Prepared for
NORTHERN MANHATTAN IMPROVEMENT CORP.
CLIENT CODE: N18000

Account Number 759877
Release Number 2007.07040

Prepared by
WISS & COMPANY, LLP
354 EISENHOWER PARKWAY
LIVINGSTON, NJ
07039
973-994-9400

Processing Date: 01/15/2009
Time: 16:22:34

Special Instructions

Messages
Return Information

CAUTION

Form: 9   Sheet: 1   Box: 50
• Form 990. Page 9. The preparer's social security number and/or employer identification number have been forced to print by the entry on Interview Form 9, Box 50. According to the official IRS instructions this information should only be completed when filing Form 990 for a Section 4947(a)(1) charitable trust that is not filing Form 1041. Please review this item accordingly. (21049)

INFORMATIONAL

Form: B-1   Sheet: 1   Box: 70
• Schedule B. Page 2, Part I. Because the 33 1/3% support test Special Rule has been met, only contributors whose total contributions of $5,000 or more were greater than 2% of Form 990, line 1e have been included on Schedule B, Part I. Consequently, 24 individuals whose contributions did not meet this requirement have been excluded from Schedule B. If desired, Interview Form B-1, Box 70, may be used to force or prevent the inclusion of contributors on an individual contributor basis or Interview Form 9, Box 55, may be used to force the inclusion of all contributors. (30139)

Form: CHAR500 Pg1
• New York. Form CHAR500. No entry has been made on Interview Form NY1, Box 31, to designate the Organization Registration Code. This entry may be necessary to determine the appropriate filing fee requirements and the filing due date for Form CHAR500. Because no entry was made it has been assumed that the organization is subject to registration under both Article 7-A (Executive Law) and Article 8 (EPTL). This should be reviewed and corrected, if necessary. (30071)

Form: 990 Sch A
• Schedule A. Part III, line 4. No entries have been made to answer the questions about donor advised funds on lines 4a through 4g. The assumption has been made that these do not apply to the organization and they have been answered accordingly. This should be reviewed. If the organization does have any reporting requirements for lines 4a through 4g, make the appropriate entries on Interview Form A-2, Boxes 52 through 55 and Interview Form A-3, Boxes 32, 35 and 36. (36016)
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## Input Overrides

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559505 X .8598  
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## 2007 Return Summary

### NORTHERN MANHATTAN IMPROVEMENT CORP. 13-2972415

**FORM 990:**

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<td>TOTAL REVENUE</td>
<td>11,462,261.</td>
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<tr>
<td>TOTAL EXPENSES</td>
<td>11,352,203.</td>
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<tr>
<td>EXCESS &lt;DEFICIT&gt;</td>
<td>110,058.</td>
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<tr>
<td>BEGINNING NET ASSETS</td>
<td>1,710,354.</td>
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<tr>
<td>CHANGES IN NET ASSETS</td>
<td>0.</td>
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<tr>
<td>ENDING NET ASSETS (PAGE 1)</td>
<td>1,820,412.</td>
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**BALANCE SHEET ANALYSIS**

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<tr>
<td>ENDING TOTAL ASSETS</td>
<td>3,638,209.</td>
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<tr>
<td>ENDING TOTAL LIABILITIES</td>
<td>1,817,797.</td>
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<tr>
<td>ENDING TOTAL NET ASSETS OR FUND BALANCES (PAGE 3)</td>
<td>1,820,412.</td>
</tr>
<tr>
<td>ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS</td>
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<tr>
<td>ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 3</td>
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</table>
### TAX RETURN FILING INSTRUCTIONS

**FORM 990**

**FOR THE YEAR ENDING**

**JUNE 30, 2008**

| Prepared for | NORTHERN MANHATTAN IMPROVEMENT CORP.  
|              | 76 WADSWORTH STREET  
|              | NEW YORK, NY  10033 |
| Prepared by  | WISS & COMPANY, LLP  
|              | 354 EISENHOWER PARKWAY  
|              | LIVINGSTON, NJ  07039 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | DEPARTMENT OF THE TREASURY  
|                          | INTERNAL REVENUE SERVICE CENTER  
|                          | OGDEN, UT  84201-0027 |
| Return must be mailed on or before | FEBRUARY 17, 2009 |
| Special Instructions | THE RETURN SHOULD BE SIGNED AND DATED. |
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

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

B Check if applicable:
   [ ] Address change
   [ ] Name change
   [ ] Initial return
   [ ] Terminated
   [ ] Amended return
   [ ] Application pending

C Name of organization
   NORTHERN MANHATTAN IMPROVEMENT CORP.

D Employer identification number
   13-2972415

E Telephone number
   (212) 822-8300

F Accounting method: [x] Cash

G Website: WWW.NMIH.ORG

H and I are not applicable to section 527 organizations.
(H(a) Is this a group return for affiliates? [ ] Yes [x] No
(H(b) If "Yes," enter number of affiliates [ ] N/A
(H(c) Are all affiliates included? [ ] Yes [x] No
(H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [x] No

J Organization type (check only one) [x] 501(c)(3) 
   [ ] 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
   11,462,261.

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

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<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
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<td>1a</td>
<td>Contributions, gifts, grants, and similar amounts received:</td>
<td>666,979.</td>
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<td>1b</td>
<td>Contributions to donor advised funds</td>
<td>666,979.</td>
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<tr>
<td>1c</td>
<td>Direct public support (not included on line 1a)</td>
<td>1,440,733.</td>
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<tr>
<td>1d</td>
<td>Indirect public support (not included on line 1a)</td>
<td>9,102,313.</td>
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<tr>
<td>1e</td>
<td>Total (add lines 1a through 1d) (cash $ 11,212,025. noncash $ )</td>
<td>11,212,025.</td>
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<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts (from Part VII, line 93)</td>
<td>246,166.</td>
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<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td>4,070.</td>
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<tr>
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<td>Interest on savings and temporary cash investments</td>
<td>8.</td>
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<tr>
<td>5</td>
<td>Dividends and interest from securities</td>
<td>8.</td>
</tr>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td>6a</td>
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<tr>
<td>6b</td>
<td>Less: rental expenses</td>
<td>6b</td>
</tr>
<tr>
<td>6c</td>
<td>Net rental income or (loss), Subtract line 6b from line 6a</td>
<td>6c</td>
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<td>7</td>
<td>Other investment income (describe )</td>
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<td>8a</td>
<td>Gross amount from sales of assets other than inventory</td>
<td>8a</td>
</tr>
<tr>
<td>8b</td>
<td>Less: cost or other basis and sales expenses</td>
<td>8b</td>
</tr>
<tr>
<td>8c</td>
<td>Gain (or loss) (attach schedule)</td>
<td>8c</td>
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<td>9a</td>
<td>Special events and activities (attach schedule). If any amount is from gaming, check here</td>
<td>9a</td>
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<tr>
<td>9b</td>
<td>Gross revenue (not including $ of contributions reported on line 1b)</td>
<td>9b</td>
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<tr>
<td>9c</td>
<td>Less: direct expenses other than fundraising expenses</td>
<td>9c</td>
</tr>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
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</tr>
<tr>
<td>10b</td>
<td>Less: cost of goods sold</td>
<td>10b</td>
</tr>
<tr>
<td>10c</td>
<td>Gross profit (or loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a</td>
<td>10c</td>
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<td>11</td>
<td>Other revenue (from Part VII, line 103)</td>
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<tr>
<td>12</td>
<td>Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11</td>
<td>11,462,261.</td>
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<td>13</td>
<td>Program services (from line 44, column (B))</td>
<td>10,120,389.</td>
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<td>Management and general (from line 44, column (C))</td>
<td>1,122,975.</td>
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<td>Fundraising (from line 44, column (D))</td>
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<td>Payments to affiliates (attach schedule)</td>
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<td>17</td>
<td>Total expenses. Add lines 16 and 44, column (A)</td>
<td>11,352,203.</td>
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<td>18</td>
<td>Excess or (deficit) for the year. Subtract line 17 from line 12</td>
<td>110,058.</td>
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<td>19</td>
<td>Net assets or fund balances at beginning of year (from line 73, column (A))</td>
<td>1,710,354.</td>
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<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (attach explanation)</td>
<td>0.</td>
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<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18, 19, and 20</td>
<td>1,820,412.</td>
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### 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) non-exempt charitable trusts but optional for others.

**Part II**

**Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.**

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<th>(A) Total</th>
<th>(B) Program services</th>
<th>(C) Management and general</th>
<th>(D) Fundraising</th>
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<td>Grants paid from donor advised funds</td>
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<td>(attach schedule)</td>
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<tr>
<td>(cash $)</td>
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<td>noncash $</td>
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<td>22b</td>
<td>Other grants and allocations (attach schedule)</td>
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<td>(cash $ 87,174.)</td>
<td>noncash $</td>
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</tr>
<tr>
<td>If this amount includes foreign grants, check here □</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Specific assistance to individuals (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Benefits paid to or for members (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a Compensation of current officers, directors, key employees, etc. listed in Part V-A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25b Compensation of former officers, directors, key employees, etc. listed in Part V-B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Salaries and wages of employees not included on lines 25a, b, and c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Pension plan contributions not included on lines 25a, b, and c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Employee benefits not included on lines 25a - 27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Payroll taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Professional fundraising fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Accounting fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Legal fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Postage and shipping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Occupancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37 Equipment rental and maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Printing and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 Depreciation, depletion, etc. (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Other expenses not covered above (itemize):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43c</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>43d</td>
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<td></td>
<td></td>
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<tr>
<td>43e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43g SEE STATEMENT 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 .

---

**Part II**

**NORTHERN MANHATTAN IMPROVEMENT CORP.**

**STATEMENT 2**

| Grants paid from donor advised funds |
| (attach schedule) |
| (cash $) | 0. | noncash $ | 0. |
| Specific assistance to individuals (attach schedule) |
| Benefits paid to or for members (attach schedule) |
| Compensation of current officers, directors, key employees, etc. listed in Part V-A |
| Compensation of former officers, directors, key employees, etc. listed in Part V-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) |
| Salaries and wages of employees not included on lines 25a, b, and c |
| Pension plan contributions not included on lines 25a, b, and c |
| Employee benefits not included on lines 25a - 27 |
| Payroll taxes |
| Professional fundraising fees |
| Accounting fees |
| Legal fees |
| Supplies |
| Telephone |
| Postage and shipping |
| Occupancy |
| Equipment rental and maintenance |
| Printing and publications |
| Travel |
| Conferences, conventions, and meetings |
| Interest |
| Depreciation, depletion, etc. (attach schedule) |
| Other expenses not covered above (itemize): |
| SEE STATEMENT 1 |

**Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)**

10180113 759877 N18000
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? SEE STATEMENT 3

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 LEGAL SERVICES...THE PROVISION OF FREE BILINGUAL LEGAL & PARALEGAL SERVICES TO THE POPULATION OF WASHINGTON HEIGHTS INWOOD COMMUNITY RESIDENTS. SERVICES PROVIDED IN AREAS OF EVICTION PREVENTION, HOMELESSNESS & PUBLIC ASSISTANCE BENEFIT

b WEATHERIZATION ASSISTANCE...PROGRAM ATTEMPTS TO ADDRESS ALL ASPECTS OF ENERGY WASTE WITHIN A BUILDING IN THE MOST COST-EFFECTIVE MANNER. IMPROVEMENTS ARE MADE TO PREVENT HEAT LOSS & TO IMPROVE THE OVERALL EFFICIENCY OF HEATING SYSTEM.

c WORKFORCE DEVELOPMENT...PROVIDES UNIVERSAL COMMUNITY WIDE ACCESS TO TRAINING & EMPLOYMENT SERVICES, FROM INITIAL VOCATIONAL ASSESSMENT TO EMPLOYMENT RETENTION AND FOLLOW UP SERVICES

d SOCIAL SERVICES...ADDRESSES ISSUES OF HOMELESSNESS, DOMESTIC VIOLENCE, BENEFITS, AND LACK OF ACCESS TO CRITICAL SUPPORT.

e Other program services (attach schedule) SEE STATEMENT 4

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 10,120,389.
**Balance Sheets**

*(See the instructions.)*

**Part IV**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Cash - non-interest-bearing</td>
<td>973,337.</td>
</tr>
<tr>
<td>46</td>
<td>Savings and temporary cash investments</td>
<td>46</td>
</tr>
<tr>
<td>47a</td>
<td>Accounts receivable</td>
<td>47a</td>
</tr>
<tr>
<td>47b</td>
<td>Less: allowance for doubtful accounts</td>
<td>47b</td>
</tr>
<tr>
<td>48a</td>
<td>Pledges receivable</td>
<td>48a</td>
</tr>
<tr>
<td>48b</td>
<td>Less: allowance for doubtful accounts</td>
<td>48b</td>
</tr>
<tr>
<td>49</td>
<td>Grants receivable</td>
<td>1,999,560.</td>
</tr>
<tr>
<td>50a</td>
<td>Receivables from current and former officers, directors, trustees, and key employees</td>
<td>50a</td>
</tr>
<tr>
<td>50b</td>
<td>Receivables from other disqualified persons (as defined under section 4958(f)(11)) and persons described in section 4958(c)(3)(B)</td>
<td>50b</td>
</tr>
<tr>
<td>51a</td>
<td>Other notes and loans receivable</td>
<td>51a</td>
</tr>
<tr>
<td>51b</td>
<td>Less: allowance for doubtful accounts</td>
<td>51b</td>
</tr>
<tr>
<td>52</td>
<td>Inventories for sale or use</td>
<td>52</td>
</tr>
<tr>
<td>53</td>
<td>Prepaid expenses and deferred charges</td>
<td>163,440.</td>
</tr>
<tr>
<td>54a</td>
<td>Investments - publicly-traded securities</td>
<td>54a</td>
</tr>
<tr>
<td>54b</td>
<td>Investments - other securities</td>
<td>54b</td>
</tr>
<tr>
<td>55a</td>
<td>Investments - land, buildings, and equipment: basis</td>
<td>55a</td>
</tr>
<tr>
<td>55b</td>
<td>Less: accumulated depreciation</td>
<td>55b</td>
</tr>
<tr>
<td>56</td>
<td>Investments - other</td>
<td>56</td>
</tr>
<tr>
<td>57a</td>
<td>Land, buildings, and equipment: basis</td>
<td>57a</td>
</tr>
<tr>
<td>57b</td>
<td>Less: accumulated depreciation</td>
<td>57b</td>
</tr>
<tr>
<td>58</td>
<td>Other assets, including program-related investments (describe )</td>
<td>SEE STATEMENT 6</td>
</tr>
<tr>
<td>59</td>
<td>Total assets (must equal line 74). Add lines 45 through 58</td>
<td>3,301,638.</td>
</tr>
<tr>
<td>60</td>
<td>Accounts payable and accrued expenses</td>
<td>1,084,002.</td>
</tr>
<tr>
<td>61</td>
<td>Grants payable</td>
<td>61</td>
</tr>
<tr>
<td>62</td>
<td>Deferred revenue</td>
<td>398,439.</td>
</tr>
<tr>
<td>63</td>
<td>Loans from officers, directors, trustees, and key employees</td>
<td>63</td>
</tr>
<tr>
<td>64a</td>
<td>Tax-exempt bond liabilities</td>
<td>64a</td>
</tr>
<tr>
<td>64b</td>
<td>Mortgages and other notes payable</td>
<td>64b</td>
</tr>
<tr>
<td>65</td>
<td>Other liabilities (describe )</td>
<td>CLIENT'S ESCROW</td>
</tr>
<tr>
<td>66</td>
<td>Total liabilities. Add lines 60 through 65</td>
<td>1,591,284.</td>
</tr>
<tr>
<td>67</td>
<td>Organizations that follow SFAS 117, check here (X) and complete lines</td>
<td>67 through 69 and lines 73 and 74.</td>
</tr>
<tr>
<td>67</td>
<td>Unrestricted</td>
<td>1,710,354.</td>
</tr>
<tr>
<td>68</td>
<td>Temporarily restricted</td>
<td>68</td>
</tr>
<tr>
<td>69</td>
<td>Permanently restricted</td>
<td>69</td>
</tr>
<tr>
<td>70</td>
<td>Capital stock, trust principal, or current funds</td>
<td>70</td>
</tr>
<tr>
<td>71</td>
<td>Paid-in or capital surplus, or land, building, and equipment fund</td>
<td>71</td>
</tr>
<tr>
<td>72</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>72</td>
</tr>
<tr>
<td>73</td>
<td>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)</td>
<td>1,710,354.</td>
</tr>
<tr>
<td>74</td>
<td>Total liabilities and net assets/fund balances. Add lines 66 and 73</td>
<td>3,301,638.</td>
</tr>
</tbody>
</table>
Part IV-A  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a  Total revenue, gains, and other support per audited financial statements ......................................................... a $11,477,261.

b  Amounts included on line a but not on Part I, line 12:

1  Net unrealized gains on investments ........................................ b1 15,000.

2  Donated services and use of facilities ............................. b2 15,000.

3  Recoveries of prior year grants ........................................ b3

4  Other (specify): ........................................................................ b4

Add lines b1 through b4 ........................................................................ b $15,000.

c  Subtract line b from line a .......................................................... c $11,462,261.

1  Amounts included on Part I, line 12, but not on line a:

1  Investment expenses not included on Part I, line 6b ........... d1

2  Other (specify): ........................................................................ d2

Add lines d1 and d2 ........................................................................ d 0.

e  Total revenue (Part I, line 12). Add lines c and d ....................... e $11,462,261.

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

a  Total expenses and losses per audited financial statements ................................................................. a $11,367,203.

b  Amounts included on line a but not on Part I, line 17:

1  Donated services and use of facilities ................................ b1 15,000.

2  Prior year adjustments reported on Part I, line 20 .......... b2

3  Losses reported on Part I, line 20 .................................................. b3

4  Other (specify): ........................................................................ b4

Add lines b1 through b4 ........................................................................ b $15,000.

c  Subtract line b from line a .......................................................... c $11,352,203.

d  Amounts included on Part I, line 17, but not on line a:

1  Investment expenses not included on Part I, line 6b ....... d1

2  Other (specify): ........................................................................ d2

Add lines d1 and d2 ........................................................................ d 0.

e  Total expenses (Part I, line 17). Add lines c and d ....................... e $11,352,203.

Part V-A  Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

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

BARBARA LOWRY  | EXECUTIVE DIRECTOR  | 76 WADSWORTH AVENUE  | NEW YORK, NY 10033  | 35.00  | 147,740.  | 15,150.  | 0.  |

JEFFREY ROSENGARTEN  | CHAIRPERSON  | 76 WADSWORTH AVENUE  | NEW YORK, NY 10033  | 4.00  | 0.  | 0.  | 0.  |

REV. MAGALY BELTRE  | SECRETARY  | 76 WADSWORTH AVENUE  | NEW YORK, NY 10033  | 4.00  | 0.  | 0.  | 0.  |

ELAINE S. REISS  | DIRECTOR  | 76 WADSWORTH AVENUE  | NEW YORK, NY 10033  | 4.00  | 0.  | 0.  | 0.  |

CAROL L. RADO  | DIRECTOR  | 76 WADSWORTH AVENUE  | NEW YORK, NY 10033  | 4.00  | 0.  | 0.  | 0.  |

MATTHEW W. HOWARD  | DIRECTOR  | 76 WADSWORTH AVENUE  | NEW YORK, NY 10033  | 4.00  | 0.  | 0.  | 0.  |

MICHAEL KARP  | DIRECTOR  | 76 WADSWORTH AVENUE  | NEW YORK, NY 10033  | 4.00  | 0.  | 0.  | 0.  |
### Part V-A Current Officers, Directors, Trustees, and Key Employees

| 75a | Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. |
| 75b | Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If “Yes,” attach a statement that identifies the individuals and explains the relationship(s). |
| 75c | Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of “related organization.” If “Yes,” attach a statement that includes the information described in the instructions. |
| 75d | Does the organization have a written conflict of interest policy? |

### Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Loans and Advances</th>
<th>Compensation (if not paid, enter -0-)</th>
<th>Expense account and other allowances</th>
</tr>
</thead>
</table>

| 76 | Did the organization make a change in its activities or methods of conducting activities? If “Yes,” attach a detailed statement of each change. |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? |
| 78a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? |
| 78b | Enter the name of the organization. |
| 79 | Were any changes made in the organizing or governing documents but not reported to the IRS? |
| 80a | Enter the name of the organization (if applicable). |
| 80b | Enter the name of the organization (if applicable). |
| 80c | Enter the name of the organization (if applicable). |

### Part VI Other Information

| 76 | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? |
| 77 | Enter the name of the organization. |
| 78a | Enter the name of the organization (if applicable). |

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**NORTHERN MANHATTAN IMPROVEMENT CORP.**

**Form 990 (2007)**

**Current Officers, Directors, Trustees, and Key Employees (continued)**

<table>
<thead>
<tr>
<th>Part VI</th>
<th>Other Information (See the instructions.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>Did the organization make a change in its activities or methods of conducting activities? If “Yes,” attach a detailed statement of each change.</td>
</tr>
<tr>
<td>77</td>
<td>Were any changes made in the organizing or governing documents but not reported to the IRS?</td>
</tr>
<tr>
<td>78a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?</td>
</tr>
<tr>
<td>78b</td>
<td>Enter the name of the organization.</td>
</tr>
<tr>
<td>79</td>
<td>Were any changes made in the organizing or governing documents but not reported to the IRS?</td>
</tr>
<tr>
<td>80a</td>
<td>Enter the name of the organization (if applicable).</td>
</tr>
<tr>
<td>80b</td>
<td>Enter the name of the organization (if applicable).</td>
</tr>
<tr>
<td>80c</td>
<td>Enter the name of the organization (if applicable).</td>
</tr>
</tbody>
</table>

### Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Loans and Advances</th>
<th>Compensation (if not paid, enter -0-)</th>
<th>Expense account and other allowances</th>
</tr>
</thead>
</table>

### Part VI Other Information

| 76 | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? |
| 77 | Enter the name of the organization. |
| 78a | Enter the name of the organization (if applicable). |
Part VI | Other Information (continued)

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? [ ] Yes [ ] No
   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 15,000.

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? [ ] Yes [ ] No
   b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? [ ] Yes [ ] No

84 a Did the organization solicit any contributions or gifts that were not tax deductible? [ ] Yes [ ] No
   b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? [ ] Yes [ ] No

85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? [ ] Yes [ ] No
   b Did the organization make only in-house lobbying expenditures of $2,000 or less? [ ] Yes [ ] No
      If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
   c Dues, assessments, and similar amounts from members 85c N/A
   d Section 162(e) lobbying and political expenditures 85d N/A
   e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
   f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
   g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
   h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A

86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
   b Gross receipts, included on line 12, for public use of club facilities 86b N/A

87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A
   b Gross income from other sources. (Do not net amounts due to 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? [ ] Yes [ ] No
   If "Yes," complete Part IX
   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 N/A

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 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? [ ] Yes [ ] No
   c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 89c 0
   d Enter: Amount of tax on line 89c, above, reimbursed by the organization 89d 0
   e All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? [ ] Yes [ ] No
   f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? [ ] Yes [ ] No
   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? [ ] Yes [ ] No

90 a List the states with which this return is filed [ ] NY 90b N/A

91 a The books are in care of THE CORPORATION Telephone no. (212) 822-8300
   Located at 76 WADSWORTH AVENUE, NEW YORK, NY
   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)? [ ] Yes [ ] No
   If "Yes," enter the name of the foreign country N/A
   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
### Part VI: Other Information (continued)

c. At any time during the calendar year, did the organization maintain an office outside of the United States? ☑ Yes ☐ No

If "Yes," enter the name of the foreign country: N/A

---

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: ☐

---

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

<table>
<thead>
<tr>
<th>Program service revenue:</th>
<th>Unrelated business income</th>
<th>Excluded by section 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. WEATHERIZATION MGMT.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. FEES</td>
<td>17,155.</td>
<td></td>
</tr>
<tr>
<td>c. ATTORNEY FEES</td>
<td>2,315.</td>
<td></td>
</tr>
<tr>
<td>d. PROGRAM INCOME</td>
<td>206,696.</td>
<td></td>
</tr>
<tr>
<td>e. DEVELOPER'S FEES</td>
<td>20,000.</td>
<td></td>
</tr>
<tr>
<td>f. Medicare/Medicaid payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Fees and contracts from government agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>94. Membership dues and assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95. Interest on savings and temporary cash investments</td>
<td>4,070.</td>
<td>246,166.</td>
</tr>
<tr>
<td>96. Dividends and interest from securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97. Net rental income or (loss) from real estate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. debt-financed property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. not debt-financed property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98. Net rental income or (loss) from personal property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99. Other investment income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100. Gain or (loss) from sales of assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other than inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101. Net income or (loss) from special events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>102. Gross profit or (loss) from sales of inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>103. Other revenue:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>104. Subtotal (add columns (B), (D), and (E))</td>
<td>0</td>
<td>4,070.</td>
</tr>
<tr>
<td>105. Total (add line 104, columns (B), (D), and (E))</td>
<td>250,236.</td>
<td></td>
</tr>
</tbody>
</table>

---

### Part VIII: Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

93A. FURTHERS EXEMPT PURPOSE OF IMPROVING & PROTECTING NEIGHBORHOOD HOUSING

93B. PURPOSE OF HELPING PEOPLE AND PROTECTING NEIGHBORHOOD HOUSING

93C. TO ASSIST MEMBERS OF THE COMMUNITY IN OBTAINING NECESSARY JOB SKILLS

93D. PURPOSE OF IMPROVING NEIGHBORHOOD HOUSING

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

<table>
<thead>
<tr>
<th>Name, address, and EIN of corporation, partnership, or disregarded entity</th>
<th>Percentage of ownership interest</th>
<th>Nature of activities</th>
<th>Total income</th>
<th>End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE STATEMENT 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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).

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

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

<table>
<thead>
<tr>
<th>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?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

Signature of officer

BARBARA LOWRY, EXECUTIVE DIRECTOR

Type or print name and title

Preparer's signature

WISS & COMPANY, LLP
354 EISENHOWER PARKWAY
LIVINGSTON, NJ 07039

Preparer's SSN or PTIN (See Gen. Inst. X)
P00252682

EIN 22-1732349

Phone no. 973-994-9400
NAME OF THE ORGANIZATION: NORTHERN MANHATTAN IMPROVEMENT CORP.  
EMPLOYER IDENTIFICATION NUMBER: 13 2972415

### 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.")

<table>
<thead>
<tr>
<th>Name and address of each employee paid more than $50,000</th>
<th>Title and average hours per week devoted to position</th>
<th>Compensation</th>
<th>Contributions to employee benefit plans &amp; deferred compensation</th>
<th>Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSAURA MORALES 76 WADSWORTH AVENUE, NEW YORK, NY 100</td>
<td>CHIEF FIN OFFICER 35.00</td>
<td>139,125</td>
<td>14,346.</td>
<td></td>
</tr>
<tr>
<td>KENNETH ROSENFELD 76 WADSWORTH AVENUE, NEW YORK, NY 100</td>
<td>LEGAL SVC DIRECTOR 35.00</td>
<td>126,326.</td>
<td>12,760.</td>
<td></td>
</tr>
<tr>
<td>EVAN HESS 76 WADSWORTH AVENUE, NEW YORK, NY 100</td>
<td>ORGANIZING DIR 35.00</td>
<td>105,735.</td>
<td>10,664.</td>
<td></td>
</tr>
<tr>
<td>MICHELLE CLEMENS-WILSON 76 WADSWORTH AVENUE, NEW YORK, NY 100</td>
<td>DIR. OF HR 35.00</td>
<td>98,800.</td>
<td>10,834.</td>
<td></td>
</tr>
<tr>
<td>LOURDES RODRIGUEZ-MO 76 WADSWORTH AVENUE, NEW YORK, NY 100</td>
<td>SUP ATTORNEY 35.00</td>
<td>100,000.0</td>
<td>10,043.</td>
<td></td>
</tr>
</tbody>
</table>

Total number of other employees paid over $50,000: 43

### 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.")

<table>
<thead>
<tr>
<th>Name and address of each independent contractor paid more than $50,000</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Name and address of each independent contractor paid more than $50,000</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other contractors receiving over $50,000 for other services: 0
### Schedule A (Form 990 or 990-EZ) 2007

#### Part III Statements About Activities

(See page 2 of the instructions.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>

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: $ \[ \text{Total Expenses} \] $ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

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.

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

2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

   a. Sale, exchange, or leasing of property?
   b. Lending of money or other extension of credit?
   c. Furnishing of goods, services, or facilities?
   d. Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE STATEMENT 9
   e. Transfer of any part of its income or assets?

3. 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.)

   a. Did the organization have a section 403(b) annuity plan for its employees?
   b. 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
   c. Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

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

   a. Did the organization make any taxable distributions under section 4966?
   b. Did the organization make any taxable distributions under section 4966?
   c. Did the organization make a distribution to a donor, donor advisor, or related person?
   d. Enter the total number of donor advised funds owned at the end of the tax year
   e. Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year
   f. Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year
   g. Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2007
## 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.)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td>A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>X</td>
<td>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)(vii). (Also complete the Support Schedule in Part IV-A.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td>A community trust. Section 170(b)(1)(A)(vii). (Also complete the Support Schedule in Part IV-A.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>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 (100% of support from members, staff, or volunteers) Type II (100% of support from non-member sources) Type III-Functionally Integrated Type III-Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Name(s) of supported organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Employer identification number (EIN)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Type of organization (described in lines 5 through 12 above or IRC section)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Is the supported organization listed in the supporting organization's governing documents?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td>Amount of support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total |   |   |   |   |   |

14 |   | An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.) |   |   |   |
### Schedule A (Form 990 or 990-EZ) 2007

**NORTHERN MANHATTAN IMPROVEMENT CORP.**

#### Part IV-A: Support Schedule

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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2005</th>
<th>(c) 2004</th>
<th>(d) 2003</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)</td>
<td>11,368,676</td>
<td>9,636,915</td>
<td>8,412,884</td>
<td>8,884,250</td>
<td>38,302,725</td>
</tr>
<tr>
<td>16 Membership fees received</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>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</td>
<td>576,183</td>
<td>321,297</td>
<td>511,324</td>
<td>390,192</td>
<td>1,798,996</td>
</tr>
<tr>
<td>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</td>
<td>1,423</td>
<td>1,780</td>
<td>475</td>
<td>536</td>
<td>4,214</td>
</tr>
<tr>
<td>19 Net income from unrelated business activities not included in line 18</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>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</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
<td>.........</td>
</tr>
<tr>
<td>23 Total of lines 15 through 22</td>
<td>11,946,282</td>
<td>9,959,992</td>
<td>8,924,683</td>
<td>9,287,246</td>
<td>40,118,203</td>
</tr>
<tr>
<td>24 Line 23 minus line 17</td>
<td>11,370,099</td>
<td>9,638,695</td>
<td>8,413,359</td>
<td>8,897,054</td>
<td>38,319,207</td>
</tr>
<tr>
<td>25 Enter 1% of line 23</td>
<td>119,463</td>
<td>99,600</td>
<td>89,247</td>
<td>92,872</td>
<td>406,998</td>
</tr>
</tbody>
</table>

#### Organizations described on lines 10 or 11:

- **a** Enter 2% of amount in column (e), line 24
- **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
- **c** Total support for section 509(a)(1) test; Enter line 24, column (e)
- **d** Add: Amounts from column (e) for lines:
  - 18 $4,214
  - 19 $12,268
  - 22 $16,482
- **e** Public support (line 26c minus line 26d total)
- **f** Public support percentage (line 26e numerator divided by line 26e denominator)

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

#### 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**
### Part V Private School Questionnaire

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 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? | 29a | 29b |
| 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? | 30a | 30b |
| 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? | 31a | 31b |

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 32
does the organization maintain the following:                          | 32a | 32b |
| a records indicating the racial composition of the student body, faculty, and administrative staff? | 32c | 32d |
| b records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32e | 32f |
| c copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32g | 32h |
| d copies of all material used by the organization or on its behalf to solicit contributions? | 32i | 32j |

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 33
does the organization discriminate by race in any way with respect to:  | 33a | 33b |
| a students' rights or privileges?                                       | 33c | 33d |
| b admissions policies?                                                  | 33e | 33f |
| c employment of faculty or administrative staff?                       | 33g | 33h |
| d scholarships or other financial assistance?                          | 33i | 33j |
| e educational policies?                                                 | 33k | 33l |
| f use of facilities?                                                    | 33m | 33n |
| g athletic programs?                                                   | 33o | 33p |
| h other extracurricular activities?                                    | 33q | 33r |

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 34 a
does the organization receive any financial aid or assistance from a governmental agency? | 34a | 34b |
| b has the organization's right to such aid ever been revoked or suspended? | 34c | 34d |

If you answered "Yes" to either 34a or b, please explain using an attached statement.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 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 | 35a | 35b |
### Part VI-A Lobbying Expenditures by Electing Public Charities

#### (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.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Affiliated group totals</th>
<th>(b) To be completed for all electing organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>N/A</td>
</tr>
<tr>
<td>37</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>N/A</td>
</tr>
<tr>
<td>38</td>
<td>Total lobbying expenditures (add lines 36 and 37)</td>
<td>N/A</td>
</tr>
<tr>
<td>39</td>
<td>Other exempt purpose expenditures</td>
<td>N/A</td>
</tr>
<tr>
<td>40</td>
<td>Total exempt purpose expenditures (add lines 38 and 39)</td>
<td>N/A</td>
</tr>
<tr>
<td>41</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table -</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the amount on line 40 is -</th>
<th>The lobbying nontaxable amount is -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 40</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

| 42 | Grassroots nontaxable amount (enter 25% of line 41) | N/A |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | N/A |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | N/A |

**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 13 of the instructions.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2006</th>
<th>(c) 2005</th>
<th>(d) 2004</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Lobbying nontaxable amount</td>
<td>0.</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Lobbying ceiling amount (150% of line 45(e))</td>
<td>0.</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Total lobbying expenditures</td>
<td>0.</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Grassroots nontaxable amount</td>
<td>0.</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Grassroots ceiling amount (150% of line 48(e))</td>
<td>0.</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Grassroots lobbying expenditures</td>
<td>0.</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 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.)

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

---

**Schedule A (Form 990 or 990-EZ) 2007**

**10180113 759877 N18000**

**2007.07040 NORTHERN MANHATTAN IMPROVEMENT N18000_1**
Part VII  Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations  (See page 14 of the instructions.)

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash
(ii) Other assets

(b) Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
(c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

<table>
<thead>
<tr>
<th>Line no.</th>
<th>Amount involved</th>
<th>Name of noncharitable exempt organization</th>
<th>Description of transfers, transactions, and sharing arrangements</th>
</tr>
</thead>
</table>

52  Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b If "Yes," complete the following schedule:

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) Type of organization</th>
<th>(c) Description of relationship</th>
</tr>
</thead>
</table>
### Schedule B (Form 990, 990-EZ, or 990-PF)

**Department of the Treasury**  
**Internal Revenue Service**

#### Name of organization

<table>
<thead>
<tr>
<th>NORTHERN MANHATTAN IMPROVEMENT CORP.</th>
</tr>
</thead>
</table>

#### Employer identification number

| 13-2972415 |

#### Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>X 501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>527 political organization</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form 990-PF</th>
</tr>
</thead>
<tbody>
<tr>
<td>X 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### Check if your organization is covered by the **General Rule** or a **Special Rule**. *(Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)*

**General Rule** -

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

**Special Rules** -

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

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

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

#### Caution:

Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
### Part I  Contributors

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Aggregate contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CITY OF NY- ADMINISTRATION FOR CHILDREN'S SERVICES 150 WILLIAM STREET, 9TH FLOOR NEW YORK, NY 10027</td>
<td>$611,321.</td>
<td>Person X</td>
</tr>
<tr>
<td>2</td>
<td>CITY OF NY-DEPT OF HOMELESS SERVICES 33 BEAVER STREET, 17TH FLOOR NEW YORK, NY 10004</td>
<td>$681,789.</td>
<td>Person X</td>
</tr>
<tr>
<td>3</td>
<td>CITY OF NY-OFFICE OF CRIMINAL JUSTICE COORDINATION ONE CENTER STREET, ROON 1012N NEW YORK, NY 10007</td>
<td>$539,000.</td>
<td>Person X</td>
</tr>
<tr>
<td>4</td>
<td>INTEREST ON LAWYER ACCOUNT FUND OF THE STATE OF NY 11 EAST 44TH STREET, SUITE 1406 NEW YORK, NY 10017</td>
<td>$866,792.</td>
<td>Person X</td>
</tr>
<tr>
<td>5</td>
<td>NEW YORK STATE OFFICE OF TEMP AND DISABILITY ASSISTANCE 40 NORTH PEARL STREET-8D ALBANY, NY 12243</td>
<td>$338,297.</td>
<td>Person X</td>
</tr>
<tr>
<td>6</td>
<td>NON-PROFIT ASSISTANCE CORPORATION - SEEDCO 915 BROADWAY, 17TH FLOOR NEW YORK, NY 10010</td>
<td>$1,006,755.</td>
<td>Person X</td>
</tr>
</tbody>
</table>
## Part I: Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Aggregate contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>NYC DEPT OF YOUTH AND COMMUNITY DEVELOPMENT</td>
<td>$601,163.</td>
<td>Person X Payroll X Noncash</td>
</tr>
<tr>
<td></td>
<td>156 WILLIAM STREET</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10038</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>NYS DEPT OF HEALTH-LEAD SAFE HOUSE PROGRAM &amp; CHILD AND ADULT CARE FOOD PR</td>
<td>$410,739.</td>
<td>Person X Payroll X Noncash</td>
</tr>
<tr>
<td></td>
<td>ESP CORNING TOWER, ROOM 878</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALBANY, NY 12237</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>NYS-DIVISION OF HOUSING AND COMMUNITY RENEWAL</td>
<td>$2,520,489.</td>
<td>Person X Payroll X Noncash</td>
</tr>
<tr>
<td></td>
<td>25 BEAVER STREET-7TH FLOOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>ROBIN HOOD FOUNDATION</td>
<td>$525,000.</td>
<td>Person X Payroll X Noncash</td>
</tr>
<tr>
<td></td>
<td>915 BROADWAY, 17TH FLOOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>THE STATE EDUCATION DEPT/THE UNIV OF STATE OF NEW YORK</td>
<td>$789,856.</td>
<td>Person X Payroll X Noncash</td>
</tr>
<tr>
<td></td>
<td>89 WASHINGTON AVENUE, ROOM 306 EB</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALBANY, NY 12234</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>US DEPT OF JUSTICE</td>
<td>$270,262.</td>
<td>Person X Payroll X Noncash</td>
</tr>
<tr>
<td></td>
<td>800 K STREET, NW, 9TH FLOOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WASHINGTON, DC 20531</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Schedule B (Form 990, 990-EZ, or 990-PF) (2007)**

**Part I  Contributors** (See Specific Instructions.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Aggregate contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
</table>
| 13      | CITY OF NY DEPT. OF HOUSING PRESERVATION | $315,958. | Person X  
Noncash |
|         | 100 GOLD STREET                  |                | Payroll  
Noncash |
|         | NEW YORK, NY 10038               |                |             |

(Complete Part II if there is a noncash contribution.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Aggregate contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
</table>
| 14      | THE CONSORTIUM FOR WORKER EDUCATION | $270,000. | Person X  
Noncash |
|         | 275 SEVENTH AVENUE, 18TH FLOOR   |                | Payroll  
Noncash |
|         | NEW YORK, NY 10001               |                |             |

(Complete Part II if there is a noncash contribution.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Aggregate contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
</table>
|         |                                | $                      | Person  
Payroll  
Noncash |
|         |                                |                |             |

(Complete Part II if there is a noncash contribution.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Aggregate contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
</table>
|         |                                | $                      | Person  
Payroll  
Noncash |
|         |                                |                |             |

(Complete Part II if there is a noncash contribution.)

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Aggregate contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
</table>
|         |                                | $                      | Person  
Payroll  
Noncash |
|         |                                |                |             |

(Complete Part II if there is a noncash contribution.)
<table>
<thead>
<tr>
<th>Asset No.</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Method</th>
<th>Life</th>
<th>Unadjusted Cost Or Basis</th>
<th>Bus % Excl</th>
<th>Reduction In Basis</th>
<th>Basis For Depreciation</th>
<th>Accumulated Depreciation</th>
<th>Current Sec 179</th>
<th>Current Year Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>LEASEHOLD IMPROVEMENTS</td>
<td>04-27-07</td>
<td>SL</td>
<td>4.00</td>
<td>74,940.</td>
<td>74,940.</td>
<td>74,940.</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>FURNITURE AND FIXTURES</td>
<td>010199</td>
<td>SL</td>
<td>5.00</td>
<td>33,963.</td>
<td>33,963.</td>
<td>33,963.</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>MACHINERY AND EQUIPMENT</td>
<td>010104</td>
<td>SL</td>
<td>5.00</td>
<td>32,013.</td>
<td>32,013.</td>
<td>19,207.</td>
<td>3,199.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>VEHICLE</td>
<td>010105</td>
<td>SL</td>
<td>3.00</td>
<td>73,380.</td>
<td>73,380.</td>
<td>62,448.</td>
<td>5,466.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL 990 PAGE 2 DEPR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>214,296.</td>
<td>0.</td>
<td>214,296.</td>
<td>190,558.</td>
<td>0.</td>
<td>8,665.</td>
<td></td>
</tr>
</tbody>
</table>

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>(A) TOTAL</th>
<th>(B) PROGRAM SERVICES</th>
<th>(C) MANAGEMENT AND GENERAL</th>
<th>(D) FUNDRAISING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repairs and Maintenance</td>
<td>114,308.</td>
<td>102,577.</td>
<td>10,502.</td>
<td>1,229.</td>
</tr>
<tr>
<td>Utilities</td>
<td>67,776.</td>
<td>63,998.</td>
<td>3,705.</td>
<td>73.</td>
</tr>
<tr>
<td>Books &amp; Subscriptions</td>
<td>17,238.</td>
<td>17,238.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Expense</td>
<td>75,645.</td>
<td>71,597.</td>
<td>3,345.</td>
<td>703.</td>
</tr>
<tr>
<td>Other Costs</td>
<td>196,015.</td>
<td>127,912.</td>
<td>67,963.</td>
<td>140.</td>
</tr>
<tr>
<td>Subcontract Material &amp; Labor</td>
<td>1,153,461.</td>
<td>1,153,461.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Fees</td>
<td>288,280.</td>
<td>128,793.</td>
<td>159,487.</td>
<td></td>
</tr>
<tr>
<td>Program Expenses</td>
<td>214,936.</td>
<td>214,126.</td>
<td>810.</td>
<td></td>
</tr>
<tr>
<td>Stipends</td>
<td>20,185.</td>
<td>20,185.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>111,136.</td>
<td>97,083.</td>
<td>12,409.</td>
<td>1,644.</td>
</tr>
<tr>
<td>Performance Based Contract Expense</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Care Provider Payments</td>
<td>779,626.</td>
<td>779,626.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subcontract-Programs</td>
<td>266,548.</td>
<td>266,548.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total to FM 990, LN 43</strong></td>
<td><strong>3,305,154.</strong></td>
<td><strong>3,043,144.</strong></td>
<td><strong>258,221.</strong></td>
<td><strong>3,789.</strong></td>
</tr>
</tbody>
</table>
FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS AMOUNT
RENT EMERGENCY 87,174.
RENT EMERGENCY

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B 87,174.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3

EXPLANATION
NORTHERN MANHATTAN IMPROVEMENT CORPORATION ("NMIC"), IS A COMMUNITY BASED, NOT-FOR-PROFIT ORGANIZATION INCORPORATED IN THE STATE OF NEW YORK IN MARCH OF 1979 TO SERVE THE WASHINGTON HEIGHTS AND INWOOD COMMUNITIES. NMIC'S SERVICES HAVE FORMED A CRITICAL LINK TO THE OVERALL STABILITY OF THESE RAPIDLY GROWING AND CHANGING LOW-INCOME IMMIGRANT COMMUNITIES. NMIC'S CLIENT-CENTERED PROGRAMS MINIMIZE EVICTIONS; MAXIMIZE IMPROVEMENTS TO THE HOUSING STOCK; PROVIDE EDUCATION AND TRAINING TO INCREASE EMPLOYMENT OPPORTUNITIES; SUPPORT FAMILIES WITH CHILD CARE, CASE MANAGEMENT AND DOMESTIC VIOLENCE INTERVENTION SERVICES; AND, GIVE RESIDENTS A GREATER VOICE IN THE DECISIONS THAT AFFECT THEIR LIVES. ALL NIMC SERVICES ARE BILINGUAL - ENGLISH AND SPANISH.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION OF OTHER PROGRAM SERVICES GRANTS AND ALLOCATIONS EXPENSES
COMMUNITY ORGANIZING AND ADULT LITERACY 0. 368,154.
ADULT LITERACY 0. 1,051,382.
TOTAL TO FORM 990, PART III, LINE E 1,419,536.
## FORM 990 - Depreciation of Assets Not Held for Investment Statement 5

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost or Other Basis</th>
<th>Accumulated Depreciation</th>
<th>Book Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold Improvements</td>
<td>74,940.</td>
<td>74,940.</td>
<td>0.</td>
</tr>
<tr>
<td>Equipment</td>
<td>32,013.</td>
<td>22,406.</td>
<td>9,607.</td>
</tr>
<tr>
<td>Furniture and Fixtures</td>
<td>33,963.</td>
<td>33,963.</td>
<td>0.</td>
</tr>
<tr>
<td>Vehicles</td>
<td>73,380.</td>
<td>67,914.</td>
<td>5,466.</td>
</tr>
</tbody>
</table>

Total to Form 990, Part IV, Ln 57: 214,296. 199,223. 15,073.

## FORM 990 - Other Assets Statement 6

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due from 453 West 166th Street, L.P.</td>
<td>12,224.</td>
<td>12,224.</td>
</tr>
<tr>
<td>Due from NMIC Lead Safe House HDFC</td>
<td>17,445.</td>
<td>17,445.</td>
</tr>
<tr>
<td>Due from NMIC West 166 Street Owner's Corporation</td>
<td>4,240.</td>
<td>4,240.</td>
</tr>
<tr>
<td>Other Receivables</td>
<td>52,655.</td>
<td>98,617.</td>
</tr>
<tr>
<td>Deposits</td>
<td>55,000.</td>
<td>55,000.</td>
</tr>
</tbody>
</table>

Total to Form 990, Part IV, Line 58: 141,564. 187,526.

## FORM 990 - Identification of Related Organizations Statement 7

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Exempt</th>
<th>Nonexempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMIC West 166th Street Owners Corporation</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The Washington Heights HDFC</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>NMIC Lead Safe House HDFC</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>453 West 166th Street, L.P.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
**NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY**

NMIC W. 166TH ST OWNERS CORP., NEW YORK NY

**ADDRESS**

76 WADSWORTH AVENUE, NEW YORK, NY 10033

<table>
<thead>
<tr>
<th>EMPLOYER ID NUMBER</th>
<th>PERCENT OWNED</th>
<th>NATURE OF ACTIVITIES</th>
<th>TOTAL INCOME</th>
<th>END-OF-YEAR ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-3622596</td>
<td>100.00%</td>
<td>REAL ESTATE</td>
<td>9,210.</td>
<td>24,692.</td>
</tr>
</tbody>
</table>
SEE PART V
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>2006 AMOUNT</th>
<th>2005 AMOUNT</th>
<th>2004 AMOUNT</th>
<th>2003 AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER INCOME</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>12,268.</td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE A, LINE 22</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>12,268.</td>
</tr>
</tbody>
</table>
**Part I**  
**Election To Expense Certain Property Under Section 179**  
Note: If you have any listed property, complete Part V before you complete Part I.

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Cost (business use only)</th>
<th>Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maximum amount. See the instructions for a higher limit for certain businesses</td>
<td>125,000.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total cost of section 179 property placed in service (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Threshold cost of section 179 property before reduction in limitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II**  
**Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Cost (business use only)</th>
<th>Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Property subject to section 168(f)(1) election</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other depreciation (including ACRS)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part III**  
**MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

<table>
<thead>
<tr>
<th>No.</th>
<th>Classification of property</th>
<th>Month and year placed in service</th>
<th>Basis for depreciation (business/investment use only - see instructions)</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>19a</td>
<td>3-year property</td>
<td></td>
<td></td>
<td>25 yrs.</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>5-year property</td>
<td></td>
<td></td>
<td>27.5 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>7-year property</td>
<td></td>
<td></td>
<td>27.5 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>10-year property</td>
<td></td>
<td></td>
<td>39 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>15-year property</td>
<td></td>
<td></td>
<td>MM</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>20-year property</td>
<td></td>
<td></td>
<td>MM</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

<table>
<thead>
<tr>
<th>No.</th>
<th>Classification of property</th>
<th>Month and year placed in service</th>
<th>Basis for depreciation (business/investment use only - see instructions)</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td>Class life</td>
<td></td>
<td></td>
<td>12 yrs.</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>12-year</td>
<td></td>
<td></td>
<td>40 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
</tbody>
</table>

**Part IV**  
**Summary (see instructions)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Cost (business use only)</th>
<th>Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Listed property. Enter amount from line 28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.</td>
<td></td>
<td>8,665.</td>
</tr>
<tr>
<td>23</td>
<td>For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see separate instructions.
### Section A - Depreciation and Other Information

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>24a</td>
<td>Do you have evidence to support the business/investment use claimed?</td>
<td>Yes</td>
<td>No</td>
<td>24b</td>
<td>If &quot;Yes,&quot; is the evidence written?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(a) Type of property (list vehicles first)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Date placed in service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Business/investment use percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Cost or other basis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Basis for depreciation (business/investment use only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Recovery period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Method/Convention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Depreciation deduction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Elected section 179 cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use: __________________________

26 Property used more than 50% in a qualified business use:

<table>
<thead>
<tr>
<th>Vehicle</th>
<th>Date placed in service</th>
<th>Business/investment use percentage</th>
<th>Cost or other basis</th>
<th>Basis for depreciation (business/investment use only)</th>
<th>Recovery period</th>
<th>Method/Convention</th>
<th>Depreciation deduction</th>
<th>Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27 Property used 50% or less in a qualified business use:

<table>
<thead>
<tr>
<th>Vehicle</th>
<th>Date placed in service</th>
<th>Business/investment use percentage</th>
<th>Cost or other basis</th>
<th>Basis for depreciation (business/investment use only)</th>
<th>Recovery period</th>
<th>Method/Convention</th>
<th>Depreciation deduction</th>
<th>Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1: __________________________

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1: __________________________

### Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles): __________________________

31 Total commuting miles driven during the year: __________________________

32 Total other personal (noncommuting) miles driven: __________________________

33 Total miles driven during the year.

34 Add lines 30 through 32: __________________________

35 Was the vehicle available for personal use during off-duty hours? Yes | No

36 Was the vehicle used primarily by a more than 5% owner or related person? Yes | No

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes | No

38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners:

39 Do you treat all use of vehicles by employees as personal use? Yes | No

40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Yes | No

41 Do you meet the requirements concerning qualified automobile demonstration use? Yes | No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

### Part VI - Amortization

<table>
<thead>
<tr>
<th>Description of costs</th>
<th>Date amortization begins</th>
<th>Amortizable amount</th>
<th>Code section</th>
<th>Amortization period or percentage</th>
<th>Amortization for this year</th>
</tr>
</thead>
</table>

42 Amortization of costs that begins during your 2007 tax year: __________________________

43 Amortization of costs that began before your 2007 tax year: __________________________

44 Total. Add amounts in column (f). See the instructions for where to report: __________________________
Form 8868
Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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.

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

X Form 990
Form 990-BL
Form 990-EZ
Form 990-PF
Form 990-T (corporation)
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

The books are in the care of THE CORPORATION

Telephone No. (212) 822-8300 FAX No. N/A

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 and attach a list with the names and EINs of all members the extension will cover.

FEBRUARY 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

X calendar year or

X tax year beginning JUL 1, 2007, and ending JUN 30, 2008.

If this tax year is for less than 12 months, check reason:

X Initial return
X Final return

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.

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.

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).

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.