HOSPITAL</b> 163 EAST 84TH STREET NEW YORK, NY 10028	<b>MEDICAL</b>	<b>79,000</b>
Total number of others receiving over \$50,000 for professional services ▶	<b>2</b>	

<b>Part III</b> Statements About Activities		Yes	No
<b>1</b> 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.	<b>1</b>		<b>X</b>
<b>2</b> 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:			
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>		<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <span style="float: right;"><b>(KEY EMPLOYEE)</b></span>	<b>2d</b>	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	<b>2e</b>		<b>X</b>
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?	<b>3</b>		<b>X</b>
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?	<b>4a</b>		<b>X</b>
<b>b</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 5 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 5)
- 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)(v) (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 5 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 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants See line 28 )	<b>10,112,202</b>	<b>8,776,313</b>	<b>8,130,156</b>	<b>7,863,249</b>	<b>34,881,920</b>
16 Membership fees received	<b>941,373</b>	<b>1,051,394</b>	<b>940,538</b>	<b>849,438</b>	<b>3,782,743</b>
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	<b>824,414</b>	<b>555,748</b>	<b>581,779</b>	<b>492,055</b>	<b>2,453,996</b>
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	<b>612,132</b>	<b>235,025</b>	<b>437,197</b>	<b>92,157</b>	<b>1,376,511</b>
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	<b>12,490,121</b>	<b>10,618,480</b>	<b>10,089,670</b>	<b>9,296,899</b>	<b>42,495,170</b>
24 Line 23 minus line 17	<b>11,665,707</b>	<b>10,062,732</b>	<b>9,507,891</b>	<b>8,804,844</b>	<b>40,041,174</b>
25 Enter 1% of line 23	<b>124,901</b>	<b>106,185</b>	<b>100,897</b>	<b>92,969</b>	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				▶ 26a
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 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts					▶ 26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>NOT APPLICABLE</b>				▶ 26c
d Add Amounts from column (e) for lines	18 _____	19 _____			▶ 26d
	22 _____	26b _____			▶ 26e
e Public support (line 26c minus line 26d total)					▶ 26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					▶ 26f %
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 (which is not open to public inspection) 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				
(1999)	<b>598,143</b>	(1998) <b>453,346</b>	(1997) <b>364,256</b>	(1996) <b>216,080</b>	
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					
(1999)	<b>171,926</b>	(1998) <b>43,815</b>	(1997) <b>0</b>	(1996) <b>64,602</b>	
c Add Amounts from column (e) for lines	15 <b>34,881,920</b>	16 <b>3,782,743</b>			▶ 27c <b>41,118,659</b>
	17 <b>2,453,996</b>	20 _____	21 _____		
d Add Line 27a total	<b>1,631,825</b>	and line 27b total	<b>280,343</b>		
e Public support (line 27c total minus line 27d total)					▶ 27d <b>1,912,168</b>
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					▶ 27e <b>39,206,491</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					▶ 27f <b>42,495,170</b>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					▶ 27g <b>92.26 %</b>
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, 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 5 of the instructions.)					▶ 27h <b>3.24 %</b>

**Part V Private School Questionnaire (See page 5 of the instructions)** **N/A**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

**Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 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 (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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 —	41	
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		
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	41	
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 9 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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 9 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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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



**LENOX HILL NEIGHBORHOOD HOUSE  
FORM 990**

**EIN 13-1628180**

**PART I-LINE 8c**

<u>Description</u>	<u>Proceeds</u>	<u>Cost</u>	<u>Realized Gain/(Loss)</u>
GM Accep -Debentures	146,807	147,796	(989)
AT&T-Bonds	119,036	117,770	1,266
Lehman Bro Holdings Inc -Notes	252,495	247,500	4,995
Disney-Term notes	126,080	125,000	1,080
GTE- 1st mortgage series BB	146,702	144,333	2,369
Assoc Corp - Bonds	122,995	122,029	966
Morgan Stanley-Bonds	148,477	148,173	304
Ford Motor-Notes	143,845	142,805	1,040
GE-Med Term Notes	154,307	151,796	2,511
Wells Fargo- Notes	103,092	102,253	839
Amercan General	129,157	127,799	1,358
<b>Total</b>	<b><u>1,592,993</u></b>	<b><u>1,577,255</u></b>	<b><u>15,738</u></b>
	Line 8a	Line 8b	Line 8c

**PART I - LINE 9**

**SPECIAL EVENTS & ACTIVITIES:**

<u>DESCRIPTION</u>	<u>CONTRIBUTIONS</u>	<u>DIRECT REVENUE</u>	<u>EXPENSE</u>	<u>INCOME</u>
HOLIDAY BAZAAR	261,250	177,090	143,049	34,041
SPRING GALA	686,965	85,575	152,438	(66,863)
FALL ASSOC	52,025	25,200	32,553	(7,353)
OTHER	124,201	70,002	70,909	(907)
<b>TOTAL</b>	<b><u>1,124,441</u></b>	<b><u>357,867</u></b>	<b><u>398,949</u></b>	<b><u>(41,082)</u></b>
		LINE 9a	LINE 9b	LINE 9c

**PART I - LINE 20**

**OTHER CHANGES IN NET ASSETS FUND BALANCES.**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED LOSS ON INVESTMENTS	<u>(1,058,360)</u>
	LINE 20

**Part IV-Line 55a & 55b- Property and Equipment**

	Cost	Accumulated Depreciation	Net Book Value	Estimated Useful Lives inYears
Land	164,999	-	164,999	
Buildings	499,481	499,481	-	50 years
Building Improvements	3,419,035	1,191,291	2,227,744	3-20 years
Furniture & Equipment	953,133	634,250	318,883	2-15 years
<b>Total</b>	<b>5,036,648</b>	<b>2,325,022</b>	<b>2,711,626</b>	
	Line 57a	Line 57b	Line 57c	

**Part IV - Line 54 - Investments**

	June 30, 2001	
	Market Value	Cost
Listed securities and funds	3,251,460	4,001,281
Unrealized appreciation/ (depreciation)	-	(749,821)
<b>Total</b>	<b>3,251,460</b>	<b>3,251,460</b>
	Line 54	

**Part II - Line 42 - (from Statement 3) Depreciation**

<u>Description</u>	<u>Amount</u>	<u>Method</u>	<u>Life</u>
Building Improvements	222,829	S/L	3-20 Years
Furnishings & Equipment	98,073	S/L	2-15 Years
<b>Total</b>	<b>320,902</b>		
	Line 42		

**Lenox Hill Neighborhood House  
Part II - Statement of Functional Expenses  
June 30, 2001**

	Youth, Adult and Family Services	Older Adult Services	Community Services	Homeless Services	Fitness	Eliminations	Total Program Services	Mgmt and General	Fund Raising	Total Expenses
Salary and Wages	1,725,929	988,303	436,826	1,885,986	473,229	-	5,510,273	730,335	261,094	6,501,702
Payroll Taxes	284,629	262,347	117,628	478,350	124,349	-	1,267,303	117,654	59,644	1,444,601
<b>Subtotal</b>	<b>2,010,558</b>	<b>1,250,650</b>	<b>554,454</b>	<b>2,364,336</b>	<b>597,578</b>	<b>-</b>	<b>6,777,576</b>	<b>847,989</b>	<b>320,738</b>	<b>7,946,303</b>
<b>OTHER EXPENSES:</b>										
Professional Fees	133,150	39,409	44,385	167,459	28,839	(87,799)	325,443	223,870	81,096	630,409
Insurance	27,768	11,608	4,047	36,433	8,091	(12,811)	75,136	13,953	3,428	92,517
Program Activities	119,658	96,264	35,721	443,783	30,368	(410,367)	315,427	31,994	6,584	354,005
Occupancy	305,123	87,646	43,407	417,019	52,038	(223,731)	681,502	30,505	9,609	721,616
Expensed Equipment	16,402	77,850	3,764	46,955	2,798	-	147,769	3,431	683	151,883
Telephone	15,397	18,918	9,379	59,972	5,118	(1,190)	107,594	18,898	4,338	130,830
Office Supplies, Printing & Postage	38,063	35,510	16,045	39,422	14,402	(14,400)	129,042	32,447	52,086	213,575
Repairs and Materials	74,197	96,436	2,949	16,891	25,203	(43,105)	172,571	4,303	1,819	178,693
Food	275,829	112,637	2,456	275,274	369	(123,003)	543,562	12,502	2,365	558,429
Transportation	39,347	55,447	8,500	25,414	206	(7,459)	121,455	964	82	122,500
Staff Training	23,528	10,809	6,545	21,772	3,944	-	66,598	44,600	5,055	116,253
Payments to Subgrantees	-	15,000	-	105,765	-	-	120,765	-	-	120,765
<b>Total Other Expenses</b>	<b>1,068,462</b>	<b>657,534</b>	<b>177,198</b>	<b>1,656,159</b>	<b>171,376</b>	<b>(923,865)</b>	<b>2,806,864</b>	<b>417,466</b>	<b>167,145</b>	<b>3,391,475</b>
<b>Total Expenses before Depreciation</b>	<b>3,079,020</b>	<b>1,908,184</b>	<b>731,652</b>	<b>4,020,495</b>	<b>768,954</b>	<b>(923,865)</b>	<b>9,584,440</b>	<b>1,265,455</b>	<b>487,883</b>	<b>11,337,778</b>
Depreciation (Statement 2)	147,263	46,627	10,462	9,723	56,190	-	270,265	38,508	12,130	320,903
<b>Total Expenses</b>	<b>3,226,283</b>	<b>1,954,811</b>	<b>742,114</b>	<b>4,030,218</b>	<b>825,144</b>	<b>(923,865)</b>	<b>9,854,705</b>	<b>1,303,963</b>	<b>500,013</b>	<b>11,658,681</b>
Less Elimination entries	(443,455)	(101,625)	(46,193)	(332,592)	-	923,865	-	-	-	-
Less In-Kind Expenses	-	-	-	-	-	-	-	(107,236)	-	(107,236)
	<u>2,782,828</u>	<u>1,853,186</u>	<u>695,921</u>	<u>3,697,626</u>	<u>825,144</u>	<u>-</u>	<u>9,854,705</u>	<u>1,196,727</u>	<u>500,013</u>	<u>11,551,445</u>
	LINE 44 (B)	LINE 44 (C)	LINE 44 (D)	LINE 44 (A)						

**LENOX HILL NEIGHBORHOOD HOUSE**

**EIN: 13-1628180**

**List of Officers and Board of Directors**

<b>(A) NAME</b>	<b>(B) TITLE/# OF HOURS</b>	<b>(C) COMPENSATION</b>	<b>(D) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</b>	<b>(E) Expense</b>
Nancy Wackstein	Key Employee	137,579	12,742	-
Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	Exec Director 35			
Sydney Roberts Shuman	Chair	-	-	-
Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	As needed			
Diana Ronan Quasha	President	-	-	-
Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	As needed			
Renee Landegger	First Vice Pres	-	-	-
Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	As needed			
Allen R Adler	Vice President	-	-	-
Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	As needed			
Gary A Beller	Vice President	-	-	-
Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	As needed			
Timothy Collins	Vice President	-	-	-
Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	As needed			
Christina Pennoyer	Vice President	-	-	-
Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	As needed			
John Rosselli	Vice President	-	-	-
Lenox Hill Neighborhood				

**LENOX HILL NEIGHBORHOOD HOUSE**  
**EIN- 13-1628180**  
**List of Officers and Board of Directors**

<b>(A) NAME</b>	<b>(B) TITLE/# OF HOURS</b>	<b>(C) COMPENSATION</b>	<b>(D) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</b>	<b>(E) Expense</b>
331 East 70th Street New York, NY 10021	As needed			
David Wirtz Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	Vice President  As needed	-	-	-
Helene W Tilney Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	Secretary  As needed	-	-	-
Mal Barasch Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	Treasurer  As needed	-	-	-
Mark Kimsey Lenox Hill Neighborhood 331 East 70th Street New York, NY 10021	Assistant Treasurer  As needed	-	-	-

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.</b>		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>LENOX HILL NEIGHBORHOOD HOUSE, INC</b>	Employer identification number <b>13-1628180</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>331 EAST 70TH STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>NEW YORK, NY 10021</b>	

Check type of return to be filed (File a separate application for each return)

Form 990   
  Form 990-EZ   
  Form 990-T (sec 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 20 02

5 For calendar year \_\_\_\_\_, or other tax year beginning JULY 1, 20 00 and ending JUNE 30, 20 01

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension **INFORMATION REQUESTED FROM THIRD PARTIES IN ORDER TO COMPLETE THE RETURN IS STILL NOT AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) 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 *Derek Flanagan* Title CPA Date 2/12/02

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

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's 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 the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>MARKS PANETH &amp; SHRON LLP</b>
	Number and street (include suite, room, or apt no.) Or a P.O. box number <b>622 THIRD AVENUE</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NEW YORK, NY, 10017</b>

**EXTENSION APPROVED**  
**MAR 04 2002**  
LINDA WEISKOPF, FIELD DIRECTOR,  
MISSION PROCESSING, OGDEN,