EXTENSION ATTACHED

Form **990**

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning 07/01, 2001, and ending 06/30, 20 02

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

C Name of organization: LENOX HILL NEIGHBORHOOD HOUSE, INC.

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

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

D Employer identification number: 13-1628180

E Telephone number: (212)744-5022

F Accounting method ☐ Cash ☒ 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

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

H(c) Are all affiliates included? ☐ Yes ☒ No (If "No" attach a list See instructions)

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

G Web site ▶ www.lenoxhill.org

J Organization type (check only one) ▶ ☒ 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

I Enter 4-digit GEN ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 13,653,984

M Check ▶ ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ or 990-PF)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	3,022,255		
	b	Indirect public support	1b	79,456		
	c	Government contributions (grants)	1c	7,728,249		
	d	Total (add lines 1a through 1c) (cash $ 10,823,211 noncash $ 6,749)			1d	10,829,960
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	1,144,416
	4	Interest on savings and temporary cash investments			4	26,694
	5	Dividends and interest from securities			5	62,400
	6a	Gross rents	6a	66,515		
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	66,515
	7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory STATEMENT 1	1,218,759	8a	w
b	Less cost or other basis and sales expenses	1,305,095	8b	
c	Gain or (loss) (attach schedule)	(86,336)	8c	0

Revenue	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	(86,336)
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ 1,260,493 of contributions reported on line 1a)	9a	189,215		
	b	Less direct expenses other than fundraising expenses STMT.4	9b	413,893		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	(224,678)
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	116,025
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	11,934,996
Expenses	13	Program services (from line 44, column (B))			13	10,378,526
	14	Management and general (from line 44, column (C))			14	1,218,348
	15	Fundraising (from line 44, column (D))			15	555,738
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	12,152,612
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	(217,616)
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	6,895,537
	20	Other changes in net assets or fund balances (attach explanation) STATEMENT 1			20	(611,087)
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	6,066,834

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For Paperwork Reduction Act Notice, see the separate instructions

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Part II **Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ______ noncash $ ______)	22	NONE	NONE		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26		STATEMENT 2		
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize) a ______	43a	12,152,612	10,378,526	1,218,348	555,738
b ______	43b				
c ______	43c				
d ______	43d				
e ______	43e				
44 Total functional expenses (add lines 22 through 43) *Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.*	44	12,152,612	10,378,526	1,218,348	555,738

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** (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? ▶ **SEE A-D BELOW** All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a **YOUTH AND FAMILY SERVICES-Early Childhood Center: Afterschool programs; Teen Center providing academic support,recreation and career preparation; family services and camp programs** (Grants and allocations $ **NONE**)	3,027,337
b **OLDER ADULT SERVICES-Two senior citizen centers, case management services, adult day care programs, home care and housekeeping services; East Side Transportation program** (Grants and allocations $ **NONE**)	2,104,245
c **COMMUNITY SERVICES & EDUCATION-Computer Education Laboratory; vocational Services; Neighborhood Information Action Center, providing information,referrals and case management services; Community Organizing** (Grants and allocations $ **NONE**)	781,127
d **HOMELESS SERVICES-Operate Women's Shelter at the Park Avenue Armory, Homeless Outreach Program,Coordinate Homeless Services on the Upper East Side of Manhattan through East Side Homeless Network; Provides transitional housing; & operates 54-bed facility** (Grants and allocations $ **NONE**)	3,691,443
e Other program services (attach schedule) (Grants and allocations $ **STATEMENT 2 NONE**)	774,374
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	10,378,526

Part IV Balance Sheets (See Specific Instructions on page 24)

	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
Assets	45	Cash — non-interest-bearing AND INTEREST BEARING			1,176,347	45	1,528,864
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a	758,189			
	b	Less allowance for doubtful accounts	47b		944,727	47c	758,189
	48a	Pledges receivable	48a	78,250			
	b	Less allowance for doubtful accounts	48b		216,834	48c	78,250
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			24,532	53	47,097
	54	Investments — securities (attach schedule) ▶ ☐ Cost ☒ FMV			3,251,460	54	2,403,100
	55a	Investments — land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments — other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	4,990,608			
	b	Less accumulated depreciation (attach schedule) STATEMENT 1	57b	2,288,028	2,711,626	57c	2,702,580
	58	Other assets (describe ▶)				58	
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			8,325,526	59	7,518,080
Liabilities	60	Accounts payable and accrued expenses			1,025,338	60	1,078,491
	61	Grants payable				61	
	62	Deferred revenue			404,651	62	372,755
	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	**Total liabilities** (add lines 60 through 65)			1,429,989	66	1,451,246
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			6,334,353	67	5,404,392
	68	Temporarily restricted			561,184	68	662,442
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			6,895,537	73	6,066,834
	74	**Total liabilities and net assets/fund balances** (add lines 66 and 73)			8,325,526	74	7,518,080

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

Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 26.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	11,458,826
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments $ (611,087)		
	(2) Donated services and use of facilities $ 147,091		
	(3) Recoveries of prior year grants $		
	(4) Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	(463,996)
c	Line a minus line b ▶	c	11,922,822
d	Amounts included on line 12, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 $ 12,174		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	12,174
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	11,934,996

Part IV-B **Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements ▶	a	12,287,529
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities $ 147,091		
	(2) Prior year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	147,091
c	Line a minus line b ▶	c	12,140,438
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 $ 12,174		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	12,174
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	12,152,612

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 26.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 3				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule — see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ THE CARING NEIGHBOR, INC. and check whether it is ☒ exempt OR ☐ nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions — 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 in Part III) — 82b 147,091			
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?	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 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 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) 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 ▶ **NEW YORK**

b Number of employees employed in the pay period that includes March 12, 2001 (See instructions) 90b **232**

91 The books are in care of ▶ **ORGANIZATION** Telephone no ▶ **(212)744-5022**

Located at ▶ **331 EAST 70TH ST. NEW YORK, NY** ZIP + 4 ▶ **10021**

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 **N/A**

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note: 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					1,144,416
95 Interest on savings and temporary cash investments			14	26,694	
96 Dividends and interest from securities			14	62,400	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	66,515	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	(86,336)	
101 Net income or (loss) from special events			01	(224,678)	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a COURIER SERVICE					59,948
b MISCELLANEOUS			03	12,438	
c OTHER			01	43,631	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				(99,336)	1,204,364
105 Total (add line 104, columns (B), (D), and (E)) ►					1,105,028

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 32.)

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	FEES CHARGED TO INDIVIDUALS PARTICIPATING IN THE ORGANIZATION'S PROGRAMS
103 a	COURIER SERVICE IS A VOCATIONAL TRAINING PROGRAM

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(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	%	N/A		
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

(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)*

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

[redacted] 5/5/03

Date

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2001

Name of the organization: **LENOX HILL NEIGHBORHOOD HOUSE, INC.**

Employer identification number: **13-1628180**

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

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOSEPH GIRVEN 331 E. 70TH STREET NEW YORK, NY 10021	DEPUTY EXECUTIVE DIRECTOR OF FINANCE 35	101,496	4,179	NONE
LYNN APPELBAUM 331 E. 70TH STREET NEW YORK, NY 10021	DEPUTY EXECUTIVE DIR. OF PROG.AND DEVELOP. 35	91,681	4,711	NONE
MARTHA DORN 331 E. 70TH STREET NEW YORK, NY 10021	ASSOCIATE DIRECTOR OF DEVELOP.AND PUBLIC RELATIONS 35	81,392	3,264	NONE
ANGEL BLANCO 331 E. 70TH STREET NEW YORK, NY 10021	DIRECTOR OF FACILITIES 35	78,461	5,298	NONE
TENIANNE FRANK 331 E.70TH STREET NEW YORK,NY 10021	DIRECTOR OF HOMELESS SERVICES 35	76,279	3,491	NONE
Total number of other employees paid over $50,000 ▶	12			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 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
SHAKIN,LICHTY & BOREYKO ASSOC. 60 MADISON AVENUE,ROOM 1217,NY,NY 10010	FUNDRAISING	79,445
LENOX HILL HOSPITAL 163 EAST 84TH STREET NEW YORK, NY 10028	MEDICAL (SHELTER PGM)	59,248
TAILORED TECHNOLOGIES 622 THIRD AVENUE NEW YORK, NY 10013	TECHNOLOGY	57,127
GEORGE TRESCHER ASSOCIATES INC. 111 LEXINGTON AVENUE NEW YORK, NY 10010	FUNDRAISING	54,383
Total number of others receiving over $50,000 for professional services ▶	NONE	

Part III **Statements About Activities** (See page 2 of the 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 ▶ $ ______ **(Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)**	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 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?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? KEY EMPLOYEE	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See **Note** below)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4	x	

Note. *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 pages 3 through 6 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)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☒ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions — subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3))

Provide the following information about the supported organizations (See page 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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	10,208,330	10,112,202	8,776,313	8,130,156	37,227,001
16 Membership fees received	982,768	941,373	1,051,394	940,538	3,916,073
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	110,168	824,414	555,748	581,779	2,072,109
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	330,738	612,132	235,025	437,197	1,615,092
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	11,632,004	12,490,121	10,618,480	10,089,670	44,830,275
24 Line 23 minus line 17	11,521,836	11,665,707	10,062,732	9,507,891	42,758,166
25 Enter 1% of line 23	116,320	124,901	106,185	100,897	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a

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 ▶ 26b

NOT APPLICABLE

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 ______ 19 ______ 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) 524,925 (1999) 598,143 (1998) 453,346 (1997) 364,256

b For any amount included in line 17 that was received from each person (other than "disqualified person"), 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) 171,926 (1998) 43,815 (1997) 0

c Add Amounts from column (e) for lines 15 37,227,001 16 3,916,073 17 2,072,109 20 ______ 21 ______ ▶ 27c 43,215,183

d Add Line 27a total 1,940,670 and line 27b total 215,741 ▶ 27d 2,156,411

e Public support (line 27c total minus line 27d total) ▶ 27e 41,058,772

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f 44,830,275

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator)).** ▶ 27g 91.59 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 3.60 %

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

STF FED1955F 3

Part V **Private School Questionnaire** (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) **N/A**

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
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?	30		
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?	31		
	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?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	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?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	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 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the 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

	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		
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		

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
Over $17,000,000	$1,000,000

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 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(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 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 12 of the instructions)

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

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

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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

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

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

b If "Yes," complete the following schedule

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

LENOX HILL NEIGHBORHOOD HOUSE,INC
EIN 13-1628180

Part 1-Line 8C

	ORIGINAL COST OR OTHER BASIS	PROCEEDS	REALIZED G OR (L)
REALIZED LOSS ON SALE OF SECURITIES	1 305,095	1 218 759	(86 336)

Part I-Line 20

UNREALIZED LOSS ON INVESTMENTS	(611,087)
	(611,087)

Part IV-Line 55a & 55b- Property and Equipment	Cost	Accumulated Depreciation	Net Book Value	Estimated Useful Lives In Years
Land	164 999	-	164 999	
Buildings	499 481	499,481	-	50 years
Building Improvements	3 336 565	1,055,760	2,280,805	3-20 years
Furniture & Equipment	989 563	732 787	256,776	5-10 years
Total	4,990 608	2,288,028	2,702,580	
	Line 57a	Line 57b	Line 57c	

X \K-L\Lenox Hill Neighborhood House\2002\2002 Tax\[Stmt 1.xls]Sheet1

LENOX HILL NEIGHBORHOOD HOUSE, INC
EIN 13-1628180

For the Year Ended June 30, 2002

	Program Services						Supporting Services		
	Youth, Adult and Family Services	Older Adult Services	Community Services and Education	Homeless Services	Fitness	Total Program Services	Management and General	Fund Raising	Total 2002
Payroll	$ 1,843 526	$ 1,134,413	$ 444,659	$ 1,849,714	$ 430,345	$ 5,702,657	$ 756 827	$ 296,906	$ 6,756,390
Payroll taxes and benefits	337 392	325,498	130 324	493 376	128 341	1 414 931	183 452	68,904	1,667 287
Total Salaries and Related Costs	2,180 918	1,459,911	574,983	2,343,090	558,686	7,117 588	940 279	365 810	8,423 677
Professional fees	73,075	64 658	63,239	183,776	24 148	408,898	225 652	98,152	732 700
Insurance	28,745	12 772	3,831	24 584	8 059	77,991	13 464	3 559	95,014
Program activities	83,317	17,117	32,919	77,958	22 210	233,521	8,678	4,405	246,604
Occupancy	134 623	162 167	38,602	416,804	52 026	804 222	32 389	10 202	846,813
Expensed equipment	33 021	2 935	4,532	32 269	1 997	74,754	7,792	859	83,405
Telephone	22,935	24 021	11,218	78,397	8 702	145 273	12,711	6,323	164 307
Office supplies, printing and postage	30,228	41 800	16,284	31,579	8 824	128 715	14 812	46 734	190,261
Repairs and materials	86,087	22 051	14 265	19 578	28 137	170,118	9,069	2,857	182 044
Food	151,229	169,482	995	308,516	205	630,427	8,574	670	639,671
Transportation	33,728	56 440	7,687	17,867	84	115,806	1,640	17	117,463
Staff training	15,772	7,238	1 656	25 497	2 665	52,828	38,024	3 493	94,345
Payments to subgrantees	-	15,000	-	121,382	-	136 382	-	-	136,382
Total Expenses Before Depreciation	2 873 678	2 055,592	770 211	3 681,297	715,743	10 096,521	1,313,084	543 081	11 952 686
Depreciation	153,659	48,653	10 916	10,146	58 631	282,005	40 181	12,657	334 843
TOTAL EXPENSES	3 027 337	2,104,245	781,127	3,691,443	774,374	10,378 526	1 353 265	555 738	12 287 529
LESS									
DONATED SERVICES	-	-	-	-	-	-	(147,091 00)		(147 091 00)
ADD									
INVESTMENT FEES	-	-	-	-	-	-	12,174	-	12 174
TOTALS PER 990	$ 3 027,337	$ 2,104 245	$ 781,127	$ 3,691,443	$ 774 374	$ 10 378 526	$ 1 218 348	$ 555,738	$ 12,152 612
						<PartII Ln 43b>	<PartII Ln 43c>	<PartII Ln 43d>	<PartII Ln 43a>

STATEMENT 2

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

(A) NAME	(B) TITLE/# OF HOURS		(D) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	(E) Expense
Nancy Wackstein	Key Employee Exec Director 35	137 579	12,742	-
Sydney Roberts Shuman	Chair/As needed	-	-	-
Diana Ronan Quasha	President/As needed	-	-	-
Renee Landegger	First Vice Pres./As needed	-	-	-
Allen R Adler	Vice President/As needed	-	-	-
Gary A. Beller	Vice President/As needed	-	-	-
Timothy Collins	Vice President/As needed	-	-	-
Christina Pennoyer	Vice President/As needed	-	-	-
John Rosselli	Vice President/As needed	-	-	-
David Wirtz	Vice President/As needed	-	-	-
Helene W Tilney	Secretary/As needed	-	-	-
Mal Barasch	Treasurer/As needed	-	-	-
Mark Kimsey	Assistant Treasurer/As needed	-	-	-
Charles Ayres	As needed	-	-	-
Harold d'O Baker (Nancy)	As needed	-	-	-
Jane U Bayard	As needed	-	-	-
Bryan York Colwell	As needed	-	-	-
Thompson Dean	Assistan treasurer/As needed	-	-	-
Honorable David N Dinkin	As needed	-	-	-
Jonathan Gargiulo	As needed	-	-	-
Helene D Goldfarb	As needed	-	-	-
Barbara Hemmerle Gollust	As needed	-	-	-
Roger L Greif MD	As needed	-	-	-
Jay V Grimm	As needed	-	-	-
Martin Gruss (Audrey)	As needed	-	-	-
Jane S Hoffman	As needed	-	-	-
Amabel B James (Arnie)	As needed	-	-	-
Katherine Kahan	As needed	-	-	-
Robert Kerrigan	As needed	-	-	-
Henry Lambert	As needed	-	-	-
Courtland C Lee	As needed	-	-	-

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

(A) NAME	(B) TITLE/# OF HOURS		(D) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	(E) Expense
John H Manice	As needed	-	-	-
David C Masket (Joan)	As needed	-	-	-
Gordon B Pattee (Dailey)	2004 Vice president/As needed	-	-	-
Martin D Raab	As needed	-	-	-
Phyllis C Robinson	As needed	-	-	-
Guy G Rutherfurd, Jr	As needed	-	-	-
Nanna Lydiker Stern	As needed	-	-	-
Simon Taylor	As needed	-	-	-
Charles S Warren	As needed	-	-	-
Hedi H White	As needed	-	-	-
Bunny Williams	As needed	-	-	-
David M Wirtz	Vice president/As needed	-	-	-
Stanley Zabar(Judith M)	As needed	-	-	-

*ALL ADDRESS AARE IN C/O LENOX HILL NEIGHBORHOOD HOUSE INC
331 EAST 70TH STREET
NEW YORK, NY 10021

LENOX HILL NEIGHBORHOOD HOUSE,INC
EIN 13-1628180
FORM 990 FYE 6/30/02

Special Events Form 990 (Line 9a-9c)

Description	Gross Receipts	Contribution Portion	Gross Revenue	Direct Expense	Net Income or (Loss)
Spring Gala	$ 619,172	$ 551,932	$ 67,240	$ 147,976	$ (80,736)
Holiday Bazaar	458,174	439,224	18,950	121,028	(102,078)
Spring Asso	98,590	63,670	34,920	45,772	(10,852)
Other	273,772	205,667	68,105	99,117	(31,012)
	$ 1,449,708	$ 1,260,493	$ 189,215	$ 413,893	$ (224,678)
			(a)	(b)	(c)

/

STATEMENT 4

Form 8868 (12-2000) 0206 Page 2

- 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)

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

Type or print. File by the extended due date for filing the return. See instructions	Name of Exempt Organization: LENOX HILL NEIGHBORHOOD HOUSE, INC	Employer identification number: 13-1628180
	Number, street, and room or suite no If a P O box, see instructions: 331 East 70th Street	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions: New York, NY 10021	

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

[X] 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 03

5 For calendar year ______ , or other tax year beginning JULY 1, 20 01 and ending JUNE 30, 20 02

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 ▶ [signature] Title ▶ CPA Date 2/5/2003

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

RECEIVED FEB 19 2003 OGDEN, UT IRS-OSC

Director ______ By ______ Date

EXTENSION APPROVED FEB 27 2003 LINDA WEISKOPF, FIELD DIRECTOR SUBMISSION PROCESSING, OGDEN

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: ATTN: SANDY PAILLERE 12TH FLOOR, MARKS PANETH & SHRON LLP
	Number and street (include suite, room, or apt. no) Or a P O box number: 622 THIRD AVENUE
	City or town, province or state, and country (including postal or ZIP code): NEW YORK, NY 10017