

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)

OMB No 1545-0047

2007

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 2007 calendar year, or tax year beginning **and ending**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
NEIGHBORHOOD INITIATIVES DEVELOPMENT CORPORATION, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2523 OLINVILLE AVE
 City or town, state or country, and ZIP + 4
BRONX, NY 10467

D Employer identification number
13-3110811

E Telephone number
(718) 231-9800

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).

G Website: ▶ **WWW.NIDCNY.ORG**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

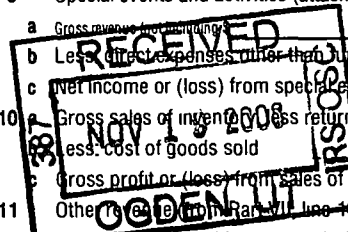
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,176,903.**

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

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ **N/A**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	2,000.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	1,031,656.	
	e	Total (add lines 1a through 1d) (cash \$ 1,033,656. noncash \$)	1e		1,033,656.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		143,235.
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		12.
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a			
		8b			
		8c			
8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including) of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
9c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory less returns and allowances	10a			
10b	Less: cost of goods sold	10b			
10c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,176,903.	
Expenses	13	Program services (from line 44, column (B))	13		1,115,158.
	14	Management and general (from line 44, column (C))	14		138,296.
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		1,253,454.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-76,551.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		-43,745.
	20	Other changes in net assets or fund balances (attach explanation)	20		0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		-120,296.



SCANNED DEC 16 2008

NEIGHBORHOOD INITIATIVES DEVELOPMENT CORPORATION, INC.

Form 990 (2007)

13-3110811 Page 2

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> •) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	144,410.	72,205.	72,205.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	741,327.	689,434.	51,893.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	4,102.	3,445.	657.	
29 Payroll taxes	65,858.	61,248.	4,610.	
30 Professional fundraising fees				
31 Accounting fees		0.	0.	
32 Legal fees				
33 Supplies	77,769.	75,436.	2,333.	
34 Telephone	14,406.	13,974.	432.	
35 Postage and shipping	1,913.	1,855.	58.	
36 Occupancy	18,460.	17,907.	553.	
37 Equipment rental and maintenance	29,299.	28,420.	879.	
38 Printing and publications	2,218.	2,152.	66.	
39 Travel	8,594.	8,336.	258.	
40 Conferences, conventions, and meetings	4,393.	4,261.	132.	
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	5,132.	4,978.	154.	
43 Other expenses not covered above (itemize):				
a PROFESSIONAL FEES	21,075.	20,443.	632.	
b INSURANCE	16,929.	16,421.	508.	
c LOAN REPAY	72,679.	70,499.	2,180.	
d ADVERTISING	100.	97.	3.	
e FOOD	9,701.	9,410.	291.	
f BANK FEES	250.	243.	7.	
g MISCELLANEOUS EXPENSE	14,839.	14,394.	445.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,253,454.	1,115,158.	138,296.	0.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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12-27-07

Form 990 (2007)

**NEIGHBORHOOD INITIATIVES DEVELOPMENT
CORPORATION, INC.**

Form 990 (2007)

13-3110811 Page 3

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? NEIGHBORHOOD IMPROVEMENT	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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)	
a HOUSING AND NEIGHBORHOOD PRESERVATION- GENERAL INFORMATION ASSISTANCE TO TENANT ORGANIZATIONS INDIVIDUAL TENANTS AND LANDLORDS ENCOURAGE HOUSING REHABILITATION	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	263,848.
b YOUTH ACTIVITIES- PROGRAM CONSISTING OF TEAM SPORTS, INDIVIDUAL/GROUP COUNSELING, JOB READINESS LITERACY DEVELOPMENT, ARTS & CRAFTS, HOMEWORK HELP, CULTURAL TRIPS, AND SUMMER CAMPS	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	641,486.
c CRIME PREVENTION- MOBILIZE COMMUNITY TO ACTIVELY PARTICIPATE IN ANTI-CRIME ACTIVITIES, DEVELOP BETTER COMMUNITY-LAW ENFORCEMENT RELATIONSHIP TO REDUCE CRIME	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	26,683.
d COMMERCIAL REVITILIZATION- TO PROVIDE SUPPORT SERVICES TO COMMERCIAL ESTABLISHMENTS AND ENCOURAGE PRIVATE INVESTMENT	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	183,141.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,115,158.

Form 990 (2007)

**NEIGHBORHOOD INITIATIVES DEVELOPMENT
CORPORATION, INC.**

Form 990 (2007)

13-3110811 Page 4

Part IV Balance Sheets (See the instructions.)

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	33,549.	45	27,588.
	46	Savings and temporary cash investments		46	631.
	47 a	Accounts receivable	85,992.		
	b	Less: allowance for doubtful accounts		47c	85,992.
	48 a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	600.
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable	10,000.		
	b	Less: allowance for doubtful accounts STMT 1		51c	10,000.
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	3,519.	53	
	54 a	Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b	Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a	Investments - land, buildings, and equipment, basis		55a		
b	Less accumulated depreciation		55b	55c	
56	Investments - other		56		
57 a	Land, buildings, and equipment basis	241,463.			
b	Less: accumulated depreciation STMT 2	214,290.	57c	27,173.	
58	Other assets, including program-related investments (describe ▶ _____)		58		
59	Total assets (must equal line 74). Add lines 45 through 58	107,992.	59	151,984.	
Liabilities	60	Accounts payable and accrued expenses	118,337.	60	153,136.
	61	Grants payable		61	
	62	Deferred revenue	33,400.	62	83,294.
	63	Loans from officers, directors, trustees, and key employees STMT 3		63	20,750.
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable STMT 4		64b	15,100.
	65	Other liabilities (describe ▶ _____)		65	0.
66	Total liabilities. Add lines 60 through 65	151,737.	66	272,280.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	-64,270.	67	-120,296.
	68	Temporarily restricted	20,525.	68	0.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	-43,745.	73	-120,296.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	107,992.	74	151,984.

Form 990 (2007)

NEIGHBORHOOD INITIATIVES DEVELOPMENT CORPORATION, INC.

Form 990 (2007)

13-3110811 Page 7

Part VI Other Information <i>(continued)</i>		Yes	No
82 a	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
	82a		
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		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	83a		
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A	84b	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A	85b	
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?	N/A	85g
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?	N/A	85h
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 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/> .		
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 <input type="text" value="0."/> .		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0."/> .		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <input type="text" value="NY"/>		
b	Number of employees employed in the pay period that includes March 12, 2007 <input type="text" value="28"/>	90b	28
91 a	The books are in care of <input type="text" value="WILLIAM FOSTER"/> Telephone no. <input type="text" value="(718) 231-9800"/> Located at <input type="text" value="2523 OLINVILLE AVE, BRONX, NY"/> ZIP + 4 <input type="text" value="10467"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text" value="N/A"/>	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Form 990 (2007)

NEIGHBORHOOD INITIATIVES DEVELOPMENT CORPORATION, INC.

Form 990 (2007)

13-3110811 Page 8

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

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 the instructions)

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a AFTER SCHOOL ACTIVITIES					143,235.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	12.	
96 Dividends and 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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		12.	143,235.
105 Total (add line 104, columns (B), (D), and (E))					143,247.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the 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).
93A	PROVIDED GAMES, HOMEWORK HEALTH, AND AFTER-SCHOOL ACTIVITIES IN THE AREA FOR NEIGHBORHOOD IMPROVEMENT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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 the 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 8870 and Form 4720 (see instructions)

Form 990 (2007)

NEIGHBORHOOD INITIATIVES DEVELOPMENT CORPORATION, INC.

Form 990 (2007)

13-3110811 Page 9

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here: *William Foster* Signature of officer, Date: *11/7/08*

Type or print name and title: *William Foster Executive Director*

Paid Preparer's Use Only: Preparer's signature: *[Signature]*, Date: *11/7/08*, Check if self-employed: , Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: *LOEB & TROPER LLP*, *655 THIRD AVENUE, 12TH FLOOR*, *NEW YORK, NY 10017*

EIN: _____, Phone no.: *(212) 867-4000*

Form 990 (2007)

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 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

2007

Name of the organization **NEIGHBORHOOD INITIATIVES DEVELOPMENT CORPORATION, INC.** Employer identification number **13 3110811**

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
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A 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
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

NEIGHBORHOOD INITIATIVES DEVELOPMENT

Part III Statements About Activities (See page 2 of the instructions.)

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.)

	Yes	No
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?
- b Lending of money or other extension of credit?
- c Furnishing of goods, services, or facilities?

SEE STATEMENT 6

- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990
- e Transfer of any part of its income or assets?

2a		X
2b		X
2c	X	
2d	X	
2e		X

3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a		X
----	--	---

b Did the organization have a section 403(b) annuity plan for its employees?

3b		X
----	--	---

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c		X
----	--	---

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d		X
----	--	---

4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a		X
----	--	---

b Did the organization make any taxable distributions under section 4966?

N/A

4b		
----	--	--

c Did the organization make a distribution to a donor, donor advisor, or related person?

N/A

4c		
----	--	--

d Enter the total number of donor advised funds owned at the end of the tax year ▶

N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

N/A

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶

0.

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶

0.

NEIGHBORHOOD INITIATIVES DEVELOPMENT

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

NEIGHBORHOOD INITIATIVES DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2007 **CORPORATION, INC.**

13-3110811 Page 4

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	900,103.	621,991.	558,560.	585,428.	2,666,082.
16 Membership fees received					
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	172,731.	103,347.	202,594.	198,228.	676,900.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	16.	61.	396.	1,435.	1,908.
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		60.	15,767.	1,903.	17,730.
23 Total of lines 15 through 22	1,072,850.	725,459.	777,317.	786,994.	3,362,620.
24 Line 23 minus line 17	900,119.	622,112.	574,723.	588,766.	2,685,720.
25 Enter 1% of line 23	10,729.	7,255.	7,773.	7,870.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	53,714.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	46,286.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	2,685,720.
d Add: Amounts from column (e) for lines: 18 <u>1,908.</u> 19 _____	26d	65,924.
22 <u>17,730.</u> 26b <u>46,286.</u>	26e	2,619,796.
e Public support (line 26c minus line 26d total)	26f	97.5454%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

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: **N/A**

(2006)	(2005)	(2004)	(2003)		
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 11b, 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: N/A	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____	17 _____	20 _____	21 _____	27c	N/A
d Add: Line 27a total _____ and line 27b total _____				27d	N/A
e Public support (line 27c total minus line 27d total)				27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)				27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.

NONE

NEIGHBORHOOD INITIATIVES DEVELOPMENT

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

2007 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE & FIXTURES EQUIPMENT * 990 PAGE 2 TOTAL	VARIES		.000	16	105,466.			105,466.	85,902.		2,566.
	FURNITURE & FIXTURES OTHER					105,466.		0.	105,466.	85,902.	0.	2,566.
2	LEASEHOLD IMPROVEMENT * 990 PAGE 2 TOTAL	VARIES		.000	16	135,997.			135,997.	123,256.		2,566.
	OTHER * GRAND TOTAL 990 PAGE 2 DEPR					135,997. 241,463.		0. 0.	135,997. 241,463.	123,256. 209,158.	0. 0.	2,566. 5,132.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 OTHER NOTES AND LOANS RECEIVABLE STATEMENT 1

DESCRIPTION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
THE AFTER SCHOOL CORPORATION	0.	10,000.
FUND FOR THE CITY OF NY	0.	600.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51	0.	10,600.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 2

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	105,466.	88,468.	16,998.
LEASEHOLD IMPROVEMENT	135,997.	125,822.	10,175.
TOTAL TO FORM 990, PART IV, LN 57	241,463.	214,290.	27,173.

FORM 990 LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC. STATEMENT 3

LENDER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT	
ROBERT NORRIS, TREASURER			0.	
DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE	
			.00%	
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
DESCRIPTION OF CONSIDERATION			FMV OF CONSIDERATION	BALANCE DUE
			0.	7,000.

LENDER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT	
MICHAEL REICHGOTT, BOARD MEMBER			0.	
DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE	
			.00%	
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
DESCRIPTION OF CONSIDERATION			FMV OF CONSIDERATION	BALANCE DUE
			0.	3,750.

<u>LENDER'S NAME AND TITLE</u>	<u>ORIGINAL LOAN AMOUNT</u>
MICHAEL BIALEK, BOARD MEMBER	0.

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>TERMS OF REPAYMENT</u>	<u>INTEREST RATE</u>
			.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
--------------------------------------	------------------------

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	10,000.

TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B	<u><u>20,750.</u></u>
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FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 4

LENDER'S NAME TERMS OF REPAYMENT

BRONX JEWISH COMMUNITY CENTER

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		0.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

RELATIONSHIP OF LENDER

COMMUNITY CENTER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	5,100.

LENDER'S NAME TERMS OF REPAYMENT

BETH ABRAHAM

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		0.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

RELATIONSHIP OF LENDER

LOCAL ORGANIZATION

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	10,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 15,100.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM FOSTER 2523 OLINVILLE AVE BRONX, NY 10467	EXEC DIR 35.00	83,000.	72.	0.
CHRISTY OLSEN 2523 OLINVILLE AVE BRONX, NY 10467	AFTER SCHOOL PROG DIR 35.00	56,000.	5,338.	0.
DAVID EDELSTEIN 2523 OLINVILLE AVE BRONX, NY 10467	PRESIDENT 0.50	0.	0.	0.
ELAINE BRENNAN 2523 OLINVILLE AVE BRONX, NY 10467	1ST VICE PRESIDENT 0.50	0.	0.	0.
SUSAN ALDRICH 2523 OLINVILLE AVE BRONX, NY 10467	2ND VICE PRESIDENT 0.50	0.	0.	0.
REVERAND ROBERT NORRIS 2523 OLINVILLE AVE BRONX, NY 10467	TREASURER 0.50	0.	0.	0.
RICHARD SOMER 2523 OLINVILLE AVE BRONX, NY 10467	SECRETARY 0.50	0.	0.	0.
LYNN ARTESONA 2523 OLINVILLE AVE BRONX, NY 10467	BOARD MEMBER 0.50	0.	0.	0.
SALVATORE CASTORINA 2523 OLINVILLE AVE BRONX, NY 10467	BOARD MEMBER 0.50	0.	0.	0.
DR. MICHAEL J. REICHGOTT 2523 OLINVILLE AVE BRONX, NY 10467	BOARD MEMBER 0.50	0.	0.	0.
BRAD SILVER 2523 OLINVILLE AVE BRONX, NY 10467	BOARD MEMBER 0.50	0.	0.	0.

NEIGHBORHOOD INITIATIVES DEVELOPMENT COR

13-3110811

MICHAEL BIALEK 2523 OLINVILLE AVE BRONX, NY 10467	BOARD MEMBER 0.50	0.	0.	0.
JOSEPH A. THOMPSON 2523 OLINVILLE AVE BRONX, NY 10467	BOARD MEMBER 0.50	0.	0.	0.
JEANINE RUFO 2523 OLINVILLE AVE BRONX, NY 10467	BOARD MEMBER 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		139,000.	5,410.	0.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 6

NIDC RENTS SPACE FROM BETH ABRAHAM HEALTH SERVICES (BAHS). A DELEGATE OF BAHS IS A PERMANENT MEMBER OF THE BOARD OF DIRECTORS.

SCHEDULE A OTHER INCOME STATEMENT 7

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER	0.	60.	15,767.	1,903.
TOTAL TO SCHEDULE A, LINE 22	0.	60.	15,767.	1,903.

- 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. You 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 Neighborhood Initiatives Development Corporation, Inc.	Employer identification number 13 3110811
	Number, street, and room or suite no. If a P.O. box, see instructions. 2523 Olinville Avenue	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Bronx, NY 10467	

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

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

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

• The books are in the care of **William Foster**
Telephone No. **(718) 231-9800** FAX No. **()**

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

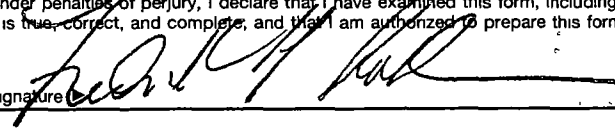
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **November 15**, 20 **08**.
- 5 For calendar year **2007**, or other tax year beginning _____, 20____, and ending _____, 20_____.
- 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 **Certain information necessary to file a complete and accurate return is not yet available. It is anticipated that all data will be available prior to extended due date.**

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.	8a \$
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.	8b \$
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.	8c \$

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 

Title **CPA**

Date **August 12, 2008**

Application for Extension of Time To File an Exempt Organization Return

▶ 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).
- 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization NEIGHBORHOOD INITIATIVES DEVELOPMENT CORPORATION INC.	Employer identification number 13-3110811
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2523 OLINVILLE AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRONX, NY 10467	

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 (sec. 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 |

- The books are in the care of ▶ **WILLIAM FOSTER**
Telephone No. ▶ **(718) 231-9800** FAX No. ▶ _____
- 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-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2007** or
▶ tax year beginning _____, and ending _____.

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.	3a	\$	
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.	3b	\$	
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.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.