

Return of Organization Exempt From Income Tax

2007

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	D Employer identification number 13-2572034
	Number and street (or P.O. box if mail is not delivered to street address) 415 EAST 93RD STREET	E Telephone number (212) 360-7620
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10128	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

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

G Website: WWW.ISAACSCENTER.ORG

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

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

I Group Exemption Number **N/A**

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **6,522,175.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		2,660,091.	
	c Indirect public support (not included on line 1a)	1c		159,668.	
	d Government contributions (grants) (not included on line 1a)	1d		3,363,978.	
	e Total (add lines 1a through 1d) (cash \$ 6,183,737. noncash \$)	1e			6,183,737.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			140,772.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			88,881.
	6 a Gross rents SEE STATEMENT 1	6a		14,155.	
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c			14,155.	
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	Less: cost or other basis and sales expenses	8c			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 199,166. of contributions reported on line 1b)	9a		57,410.	
	b Less: direct expenses other than fundraising expenses	9b		64,455.	
	c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2	9c			-7,045.
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			37,220.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			6,457,720.	
Expenses	13 Program services (from line 44, column (B))	13		5,479,078.	
	14 Management and general (from line 44, column (C))	14		477,802.	
	15 Fundraising (from line 44, column (D))	15		616,224.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			6,573,104.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		-115,384.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		6,529,776.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20			-376,450.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			6,037,942.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ 38,924, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> 22b	38,924.	38,924.	STATEMENT 5	STATEMENT 6
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a	289,484.	190,148.	99,336.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c 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) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	3,221,141.	2,950,807.	152,582.	117,752.
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a-27 28	285,713.	211,152.	63,535.	11,026.
29 Payroll taxes 29	349,677.	291,695.	48,974.	9,008.
30 Professional fundraising fees 30				
31 Accounting fees 31				
32 Legal fees 32				
33 Supplies 33	63,013.	61,287.	1,726.	
34 Telephone 34	90,664.	87,878.	1,393.	1,393.
35 Postage and shipping 35	113,781.	7,173.	9,278.	97,330.
36 Occupancy 36				
37 Equipment rental and maintenance 37	101,518.	98,779.	2,704.	35.
38 Printing and publications 38	224,876.	59,258.	24,525.	141,093.
39 Travel 39	70,417.	69,646.	503.	268.
40 Conferences, conventions, and meetings 40	9,040.	7,774.	585.	681.
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42	152,858.	140,908.	11,950.	
43 Other expenses not covered above (itemize): a 43a b 43b c 43c d 43d e 43e f 43f g SEE STATEMENT 4 43g	1,561,998.	1,263,649.	60,711.	237,638.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	6,573,104.	5,479,078.	477,802.	616,224.

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 10	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 7 	
(Grants and allocations \$ 38,924.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,584,428.
b SEE STATEMENT 8 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,256,357.
c SEE STATEMENT 9 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,638,293.
d 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	5,479,078.

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Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	941,642.	45	320,298.
	46	Savings and temporary cash investments	443,710.	46	561,818.
	47 a	Accounts receivable			
		47a			
	b	Less: allowance for doubtful accounts		47b	47c
		47b			
	48 a	Pledges receivable			
		48a	137,199.		
	b	Less: allowance for doubtful accounts		48b	48c
		48b			
	49	Grants receivable	135,507.	49	137,199.
	50 a	Receivables from current and former officers, directors, trustees, and key employees	671,829.	50a	1,087,141.
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable		51a	
	b	Less: allowance for doubtful accounts		51b	51c
		51b			
	52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53		
54 a	Investments - publicly-traded securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	45,193.	54a	48,626.	
b	Investments - other securities STMT 15 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,256,180.	54b	1,980,897.	
55 a	Investments - land, buildings, and equipment: basis		55a		
	55a				
b	Less: accumulated depreciation		55b	55c	
	55b				
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis	4,508,427.	57a		
b	Less: accumulated depreciation	2,747,267.	57b	57c	
	57b				
58	Other assets, including program-related investments (describe SEE STATEMENT 13)	701,267.	58	624,651.	
59	Total assets (must equal line 74). Add lines 45 through 58	7,084,838.	59	6,521,790.	
Liabilities	60	Accounts payable and accrued expenses	441,106.	60	400,899.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe SEE STATEMENT 14)	113,956.	65	82,949.
66	Total liabilities. Add lines 60 through 65	555,062.	66	483,848.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	5,171,820.	67	4,716,741.
	68	Temporarily restricted	680,375.	68	684,496.
	69	Permanently restricted	677,581.	69	636,705.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	6,529,776.	73	6,037,942.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	7,084,838.	74	6,521,790.

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
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 120,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
	N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
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? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g		
90 a	List the states with which a copy of this return is filed		
	NY		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	169
91 a	The books are in care of		
	THE ORGANIZATION Telephone no. (212) 360-7620		
	Located at 415 EAST 93RD STREET, NEW YORK, NY ZIP + 4 10128		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
		91b	X

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Part VI Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ <u>N/A</u>		91c	X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>92</u> N/A			

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a PROGRAM SERVICES FEES					91,764.
b CONFERENCE CALLS					49,008.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	88,881.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	14,155.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					-7,045.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MANAGEMENT FEE	541610	24,000.			
b OTHER INCOME					13,220.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		24,000.		103,036.	146,947.
105 Total (add line 104, columns (B), (D), and (E))					273,983.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 17

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)				
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)	
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). **N/A**

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

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

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

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

Please Sign Here

Signature of officer: [Signature] Date: 05/03/09

Type or print name and title: WANDA WOOTEN EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 4/30/09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: O'CONNOR DAVDES MUNNS & DOBBINS, LLP
60 EAST 42ND STREET, 36TH FL.
NEW YORK, NY 10165-3698

EIN: Phone no.: (212) 286-2600

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

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

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

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

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

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

Type or print	Name of Exempt Organization STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	Employer identification number 13-2572034
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 415 EAST 93RD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10128	

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

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

- The books are in the care of ▶ **THE ORGANIZATION**
 Telephone No. ▶ **(212) 360-7620** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II		
Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	Employer identification number 13-2572034
	Number, street, and room or suite no. If a P.O. box, see instructions. 415 EAST 93RD STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10128	

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

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

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

- The books are in the care of **▶ THE ORGANIZATION**
Telephone No. **▶ (212) 360-7620** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2009**.

5 For calendar year **_____**, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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

7 State in detail why you need the extension
INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I am authorized to prepare this form.

Signature **▶ [Signature]** Title **▶ CFAO** Date **▶ 5/3/2009**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.** Employer identification number **13 2572034**

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MALIK TAYLOR 415 EAST 93RD STREET, NEW YORK, NY 10	DIR. OF COMPUTERS 35.00	50,005.	6,931.	
IVONNE TORRES 415 EAST 93RD STREET, NEW YORK, NY 10	DIR. OF YOUTH 35.00	80,307.	5,562.	
VERONICA HAYWOOD 415 EAST 93RD STREET, NEW YORK, NY 10	DIR. OF DEVELOPMENT 35.00	80,308.	5,570.	
AMY LOEWENBERG 415 EAST 93RD STREET, NEW YORK, NY 10	DIR. OF SNR SVCS 35.00	80,308.	802.	
DEVANANDA SHENOY 415 EAST 93RD STREET, NEW YORK, NY 10	CONTROLLER 35.00	66,728.	7,932.	
Total number of other employees paid over \$50,000 ▶	0			

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
THE STANFORD GROUP 211 WEST 56TH STREET, NEW YORK, NY 10019	PROFESSIONAL FUNDRAISING	272,408.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
THE CARTER BURDEN CENTER FOR THE AGING 1484 FIRST AVENUE, NEW YORK, NY 10075	MEALS PREPARED - MEALS ON WHEELS	375,433.
CULINARY CONCEPTS SERVICES 8-07 38TH AVENUE, LONG ISLAND CITY, NY 11101	MEALS PREPARED - MEALS ON WHEELS	59,884.

Total number of other contractors receiving over \$50,000 for other services ▶	0	

STANLEY M. ISAACS NEIGHBORHOOD CENTER,

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 18	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 19	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

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

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

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

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

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

STANLEY M. ISAACS NEIGHBORHOOD CENTER,

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

13-2572034 Page 4

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

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,806,471.	5,021,643.	5,512,164.	5,093,617.	22,433,895.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	216,305.	233,161.	270,582.	281,480.	1,001,528.
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	62,374.	52,472.	30,775.	28,086.	173,707.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	120,000.	120,000.	120,000.	147,000.	507,000.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	76,293.	93,862.	SEE STATEMENT 20 50,004.	43,940.	264,099.
23 Total of lines 15 through 22	7,281,443.	5,521,138.	5,983,525.	5,594,123.	24,380,229.
24 Line 23 minus line 17	7,065,138.	5,287,977.	5,712,943.	5,312,643.	23,378,701.
25 Enter 1% of line 23	72,814.	55,211.	59,835.	55,941.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 467,574.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 23,378,701.
d Add: Amounts from column (e) for lines: 18 173,707. 19 _____ 22 264,099. 26b _____					26d 437,806.
e Public support (line 26c minus line 26d total)					26e 22,940,895.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.1273%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
41	The lobbying nontaxable amount is -	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

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:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

STANLEY M. ISAACS NEIGHBORHOOD CENTER,
INC.

Employer identification number

13-2572034

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (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).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	Employer identification number 13-2572034
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DEPARTMENT FOR THE AGING 2 LAFAYETTE STREET, 9TH FLOOR NEW YORK, NY 10077	\$ 1,535,627.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NYC DEPT. OF YOUTH AND COMMUNITY DEVELOPMENT 156 WILLIAM STREET, 6TH FL. NEW YORK, NY 10038	\$ 985,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NYC MEALS ON WHEELS 50 EAST MAIN STREET MIDDLETON, NY 10940	\$ 243,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NYS OFFICE FOR THE AGING 2 EMPIRE STATE PLAZA ALBANY, NY 12223	\$ 126,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NYS OFFICE OF CHILDREN & FAMILY SERVICES 52 WASHINGTON STREET RENSSELAER, NY 12144-2796	\$ 228,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ROBIN HOOD FOUNDATION 111 BROADWAY, 19TH FL. NEW YORK, NY 10006	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	Employer identification number 13-2572034
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE CLARK FOUNDATION <hr/> ONE ROCKEFELLER PLAZA, 31ST FL. <hr/> NEW YORK, NY 10020	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	UNITED WAY OF NYC <hr/> 2 PARK AVENUE, 2ND FLOOR <hr/> NEW YORK, NY 10016	\$ 172,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
415 EAST 93RD STREET NEW YORK, NY	1	14,155.
TOTAL TO FORM 990, PART I, LINE 6A		14,155.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
CELEBRATION 2006	256,576.	199,166.	57,410.	64,455.	-7,045.
TO FM 990, PART I, LINE 9	256,576.	199,166.	57,410.	64,455.	-7,045.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-335,574.
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	-40,876.
TOTAL TO FORM 990, PART I, LINE 20	-376,450.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
STIPEND PAYMENTS	72,468.	71,188.	1,060.	220.
DUES AND SUBSCRIPTIONS	26,698.	12,243.	14,455.	
INSURANCE	67,898.	65,505.	1,644.	749.
PROGRAM ACTIVITIES	30,019.	29,616.		403.
FOOD AND BEVERAGE	578,951.	573,373.	5,578.	
OFFICE EXPENSE	74,921.	65,988.	6,869.	2,064.
COMPUTER SERVICE	98,127.	87,118.	9,970.	1,039.
SUB-CONTRACTORS	36,621.	36,621.		

BANK FEES	12,460.	139.	4,928.	7,393.
INDIRECT COST	110,685.	110,685.		
CONSULTANTS	453,150.	211,173.	16,207.	225,770.
TOTAL TO FM 990, LN 43	1,561,998.	1,263,649.	60,711.	237,638.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SCHOLARSHIP UNITED WAY 2 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10016	500.
SCHOLARSHIP VASCA C/O BRANDT, STEINBERG & LEWIS, 386 PARK AVENUE SOUTH, SUITE 600 NEW YORK, NY 10016	191.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	691.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO INDIVIDUALS

STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP GENARO CRUZ 1830 FIRST AVENUE,#1J NEW YORK, NY 10128	NONE	2,703.
SCHOLARSHIP MEJIAS MARIBEL 1830 FIRST AVENUE,#17B NEW YORK, NY 10128	NONE	3,203.
SCHOLARSHIP RASHESDAH RICHARDSON 1309,FIFTH AVENUE,#34F NEW YORK, NY 10029	NONE	3,703.
SCHOLARSHIP CHRISTINA BYERS 405E, 105TH STREET,#20H NEW YORK, NY 10029	NONE	3,703.
SCHOLARSHIP CHANELL WASHINGTON 1020 GRAND CONCOURSE,#11P, NEW YORK, NY 10451 NEW YORK, NY 10029	NONE	4,703.
SCHOLARSHIP ACEVEDO AMANDA 1700 LONG FELLOW AVENUE,#5G BRONX, NY 10460	NONE	2,203.
SCHOLARSHIP JONATHAN RODRIGUEZ 2313 GLEASON AVENUE BRONX, NY 10462	NONE	4,203.
SCHOLARSHIP JESSE MELECIO 414 AMSTERDAM AVENUE,#5N NEW YORK, NY 10024	NONE	3,203.
SCHOLARSHIP BROWN EMMANUEL 2095 THIRD AVENUE,#2B NEW YORK, NY 10029	NONE	3,203.

SCHOLARSHIP SABRINA HILL 120 BENCHLEY PLACE, #16F BRONX, NY 10475	NONE	3,703.
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SCHOLARSHIP ANDREW VERNA LEE 2061 VALENTINE AVENUE, #1 BRONX, NY 10457	NONE	3,703.
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TOTAL INCLUDED ON FORM 990, PART II, LINE 22B		38,233.
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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	7
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DESCRIPTION OF PROGRAM SERVICE ONE

YOUTH AND FAMILY SERVICES: 2,600 LOW INCOME YOUTHS AND FAMILIES SERVED BY TWO AFTER-SCHOOL PROGRAMS; YOUTH OUTREACH, DEVELOPMENT AND LEADERSHIP; DROP-OUT PREVENTION; COLLEGE AND CAREER SERVICES; SCHOLARSHIPS; JOB TRAINING AND PLACEMENT FOR OUT-OF-SCHOOL YOUTH; FAMILY SERVICES AND ESL PROGRAM FOR IMMIGRANT ADULTS ALL TO ENCOURAGE RESILIENCE, SKILL DEVELOPMENT AND ECONOMIC OPPORTUNITY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	38,924.	2,584,428.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE TWO

SENIOR SERVICES: WIDE VARIETY OF PROGRAMS REACHING MORE THAN 1,900 SENIOR CITIZENS INCLUDING SENIOR CENTER OPEN MONDAY THROUGH SATURDAY THAT PROVIDES MORE THAN 50,000 MEALS PER YEAR AND A WIDE RANGE OF ACTIVITIES TO SUPPORT HEALTHY AGING; NORC/SUPPORTIVE SERVICES OF CASE MANAGEMENT AND HEALTH CARE MANAGEMENT FOR OLDER ADULT RESIDENTS OF THE ISAACS/HOLMES HOUSING DEVELOPMENT.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

GRANTS	EXPENSES
	1,256,357.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE THREE

MEALS ON WHEELS: DELIVERS 130,000 MEALS ANNUALLY TO APPROXIMATELY 600 OLDER ADULTS WHO ARE HOMEBOUND AND UNABLE TO SHOP AND COOK TO HELP THEM REMAIN IN THEIR HOMES AND AGE IN DIGNITY. ELDERS AT HOME CONFERENCE CALL PROGRAM OF GROUP ACTIVITIES PROMOTES SOCIAL CONNECTIONS, LEARNING AND LAUGHTER, HEALTH INFORMATION AND SUPPORT TO COUNTERACT ISOLATION AND LONELINESS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		1,638,293.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 10
PART III

EXPLANATION

PROVIDING COMMUNITY SERVICES TO THE YORKVILLE AND EAST HARLEM SECTIONS OF MANHATTAN. THESE INCLUDE SERVICES FOR SENIORS, ADULTS, YOUTHS AND FAMILIES.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCKS	FMV	1,035.			1,035.
TO FORM 990, LINE 54A, COL B		1,035.			1,035.

FORM 990	GOVERNMENT SECURITIES	STATEMENT 12
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT OBLIGATIONS	FMV	47,591.		47,591.
TOTAL TO FORM 990, LINE 54A, COL B		47,591.		47,591.

FORM 990	OTHER ASSETS	STATEMENT 13
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
PREPAID EXPENSES	26,722.	20,741.
BENEFICIAL INTEREST IN PERPETUAL TRUST	630,348.	589,472.
OTHER RECEIVABLES	44,197.	14,438.
TOTAL TO FORM 990, PART IV, LINE 58		701,267.

FORM 990	OTHER LIABILITIES	STATEMENT 14
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
REFUNDABLE ADVANCES DUE TO SUBCONTRACTOR	3,379.	3,567.
	110,577.	79,382.
TOTAL TO FORM 990, PART IV, LINE 65		113,956.

FORM 990	OTHER SECURITIES	STATEMENT 15
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	FMV	1,980,897.
TO FORM 990, LINE 54B, COL B		1,980,897.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 16
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WANDA WOOTEN 415 EAST 93RD STREET NEW YORK, NY 10128	EXECUTIVE DIRECTOR 35.00	150,577.	5,503.	0.
TIM ETTENHEIM 415 EAST 93RD STREET NEW YORK, NY 10128	CHIEF FINANCIAL AND ADMIN OFFICER 35.00	133,404.	0.	0.
BARRY J. ALPERIN 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
DR. ESTELLE P. BENDER 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
CORNELIA W. CLIFFORD 415 EAST 93RD STREET NEW YORK, NY 10128	VICE PRESIDENT 0.10	0.	0.	0.
REBECCA DAVIES 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
JO ANN FOX-WEINGARTEN 415 EAST 93RD STREET NEW YORK, NY 10128	ASSISTANT SECRETARY 0.10	0.	0.	0.
DORIS C. HALABY 415 EAST 93RD STREET NEW YORK, NY 10128	CHAIRMAN 0.10	0.	0.	0.
MARY ELLEN JOHNSON 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
THEODORE P. KLINGOS 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
URSULA LOWERRE 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.

CHRISTOPHER MAHAN 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
KIRSTEN MANGES 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
ANDREA MARTIN 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
GLENN MCANANAMA 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
APRIL DOW MICHAS 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
JAMES S. OLSON 415 EAST 93RD STREET NEW YORK, NY 10128	TREASURER 0.10	0.	0.	0.
LESLIE PERKINS 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
DEBORAH QUINONES 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
FREDERIC RUBINSTEIN 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
SUSAN A. RUBINSTEIN 415 EAST 93RD STREET NEW YORK, NY 10128	VICE PRESIDENT 0.10	0.	0.	0.
C. MICHAEL SPERO 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
GRETCHEN H. STONE 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
LEE WAREHAM 415 EAST 93RD STREET NEW YORK, NY 10128	PRESIDENT 0.10	0.	0.	0.

RAYMOND WAREHAM 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
JUDITH C. ZESIGER 415 EAST 93RD STREET NEW YORK, NY 10128	BOARD MEMBER 0.10	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>283,981.</u>	<u>5,503.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 17
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEEs RECEIVED IN CONNECTION WITH PROGRAMS INCLUDING MEALS ON WHEELS, SENIOR CENTER, AND DAY CAMP.
93B	SERVICES TO OTHER SERVICE ORGANIZATIONS TO BENEFIT HOMEBOUND CLIENTS WITH RELATED SERVICES OF EDUCATION, RECREATION AND SOCIALIZATION VIA CONFERENCE CALL GROUPS.
103B	OTHER INCOME SUPPORT SENIOR AND YOUTH ACTIVITIES.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 18

SEE PART V-A, FORM 990

