

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 2001, and ending 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See specific instructions. CARNEGIE HILL NEIGHBORS, INC P O BOX 6479 NEW YORK, NY 10128

D Employer Identification Number 13-3300409 E Telephone number F Accounting method Cash [X] Accrual [ ] Other (specify)

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

H and I are not applicable to Section 527 organizations. H (a) Is this a group return for affiliates? Yes [ ] No [X] H (b) If yes enter number of affiliates H (c) Are all affiliates included? Yes [ ] No [ ] H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X] I Enter 4 digit group GEN M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site N/A

J Organization type (check only one) [X] 501(c) 3 (insert no) [ ] 4947(a)(1) or [ ] 527

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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 505,290

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns. Rows include: 1 Contributions gifts grants and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

RECEIVED SEP 12 2002 IRS OGDEN UT

SCANNED SEP 23 2002

REVENUE

EXPENSES

ASSETS

Handwritten mark '4P'

**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

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 (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25	46,731	21,029	11,683
26 Other salaries and wages	26	24,436	10,996	6,109
27 Pension plan contributions	27			
28 Other employee benefits	28	2,190	985	548
29 Payroll taxes	29	6,052	2,723	1,513
30 Professional fundraising fees	30			
31 Accounting fees	31	2,500	1,000	1,375
32 Legal fees	32	2,152	860	1,184
33 Supplies	33			
34 Telephone	34	4,790	2,395	1,916
35 Postage and shipping	35	1,199	240	599
36 Occupancy	36	20,224	9,099	7,079
37 Equipment rental and maintenance	37	3,296	1,289	1,147
38 Printing and publications	38	709	212	284
39 Travel	39			
40 Conferences, conventions and meetings	40			
41 Interest	41			
42 Depreciation depletion etc (attach schedule)	42	3,893		3,893
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 2	43a	294,690	271,586	11,499
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D) carry these totals to lines 13-15	44	412,862	322,414	48,829

Joint Costs Check  if you are following SOP 98.2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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**

What is the organization's primary exempt purpose? <u>PLANT &amp; MAINT PARK AVE MALLS</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a <u>PLANT &amp; MAINTAIN PARK AVENUE MALLS BETWEEN 86 ST &amp; 96 ST</u>  (Grants and allocations \$ _____)	97,412
b <u>PUBLISH NEWSLETTER TWICE EACH YEAR DISTRIBUTED FREE TO ALL NEIGHBORHOOD RESIDENTS</u>  (Grants and allocations \$ _____)	34,165
c <u>PUBLIC SAFETY</u>  (Grants and allocations \$ _____)	117,238
d <u>STREET SWEEP</u>  (Grants and allocations \$ _____)	22,681
e Other program services <u>SEE STATEMENT 3</u> (Grants and allocations \$ _____)	50,918
f Total of Program Service Expenses (should equal line 44, column (B) program services)	322,414

**Part IV Balance Sheets** (See instructions)

<b>Note</b>		<b>(A)</b>		<b>(B)</b>		
<i>Where required attached schedules and amounts within the description column should be for end of year amounts only</i>		Beginning of year		End of year		
<b>ASSETS</b>	45 Cash – non interest bearing		120,499	45	182,278	
	46 Savings and temporary cash investments			46		
	47a Accounts receivable	47a	23,186			
	b Less allowance for doubtful accounts	47b		6,266	47c	23,186
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes & loans receivable (attach sch)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			1,560	53	
	54 Investments – securities (attach schedule)				54	
	55a Investments – land, buildings, & equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments – other (attach schedule)				56		
57a Land, buildings and equipment basis	57a	34,762				
b Less accumulated depreciation (attach schedule)	57b	32,716				
58 Other assets (describe ▶ <u>STATEMENT 4 SEE STATEMENT 5</u> )			879	57c	2,046	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)			135,204	58	213,510	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses		36,275	60	47,571	
	61 Grants payable			61		
	62 Deferred revenue			62		
	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 ▶ _____)				65	
66 <b>Total liabilities</b> (add lines 60 through 65)			36,275	66	47,571	
<b>NET ASSETS OR FUND BALANCES</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		82,834	67	149,844	
	68 Temporarily restricted		16,095	68	16,095	
	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)			98,929	73	165,939	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)			135,204	74	213,510	

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.

BAA



**Part VI Other Information** (See specific instructions)

		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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination or substantial contraction during the year? If 'Yes,' attach a statement		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?		X
b If 'Yes,' enter the name of the organization: <u>N/A</u>			
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures. See line 31 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		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?		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 in Part III)		82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		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?		85b	N/A
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.			
c Dues, assessments and similar amounts from members		85c	N/A
d Section 162(e) lobbying and political expenditures		85d	N/A
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices		85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	N/A
g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		85g	N/A
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A
86	501(c)(7) organizations: Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts included on line 12, for public use of club facilities		86b	N/A
87	501(c)(12) organizations: Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, 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: <u>0</u> Section 4912: <u>0</u> Section 4955: <u>0</u>		
b 501(c)(3) and 501(c)(4) organizations: Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' 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		0	
d Enter Amount of tax on line 89c above, reimbursed by the organization		0	
90a	List the states with which a copy of this return is filed: <u>NEW YORK</u>		
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)		90b	2
91	The books are in care of: <u>ROBERT HENKLE</u> Telephone number: _____ Located at: <u>P O BOX 6479, NEW YORK NY</u> ZIP + 4: <u>10128</u>		
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 instructions)

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>ADVERTISING</b>	511120	23,171			
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					35,590
95 Interest on savings & temporary cash investments			14	7,665	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	35,997	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b <b>MISCELLANEOUS</b>					221
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		23,171		43,662	35,811
105 Total (add line 104, columns (B), (D), and (E))					102,644

**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 instructions)

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)
94 & 1	ACTIVITIES FOSTER COMMUNITY COHESION AND ACTIVISM TO SUPPORT OVERALL GOALS OF THE ORGANIZATION

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

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 8570 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date: 8/18/02  
 \_\_\_\_\_  
 President

Organization Exempt Under  
Section 501(c)(3)

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

2001

Department of the Treasury  
Internal Revenue Service

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

Name of the Organization

CARNEGIE HILL NEIGHBORS, INC

Employer Identification Number

13-3300409

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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
NONE				
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Total number of other employees paid over \$50,000 ▶

0

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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
NONE		
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Total number of others receiving over \$50,000 for professional services ▶

0

**Part III** Statements About Activities (See instructions)

	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 <b>▶ \$</b> <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(n) 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 substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
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)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<b>Note:</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.		

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

Provide the following information about the supported organizations. (See instructions.)

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

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

**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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	270,187	289,960	223,267	416,367	1,199,781
16 Membership fees received	24,775	65,145	45,625	36,586	172,131
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
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	8,507	9,219	12,576	7,762	38,064
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. SEE STMT 7	14,331	19,225	18,662	20,904	73,122
23 Total of lines 15 through 22	317,800	383,549	300,130	481,619	1,483,098
24 Line 23 minus line 17	317,800	383,549	300,130	481,619	1,483,098
25 Enter 1% of line 23	3,178	3,835	3,001	4,816	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24			N/A	
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.			26a	
	c Total support for Section 509(a)(1) test. Enter line 24, column (e).			26b	
	d Add: Amounts from column (e) for lines 18 _____ 19 _____			26c	
	22 _____ 26b _____			26d	
	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, prepare a list for your records to show the name of, and total amounts received in each year from each disqualified person. Do not file this list with your return. Enter the sum of such amounts for each year.				
	(2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0				
	b For any amount included in line 17 that was received from each person (other than disqualified persons) prepare a list for your records 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.) Do not file this list with your return. 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.				
	(2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0				
	c Add: Amounts from column (e) for lines 15 _____ 1,199,781 16 _____ 172,131				
	17 _____ 20 _____ 21 _____				
	d Add: Line 27a total _____ 0 and line 27b total _____ 0				
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)   27f   1,483,098				
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))   27g   92.50 %				
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))   27h   2.57 %				
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.				

**Part V Private School Questionnaire** (See 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?	32a	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
	c Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions programs and scholarships?	32c	
	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 ) ----- -----	32d	
33	Does the organization discriminate by race in any way with respect to		
	a Students rights or privileges?	33a	
	b Admissions policies?	33b	
	c Employment of faculty or administrative staff?	33c	
	d Scholarships or other financial assistance?	33d	
	e Educational policies?	33e	
	f Use of facilities?	33f	
	g Athletic programs?	33g	
	h Other extracurricular activities?  If you answered 'Yes' to any of the above please explain (if you need more space attach a separate statement ) ----- -----	33h	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
	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	34b	
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. 537 covering racial nondiscrimination? If No attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed Only by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked 'a' and limited control' provisions apply

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions )  
 (For reporting only by organizations that did not complete Part VI A)

N/A

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			
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)			

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



Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Supplementary information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of Organization

CARNEGIE HILL NEIGHBORS, INC

Employer Identification Number

13-3300409

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7) (5) or (10) organization can check box(es) for both the general rule and a special rule - see instructions)

General Rule -

For organizations filing Form 990, 990 EZ or 990 PF that received, during the year, \$5 000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

For a Section 501(c)(3) organization filing Form 990 or Form 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor during the year a contribution of the greater of \$5 000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a Section 501(c)(7) (8) or (10) organization filing Form 990 or Form 990 EZ that received from any one contributor during the year, aggregate contributions or bequests of more than \$1 000 for use *exclusively* for religious, charitable, scientific, literary or educational purposes or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a Section 501(c)(7) (8) or (10) organization filing Form 990 or Form 990 EZ, that received from any one contributor during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes but these contributions did not aggregate to more than \$1,000 (If this box is checked enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc contributions of \$5 000 or more during the year) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990 990 EZ or 990 PF) but must check the box in the heading of their Form 990 Form 990 EZ or on line 1 of their Form 990 PF to certify that they do not meet the filing requirements of Schedule B (Form 990 990 EZ or 990 PF)

BAA

Schedule B (Form 990, 990 EZ or 990 PF) (2001)

Name of Organization

Employer Identification Number

CARNEGIE HILL NEIGHBORS, INC

13-3300409

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VARIOUS UNDER \$5,000 ----- ----- -----	\$ 377,228	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)



<b>Name of Organization</b> CARNEGIE HILL NEIGHBORS INC	<b>Employer Identification Number</b> 13-3300409
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions) ▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

## CARNEGIE HILL NEIGHBORS, INC

13-3300409

STATEMENT 1  
FORM 990, PART I, LINE 9  
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRIBUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
SPRING PARTY	61,415	0	61,415	25,418	35,997
TOTALS	<u>\$ 61,415</u>	<u>\$ 0</u>	<u>\$ 61,415</u>	<u>\$ 25,418</u>	<u>\$ 35,997</u>

STATEMENT 2  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	550	247	138	165
COMMITTEE EXP	170		170	
CONTRIBUTIONS	1,925	1,925		
DUES & SUBSCRIPTIONS	540		405	135
GARDEN MAINTENANCE	50,918	50,918		
GARDEN SUPPLIES	38,660	38,660		
INSURANCE	3,162	1,898	632	632
LANDMARK PRESORATION	37,154	37,154		
LOCAL TRANSPORTATION	743			743
MISCELLANEOUS	5,135	2,310	1,284	1,541
NEWSLETTER EXPENSES	21,314	21,314		
OFFICE EXPENSES	3,463	1,558	866	1,039
PATROL COSTS	103,226	103,226		
PAYROLL SERVIVCES	843	379	211	253
STREET CLEANING EXPENSES	10,750	10,750		
TEMPORARY HELP	15,039	752	7,519	6,768
UTILITIES	1,098	495	274	329
TOTAL	<u>\$ 294,690</u>	<u>\$ 271,586</u>	<u>\$ 11,499</u>	<u>\$ 11,605</u>

STATEMENT 3  
FORM 990, PART III LINE E  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
LANDMARK PRESERVATION	<u>\$ 0</u>	<u>\$ 50,918</u>

CARNEGIE HILL NEIGHBORS, INC

13-3300409

STATEMENT 4  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM DEPREC.</u>	<u>BOOK VALUE</u>
FURNITURE AND FIXTURES	\$ 34,762	\$ 32,716	\$ 2,046
TOTAL	<u>\$ 34,762</u>	<u>\$ 32,716</u>	<u>\$ 2,046</u>

STATEMENT 5  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

SECURITY DEPOSIT		\$ 6,000
TOTAL		<u>\$ 6,000</u>

STATEMENT 6  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
LO VAN DER VALK P O BOX 6479 NEW YORK NY 10128	PRESIDENT 30	\$ 46,731	\$ 0	\$ 0
BARBARA COFFEY 17 EAST 95 STREET NEW YORK NY 10128	VP ADMIN NONE	0	0	0
RONALD SPENCER 1112 PARK AVENUE NEW YORK NY 10128	COUNSEL NONE	0	0	0
MARGARET TERNES 17 EAST 89 STREET NEW YORK NY 10128	SECRETARY NONE	0	0	0
ROBERT L HENKLE 1130 PARK AVENUE NEW YORK, NY 10128	TREASURER NONE	0	0	0
TOTAL		<u>\$ 46,731</u>	<u>\$ 0</u>	<u>\$ 0</u>

CARNEGIE HILL NEIGHBORS, INC.

13-3300409

STATEMENT 7  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
PROGRAM REVENUE	\$ 14 331	\$ 14 180	\$ 13 628	\$ 16,664	\$ 58,803
MISCELLANEOUS	0	0	5,034	4,240	9,274
	0	5 045	0	0	5,045
TOTAL	<u>\$ 14 331</u>	<u>\$ 19 225</u>	<u>\$ 18,662</u>	<u>\$ 20,904</u>	<u>\$ 73,122</u>

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization		Employer Identification Number
	CARNEGIE HILL NEIGHBORS INC		13-3300409
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions		
	P O BOX 6479		State ZIP Code
City, Town, or Post Office. For a foreign address, see instructions			
NEW YORK, NY 10128			

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL         | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ         | <input type="checkbox"/> Form 990 T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF         | <input type="checkbox"/> Form 1041 A                                 | <input type="checkbox"/> Form 8870 |

- 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 will cover.

1 I request an automatic 3 month (6 month for 990-T corporation) extension of time until 11/15 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 01 or
- ▶  tax year beginning \_\_\_\_\_ 20 \_\_\_\_ and ending \_\_\_\_\_ 20 \_\_\_\_

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

3a 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. \$ 0

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0

c **Balance Due** Subtract line 3b from line 3a. 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. \$ 0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this return, 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: *Michael J. Hatcher* Title: CPTA Date: 1/1/02

BAA For Paperwork Reduction Act Notice, see instructions

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: CARNEGIE HILL NEIGHBORS, INC. Employer Identification Number: 13-3300409. Address: P O BOX 6479, NEW YORK NY 10128.

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

Form 990 (checked), Form 990 EZ, Form 990 T, 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 organizations four digit Group Exemption Number (GEN).

I request an additional 3 month extension of time until 11/15 20 02. For calendar year 2001 or other tax year beginning 20 and ending 20. Reason: ORGANIZATION HAS NOT COMPLETED CERTIFIED AUDIT REQUIRED BY NEW YORK STATE LAW NECESSARY FOR FILING A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720 or 6069 enter the tentative tax, less any non-refundable credits. 8b If this application is for Form 990 PF, 990 T, 4720 or 6069 enter any refundable credits and estimated tax payments made. 8c Balance due.

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: Michael J. Hatcher, CPA Date: 8/1/02

Notice to Applicant - To be Completed by the IRS

Options for IRS approval: We have approved this application... We have not approved this application... We cannot consider this application because it was filed after the due date... Other.

Director 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

Name: WILFRED WYLER & CO CPA'S P C. Address: 122 EAST 42ND STREET, NEW YORK, NY 10168.