

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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 07-01-2007 and ending 06-30-2008

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

C Name of organization: LENOX HILL NEIGHBORHOOD HOUSE INC. Address: 331 EAST 70TH STREET, NEW YORK, NY 10021

D Employer identification number: 13-1628180. E Telephone number: (212) 744-5022. F Accounting method: Accrual

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

G Web site: www.lenoxhill.org

J Organization type: 501(c)(3)

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

L Gross receipts: 18,172,702

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

**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 the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	358,050	24,620	333,430	
<b>b</b>	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)				
<b>c</b>	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) (attach schedule)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	6,290,991	5,599,641	449,439	241,911
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	282,341	228,174	44,570	9,597
<b>28</b>	Employee benefits not included on lines 25a - 27	1,104,407	998,289	73,643	32,475
<b>29</b>	Payroll taxes	498,477	423,352	56,909	18,216
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees	54,000		54,000	
<b>32</b>	Legal fees	13,408	11,153	2,255	
<b>33</b>	Supplies	325,072	218,020	86,014	21,038
<b>34</b>	Telephone	116,860	95,715	16,758	4,387
<b>35</b>	Postage and shipping				
<b>36</b>	Occupancy	682,466	634,597	36,983	10,886
<b>37</b>	Equipment rental and maintenance	400,792	338,195	54,972	7,625
<b>38</b>	Printing and publications				
<b>39</b>	Travel	113,957	101,717	11,934	306
<b>40</b>	Conferences, conventions, and meetings				
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	402,815	339,246	48,330	15,239
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	See Additional Data Table				
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	13,252,112	11,327,593	1,475,777	448,742

**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 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? **▶** Lenox Hill Neighborhood House is a multi-service community-based organization that serves people in need on the East Side of Manhattan and on Roosevelt Island. Founded in 1894 as a free kindergarten for the children of indigent immigrants and as one of the first settlement houses in the nation, Lenox Hill Neighborhood House is the oldest and largest provider of social, legal and educational services on Manhattan's Upper East Side. Each year, we assist more than 20,000 individuals and families who "live, work, go to school or access services" from 59th Street to 143rd Street and on Roosevelt Island (although some of our programming extends beyond this area on the East Side of Manhattan). We operate out of five East Side sites located between 54th Street and 102nd Street, with our headquarters located on East 70th Street.

**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** See Additional Data Table  
\_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here **▶**

**b** \_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here **▶**

**c** \_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here **▶**

**d** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here **▶**

**e** Other program services (attach schedule)  
(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here **▶**

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . **▶** 11,327,593

**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.

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		1,922,837	<b>45</b>	2,837,839	
	<b>46</b> Savings and temporary cash investments . . . . .			<b>46</b>		
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	1,690,474			
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	241,907	1,114,630	<b>47c</b>	1,448,567
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	288,025			
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		361,592	<b>48c</b>	288,025
	<b>49</b> Grants receivable . . . . .				<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .				<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>				
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>			<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .			90,359	<b>53</b>	115,959
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			6,081,563	<b>54a</b>	7,077,196
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				<b>54b</b>	
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>					
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .				<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b>	5,775,221				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	2,587,824	3,110,869	<b>57c</b>	3,187,397	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )				<b>58</b>		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .			12,681,850	<b>59</b>	14,954,983	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		1,017,793	<b>60</b>	863,597	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		309,997	<b>62</b>	441,450	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .				<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .				<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )				<b>65</b>	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .			1,327,790	<b>66</b>	1,305,047	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74					
	<b>67</b> Unrestricted . . . . .		9,408,184	<b>67</b>	11,002,567	
	<b>68</b> Temporarily restricted . . . . .		1,263,734	<b>68</b>	1,664,927	
	<b>69</b> Permanently restricted . . . . .		682,142	<b>69</b>	982,442	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .			11,354,060	<b>73</b>	13,649,936
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .			12,681,850	<b>74</b>	14,954,983





Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, and financial accounts. Includes a table for 91b with Yes/No columns.

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

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

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 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, 104 Subtotal, 105 Total.

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.)

Table with 2 columns: 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). Rows include 93A FEES CHARGED TO PROGRAM PARTICIPANTS, 93b reV FR BLDG USE BY AFFILIATES and OTHER RELATED TO CHARITABLE PURPOSE, 93d exPENSES REIMBURSEMENTS FROM AFFILIATES, 94 fitness and Aquatics center revenue.

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

Table with 5 columns: (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.

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).

**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)

				Yes	No
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

				Yes	No
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

		Yes	No
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

<b>Please Sign Here</b>	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.	
	Signature of officer	Date
	JUAN A SABATER TREASURER	2009-05-14
	Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	622 Third Avenue New York, NY 10017		EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (212) 503-8800

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

**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**

Department of the  
Treasury  
Internal Revenue  
Service

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
CLARA DORDULAW 331 EAST 70TH STREET NEW YORK, NY 10021	CONTROLLER 35 00	107,800	17,594	0
MARK ANDERMANIS 331 EAST 70TH STREET NEW YORK, NY 10021	PROPERTY MANAGER 35 00	107,502	18,075	0
MARIAN DETELJ 331 EAST 70TH STREET NEW YORK, NY 10021	DIR CFS 35 00	89,996	0	0
CAROLYN SILVER 331 EAST 70TH STREET NEW YORK, NY 10021	DIR LEGAL ADV & ORG 35 00	89,000	9,111	0
SUSAN MORITZ 331 EAST 70TH STREET NEW YORK, NY 10021	DIR older adult svc 35 00	83,942	8,915	0
Total number of other employees paid over \$50,000	17			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual 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
NEIGHBORHOOD COALITION FOR SHELTER 157 EAST 86TH STREET NEW YORK, NY 10028	SOCIAL & HOUSING SVCS	114,025
CENTER FOR URBAN COMMUNITY SERVICES 120 WALL ST 25TH FLOOR NEW YORK, NY 10005	MENTAL HEALTHPSYCH SVCS	113,394
K-SQUARE DESIGN INC 219 AVERY ROAD GARRISON, NY 10524	ARCHITECT	77,212
MARKS PANETH SHRON 622 THIRD AVE NEW YORK, NY 10017	AUDITOR	54,000
Total number of others receiving over \$50,000 for professional services		

**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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PHOENIX CONSTRUCTION INC 132 SUTTON STREET BROOKLYN, NY 11222	GENERAL CONTRACTOR	515,547
AMBASSADOR FOOD SERVICES PO BOX 716 MIDTOWN STATION NEW YORK, NY 10018	FOOD AND CLEANING SVCS	380,116
REALM ELECTRIC CORPORATION 75-10 METROPOLITAN AVE MIDDLE VILLAGE, NY 11379	ELECTRICAL CONTRACTOR	55,249
GLORIOUS FOOD 504 EAST 74TH STREET NEW YORK, NY 10021	FOOD SERVICES	53,279
Total number of other contractors receiving over \$50,000 for other services		

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

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include 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 1 of Part VI-B )</p> <p>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</p>	<b>1</b>		No
<p><b>2</b> 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.) 🗨</p> <p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>	Yes	
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 🗨</p>	<b>2d</b>	Yes	
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><b>3a</b> 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 )</p>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>	Yes	
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax 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 _____</p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____</p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 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 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(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	
<b>Total</b>					<input type="checkbox"/>

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	12,224,856	12,752,495	11,851,650	11,287,260	48,116,261
<b>16</b> Membership fees received	348,203	1,188,134	1,310,736	690,557	3,537,630
<b>17</b> 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	150,143	125,870	156,345	141,399	573,757
<b>18</b> 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	194,369	127,591	85,202	139,950	547,112
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	12,917,571	14,194,090	13,403,933	12,259,166	52,774,760
<b>24</b> Line 23 minus line 17	12,767,428	14,068,220	13,247,588	12,117,767	52,201,003
<b>25</b> Enter 1% of line 23	129,176	141,941	134,039	122,592	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	
<b>b</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 2002 through 2005 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts		<b>26b</b>	0
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)		<b>26c</b>	
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>		<b>26f</b>	

**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  
 (2006) 684,275(2005) 714,405(2004) 619,303(2003) 706,085

**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  
 (2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

<b>c</b> Add Amounts from column (e) for lines 15 <u>48,116,261</u> 16 <u>3,537,630</u> 17 <u>573,757</u> 20 <u>0</u> 21 <u>0</u>	<b>27c</b>	52,227,648
<b>d</b> Add Line 27a total <u>2,724,068</u> and line 27b total _____	<b>27d</b>	2,724,068
<b>e</b> Public support (line 27c total minus line 27d total)	<b>27e</b>	49,503,580
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e) <b>27f</b> <u>52,774,760</u>	<b>27f</b>	52,774,760
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>	9380 16 %
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>	103 67 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

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

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**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)

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

<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> 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	<b>41</b>	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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)	Lobbying Expenditures During 4-Year Averaging Period				
	<b>(a)</b> 2007	<b>(b)</b> 2006	<b>(c)</b> 2005	<b>(d)</b> 2004	<b>(e)</b> Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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

Yes	No	Amount

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



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1628180

**Name:** LENOX HILL NEIGHBORHOOD HOUSE INC

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> services provided by non-agency personnel	<b>43a</b>	385,977	345,655	40,322	
<b>b</b> insurance	<b>43b</b>	137,567	115,126	17,409	5,032
<b>c</b> program activities	<b>43c</b>	195,565	192,355	3,210	
<b>d</b> repairs and materials	<b>43d</b>	420,333	391,850	23,883	4,600
<b>e</b> food	<b>43e</b>	658,467	634,163	23,967	337
<b>f</b> payment to subgrantees	<b>43f</b>	317,292	317,292		
<b>g</b> bad debt expense	<b>43g</b>	219,150	219,150		
<b>h</b> other	<b>43h</b>	150,889	99,283	48,163	3,443
<b>i</b> indirect special event expenses	<b>43i</b>	73,650			73,650
<b>j</b> Investment expenses	<b>43j</b>	49,586		49,586	

**Form 990, Part III - Program Service Accomplishments:**

<p><b>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.)</b></p>	<p><b>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</b></p>
<p>Homeless and Housing Services Casa Mutua Permanent supportive housing residence on East 102nd Street that provides a permanent home, psychiatric services, counseling and case management for 54 formerly homeless adults with mental illness Homeless Outreach, Manhattan Outreach Consortium Outreach workers engage chronically homeless adults and help them move off the street and into housing Women's Mental Health Shelter 84-person shelter for homeless women age 45 and older with diagnoses of mental illness, located at the Park Avenue Armory at 67th Street East Side Homeless Network A collaboration that we founded and lead which includes the Neighborhood Coalition for Shelter and Yorkville Common Pantry We coordinate outreach, mental health, housing and employment services for homeless men and women on the East Side of Manhattan</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>3,618,994</p>
<p>Children and Family Services (CFS) All of our Children and Family Services Programs offer wide-ranging programming that meets the educational, social, health, mental health, recreational and artistic needs of the children and families we serve Early Childhood Center We serve 141 low-income pre-school children (ages 3 to 5) from 8 a m - 6 p m year-round We work to ensure that these children have the same opportunity to develop academically, emotionally, socially and physically through high quality pre-school experiences as their more affluent peers After School Program The After School Program serves 60 low-income children (ages 5 to 13) throughout the academic year, operating from 3 p m - 6 p m and on full days during school holidays Summer Camp Program Recreational, educational and arts program with two month-long sessions, each serving 100 children Family Services We provide a Family Services component for all of the children and families in our programs Social workers work with children and their families and have specialty areas such as Special Needs, Health, Transitions and Child Abuse and Maltreatment Prevention</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>3,213,321</p>
<p>Older Adult Services Project SCOPE/East Side Case Management Consortium Lenox Hill Neighborhood House is the lead agency in the East Side Case Management Consortium We lead three other community-based organizations in assisting more than 1,100 seniors each year who live between East 59th and East 143rd Streets and on Roosevelt Island Our social workers and case managers help clients access myriad services that enable older adults to remain in the community and age at home 70th Street Senior Center and Senior Center at Saint Peter's Church Our two Senior Centers have a combined enrollment of over 7,000 older adults and offer social and legal services, case and financial management, fitness, health and wellness, visual and performing arts, freshly-prepared meals, field trips and much more and are filled to capacity year-round The 70th Street Senior Center is open seven days per week and the Senior Center at Saint Peter's Church is open five days a week, including Saturdays Two Social Adult Day Programs CARE provides services to individuals living with middle to late stage dementia and respite services to their caregivers and families Health Enhancement Partnership ("HEP") provides services to individuals who exhibit physical and/or mild cognitive frailties Project STAR Counseling, respite and advocacy services to unpaid family caregivers caring for their frail elderly loved ones East Side Transportation Program Provides critically-needed transportation and escort services for frail older adults for medical, social, recreational and shopping trips using our two accessible buses (14,000 rides annually) Weekend Connections organizes special trips for shopping, Broadway shows and much more, providing more than 2,000 weekend trips annually</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>2,792,448</p>
<p>Fitness and Aquatics We operate a Fitness and Aquatics Center with state-of-the-art equipment and an indoor heated swimming pool Memberships are available to community members Swimming instruction is part of the curriculum for all pre-school and school-age children Our gym is a neighborhood resource a number of special fitness activities are targeted at older adults and our gym is used by several neighborhood schools</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>565,498</p>
<p>Legal Advocacy &amp; Organizing Our Legal Advocacy &amp; Organizing Department provides a comprehensive "one-stop shopping" model of legal services Our lawyers and on-attorney advocates offer a broad spectrum of free civil legal services at all five of our East Side locations and make numerous visits to homebound clients We also access hundreds of clients through outreach at a variety of sites on the East Side and Roosevelt Island including soup kitchens, houses of worship, senior centers and community centers</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>558,197</p>
<p>Adult Education The Adult Education Department includes classes for adult learners in English for Speakers of Other Languages (ESOL) and computers</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>352,180</p>
<p>Visual &amp; Performing Arts Our Visual and Performing Arts Department integrates comprehensive arts education and instruction (e g , drama, music, creative movement and visual arts) into everything we do from our Early Childhood Center to our Women's Mental Health Shelter to our Senior Centers The Department also provides live performances through the Second Sundays Performance Series and our Community Theatre</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>226,955</p>

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
WARREN B SCHARF 331 EAST 70TH STREET NEW YORK, NY 10021	EXECUTIVE DIRECTOR 35 00	186,800	18,520	0
JOSEPH H GIRVEN 331 EAST 70TH STREET NEW YORK, NY 10021	DEPUTY EDCFO 35 00	142,000	10,730	0
SYDNEY ROBERTS SHUMAN 331 EAST 70TH STREET NEW YORK, NY 10021	Honorary chair 1 00	0	0	0
DIANA RONAN QUASHA 331 EAST 70TH STREET NEW YORK, NY 10021	CHAIR 1 00	0	0	0
THOMAS J EDELMAN 331 EAST 70TH STREET NEW YORK, NY 10021	PRESIDENT 1 00	0	0	0
ALLEN RADLER 331 EAST 70TH STREET NEW YORK, NY 10021	VICE PRESIDENT 1 00	0	0	0
GARY A BELLER 331 EAST 70TH STREET NEW YORK, NY 10021	VICE PRESIDENT 1 00	0	0	0
AMABEL B JAMES 331 EAST 70TH STREET NEW YORK, NY 10021	VICE PRESIDENT 1 00	0	0	0
CHRISTY L PENNOYER 331 EAST 70TH STREET NEW YORK, NY 10021	VICE PRESIDENT 1 00	0	0	0
JOHN R ROSELLI 331 EAST 70TH STREET NEW YORK, NY 10021	VICE PRESIDENT 1 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
david m wirtz 331 EAST 70TH STREET NEW YORK, NY 10021	VICE PRESIDENT 1 00	0	0	0
helene h tilney 331 EAST 70TH STREET NEW YORK, NY 10021	secretary 1 00	0	0	0
juan sabater 331 EAST 70TH STREET NEW YORK, NY 10021	treasurer 1 00	0	0	0
RAJesh j ALVA 331 EAST 70TH STREET NEW YORK, NY 10021	diRECTOR 1 00	0	0	0
kathy Angele 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
charles ayres 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
nancy baker 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
margery baker-riker 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
mal l barasch 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
wendy cebula 331 EAST 70TH STREET NEW YORK, NY 10021	dirECTOR 1 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
clo m cohen 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
thompson dean 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
eva DILLON 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
jonathan j gargiulo 331 EAST 70TH STREET NEW YORK, NY 10021	treasurer 1 00	0	0	0
helene d goldfarb 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
ROGER L GREIF 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
audrey gruss 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
mark j kimsey 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
john h manice 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
bunny williams 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
judith m zabar 331 EAST 70TH STREET NEW YORK, NY 10021	Director 1 00	0	0	0
GUY G RUTHERFURD JR 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
CHARLES S WARREN 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0
HEDI H WHITE 331 EAST 70TH STREET NEW YORK, NY 10021	DIRECTOR 1 00	0	0	0

**TY 2007 Depreciation and Depletion Schedule****Name:** LENOX HILL NEIGHBORHOOD HOUSE INC**EIN:** 13-1628180

<b>Asset</b>	<b>Amount</b>
building improvements - sl 3-20 YRS	355,012
furniture and equipment - sl 5 YRS	47,803

**TY 2007 Gain/Loss from Sale of Public Securities Schedule****Name:** LENOX HILL NEIGHBORHOOD HOUSE INC**EIN:** 13-1628180**Gross Sales Price:** 3,230,132**Basis:** 2,875,599**Sales Expenses:** 0**Total (net):** 354,533

## TY 2007 General Explanation Attachment

**Name:** LENOX HILL NEIGHBORHOOD HOUSE INC

**EIN:** 13-1628180

Identifier	Return Reference	Explanation
CONTINUATION OF THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE	FORM 990, PART IIIa, PAGE 3	<p>We have dozens of different programs, several hundred staff members and over 600 regular volunteers who work throughout our seven departments: Adult Education, Children and Family Services, Fitness &amp; Aquatics, Homeless and Housing Services, Legal Advocacy &amp; Organizing, Older Adult Services and Visual and Performing Arts. Our award-winning programs include an Early Childhood Center for 141 low-income children, After School program, Summer Camp, support services for children and families, two model senior centers with combined memberships of over 9,000, financial and case management for homebound seniors, an 84-bed shelter for homeless women with mental illness, Casa Mutua, our permanent supportive housing for 54 formerly homeless adults, civil legal services, Visual &amp; Performing Arts, English For Speakers of Other Languages, Computer Classes, a Fitness &amp; Aquatics Center and more. The Neighborhood House remains true to our tradition of offering a seamless set of services to help strengthen our clients and our community. On any given day, a visitor might find our attorneys offering legal services to an older adult at risk of eviction from her home or to a homeless man needing assistance in securing government benefits, they may walk into a classroom to find a teacher engaging our pre-school children in interactive story time, or our staff artists working together with social workers from our Women's Mental Health Shelter in the Park Avenue Armory to develop arts projects for Shelter residents that support their goal of moving into their own apartments (e.g., making new placemats and tablecloths for their future homes). Lenox Hill Neighborhood House's expert professional staff work together tirelessly across all of our programs to meet myriad, interrelated needs that arise when individuals live in poverty.</p>

**TY 2007 Land etc. Schedule**

**Name:** LENOX HILL NEIGHBORHOOD HOUSE INC

**EIN:** 13-1628180

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
land	164,999		164,999
building - sl 50 YRS	499,481	499,481	0
building improvements - sl 3-20 YRS	4,702,198	1,875,813	2,826,385
furniture and equipment - sl 5 YRS	408,543	212,530	196,013

## TY 2007 Other Changes in Net Assets Schedule

**Name:** LENOX HILL NEIGHBORHOOD HOUSE INC

**EIN:** 13-1628180

Description	Amount
unrealized gain on investments	417,428
RECOGNITION OF MINIMUM PENSION LIABILITY	-43,860

**TY 2007 Other Expenses  
Not Included Schedule**

**Name:** LENOX HILL NEIGHBORHOOD HOUSE INC

**EIN:** 13-1628180

Description	Amount
Indirect special event expense	73,650

**TY 2007 Other Revenues Included Schedule**

**Name:** LENOX HILL NEIGHBORHOOD HOUSE INC

**EIN:** 13-1628180

Description	Amount
Indirect Special Event Expense	-73,650

## TY 2007 Special Events Schedule

**Name:** LENOX HILL NEIGHBORHOOD HOUSE INC

**EIN:** 13-1628180

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Spring Gala	798,343	685,343	113,000	73,169	39,831
kids in playland	86,237	82,387	3,850	5,154	-1,304
Associate's Events	134,490	85,490	49,000	44,360	4,640
OTHER EVENTS	39,500	39,500	0	0	0

## TY 2007 Self Dealing Statement

**Name:** LENOX HILL NEIGHBORHOOD HOUSE INC

**EIN:** 13-1628180

Line Number	Explanation
2c	<p>David Wirtz, a member of the Neighborhood House Board of Directors, is an attorney who for many years has advised the Neighborhood House on employment and labor law matters on a discounted basis as a way of supporting its charitable mission. He is currently a shareholder of the law firm of Littler Mendelson, P.C. For the years ended June 30, 2007 and 2008, Mr. Wirtz and the law firm of which he was a part provided legal services to the Neighborhood House that had a fair market value of \$61,125 and \$64,527, respectively. Of these amounts, \$49,125 and \$53,627 were contributed services and \$12,000 and \$10,900 were billed and paid by the Neighborhood House in 2007 and 2008, respectively.</p>

Form **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1878

For calendar year 2007, or tax year beginning JUL 1, 2007, and ending JUN 30, 2008

**2007**

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions.

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**LENOX HILL NEIGHBORHOOD HOUSE, INC.**

Employer identification number

**13-1628180**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) .....	1b	<b>15174420</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) .....	5b	

**Part II Declaration of Officer**

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt, (b) a reason for rejection of the transmission, (c) an indication of any refund offset, (d) the reason for any delay in processing the return or refund, and (e) the date of any refund.

Sign Here

*[Handwritten Signature]*  
Signature of officer

5/14/09  
Date

**TREASURER**  
Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernization e-file (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	<i>[Handwritten Signature]</i>	Date	<u>5/14/09</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code	<b>MARKS PANETH &amp; SHRON LLP</b> <b>622 THIRD AVENUE</b> <b>NEW YORK, NY 10017</b>			EIN	<b>11-3518842</b>		Phone no.	<b>212 503-8800</b>	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature		Date		Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code				EIN			Phone no.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 8453-EO (2007)