

**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 2006 calendar year, or tax year beginning 7/01/06, and ending 6/30/07

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
St. Ann's Corner of Harm Reduction, Inc.

Number and street (or P O box if mail is not delivered to street address) Room/suite  
310 Walton Avenue

City or town, state or country, and ZIP + 4  
Bronx NY 10451

**D** Employer identification number  
13-3724008

**E** Telephone number  
718-585-5544

**F** Accounting method.  Cash  
 Accrual  Other (specify)

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

**G** Website: http://sachr.org

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

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

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 1,394,102

**H** and are not applicable to section 527 organizations **I**

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

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

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

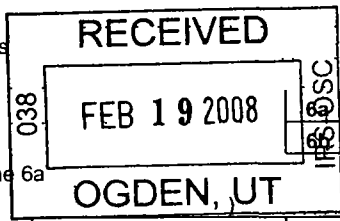
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number **I**

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

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

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	300	
	c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d	1,383,778		
e	Total (add lines 1a through 1d) (cash \$ <u>1,384,078</u> noncash \$ _____ )	1e	1,384,078	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	139	
5	Dividends and interest from securities	5		
6a	Gross rents			
b	Less rental expenses			
c	Net rental income or (loss) Subtract line 6b from line 6a	6c		
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory			
b	Less cost or other basis and sales expenses			
c	Gain or (loss) (attach schedule)			
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 \$ _____ of contributions reported on line 1b)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11	9,885	
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,394,102	
13	Program services (from line 44, column (B))	13	1,037,876	
14	Management and general (from line 44, column (C))	14	216,433	
15	Fundraising (from line 44, column (D))	15	38,391	
16	Payments to affiliates (attach schedule)	16		
17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17	1,292,700	
18	Excess or (deficit) for the year Subtract line 17 from line 12	18	101,402	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	264,212	
20	Other changes in net assets or fund balances (attach explanation) <u>See Statement 1</u>	20	-13,114	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	352,500	



Revenue  
Expenses  
Net Assets

**Part II Statement of Functional Expenses**

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

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) <b>See Statement 2</b>	<b>25a</b> 85,000	42,500	34,000	8,500
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 590,079	488,583	84,573	16,923
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 72,971	57,420	12,680	2,871
<b>29</b> Payroll taxes	<b>29</b> 72,745	57,473	12,645	2,627
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 12,643	6,661	1,694	4,288
<b>34</b> Telephone	<b>34</b> 13,342	11,473	1,570	299
<b>35</b> Postage and shipping	<b>35</b> 3,436	2,955	404	77
<b>36</b> Occupancy	<b>36</b> 67,984	58,697	8,539	748
<b>37</b> Equipment rental and maintenance	<b>37</b> 23,167	20,312	2,399	456
<b>38</b> Printing and publications	<b>38</b> 228		228	
<b>39</b> Travel	<b>39</b> 16,244	15,496	375	373
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 2,016	180	1,836	
<b>41</b> Interest	<b>41</b> 25		25	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 25,620	22,396	2,923	301
<b>43</b> Other expenses not covered above (itemize) <b>a</b> See Statement 3	<b>43a</b> 307,200	253,730	52,542	928
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 1,292,700	1,037,876	216,433	38,391

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose?

▶ See Statement 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others )

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others )

a The program services provided include, but not limited to, needle exchange, HIV outreach, stress reduction, education workshops, support group, condom distribution and literature distribution

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

1,037,876

b

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

c

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

d

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

e Other program services (attach schedule)

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

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

▶ 1,037,876

**Part IV Balance Sheets (See the instructions.)**

				(A)		(B)	
				Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
Assets	45	Cash-non-interest-bearing		78,043	45	112,187	
	46	Savings and temporary cash investments			46		
	47a	Accounts receivable	47a 318,408				
	b	Less: allowance for doubtful accounts	47b	403,548	47c	318,408	
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b		48c		
	49	Grants receivable			49		
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)			50b		
	51a	Other notes and loans receivable (attach schedule)					
	b	Less: allowance for doubtful accounts			51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54a	Investments—publicly-traded securities			54a		
	b	Investments—other securities (attach schedule)			54b		
	55a	Investments—land, buildings, and equipment: basis					
	b	Less: accumulated depreciation (attach schedule)			55c		
	56	Investments—other (attach schedule)			56		
	57a	Land, buildings, and equipment: basis		57a 189,028			
b	Less: accumulated depreciation (attach schedule) See Statement 5		57b 131,172	64,157	57c	57,856	
58	Other assets, including program-related investments (describe ► See Statement 6 )			14,345	58	10,765	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58			560,093	59	499,216	
Liabilities	60	Accounts payable and accrued expenses		135,728	60	81,669	
	61	Grants payable			61		
	62	Deferred revenue See Statement 7		110,962	62	65,047	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe ► See Statement 8 )			49,191	65	
66	<b>Total liabilities.</b> Add lines 60 through 65			295,881	66	146,716	
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		264,212	67	352,500	
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			264,212	73	352,500
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73			560,093	74	499,216

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,394,102
<b>b</b>	Amounts included on line a but not on Part I, line 12.		<b>b</b>	
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines b1 through b4		<b>b</b>	
<b>c</b>	Subtract line b from line a		<b>c</b>	1,394,102
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		<b>d</b>	
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines d1 and d2		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines c and d		<b>e</b>	1,394,102

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,292,700
<b>b</b>	Amounts included on line a but not Part I, line 17		<b>b</b>	
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines b1 through b4		<b>b</b>	
<b>c</b>	Subtract line b from line a		<b>c</b>	1,292,700
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		<b>d</b>	
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines d1 and d2		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines c and d		<b>e</b>	1,292,700

**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 -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Joyce A. Rivera 310 Walton Avenue Bronx NY 10451	Exec. Direct 40	85,000	2,500	0
Board of Directors See Enclosed List	0	0	0	0



Part VI Other Information (continued)

		Yes	No
<b>82a</b>	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? 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.)		X
<b>82b</b>			
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85</b>	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 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.		
<b>85c</b>	Dues, assessments, and similar amounts from members		
<b>85d</b>	Section 162(e) lobbying and political expenditures		
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85h</b>	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?		
<b>86</b>	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
<b>86a</b>			
<b>86b</b>			
<b>87</b>	501(c)(12) orgs Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>87a</b>			
<b>87b</b>			
<b>88a</b>	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>88b</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
<b>89a</b>	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>89b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
<b>89c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>89d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
<b>89e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89g</b>	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
<b>90a</b>	List the states with which a copy of this return is filed NY		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		14
<b>91a</b>	The books are in care of The Organization 310 Walton Avenue Located at Bronx, NY Telephone no. ZIP + 4 10451		
<b>91b</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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X

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?

91c Yes No X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

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

Note: Enter gross amounts unless otherwise indicated

93 Program service revenue.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Medicare/Medicaid payments, fees from government agencies, membership dues, interest on savings, dividends, rental income, and other revenue.

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

10,024

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

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

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

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

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes X 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).

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

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

Yes	No
	X

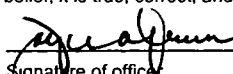
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**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

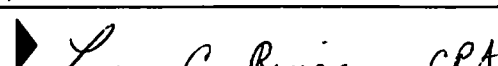
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Please Sign Here**

Signature of officer:  Date: 2/14/08

Type or print name and title: Joyce A. Rivera Executive Director 2/14/08

**Paid Preparer's Use Only**

Preparer's signature:  Date: 2/14/08 Check if self-employed:  Preparer's SSN or PTIN (See Gen Instr X): P00645103

Firm's name (or yours if self-employed), address, and ZIP + 4: Vargas, Ghiqliotty & Rivera, LLP EIN: 13-3747593

586 Route 304 Phone no: 845-638-3113

New City, NY 10956

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

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2006**

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: **St. Ann's Corner of Harm Reduction, Inc.**  
Employer identification number: **13-3724008**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
Bert Mejoor 310 Walton Ave Bronx NY 10451	Deputy Dir. 40	81,998	2,456	0
Stephen Stern 310 Walton Ave. Bronx NY 10451	Finance Dir. 40	65,000	0	0
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2006

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

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, 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.)</p> <p><i>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.</i></p>	1	X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a	X
<p><b>b</b> Lending of money or other extension of credit?</p>	2b	X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c	X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>See Part V-A, Form 990</u></p>	2d	X
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e	X
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a	X
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	X
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c	X
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	X
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a	X
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	4b	
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>		
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>		
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____</p>		0
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>		0

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

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

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

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (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	
<b>Total</b>					►

- 14  An organization organized and operated to test for public safety. Section 509(a)(4) (See page 7 of the instructions.)

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,370,650	1,240,233	1,134,126	863,493	4,608,502
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	146				146
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. Stmt 9	15				15
<b>23</b> Total of lines 15 through 22	1,370,811	1,240,233	1,134,126	863,493	4,608,663
<b>24</b> Line 23 minus line 17	1,370,811	1,240,233	1,134,126	863,493	4,608,663
<b>25</b> Enter 1% of line 23	13,708	12,402	11,341	8,635	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	92,173
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	<b>26b</b>	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	<b>26c</b>	4,608,663
d Add Amounts from column (e) for lines 18 <u>146</u> 19 _____ 22 <u>15</u> 26b _____	<b>26d</b>	161
e Public support (line 26c minus line 26d total)	<b>26e</b>	4,608,502
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	<b>26f</b>	99.9965%

<b>27 Organizations described on line 12:</b> 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	(2005)	(2004)	(2003)	(2002)	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.	(2005)	(2004)	(2003)	(2002)	N/A
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>				
d Add Line 27a total _____ and line 27b total _____	<b>27d</b>				
e Public support (line 27c total minus line 27d total)	<b>27e</b>				
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	<b>27f</b>				
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>				%
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>				%

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

**Part V Private School Questionnaire (See page 9 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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



Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 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?

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 with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

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

Yes No (X)

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.



## Federal Statements

### Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Net asset adjustment	\$ -13,114
Total	<u>\$ -13,114</u>

SACHR St. Ann's Corner of Harm  
13-3724008  
FYE: 6/30/2007

## Federal Statements

### Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
Expenses	\$	\$	\$
Compensation	42,500	34,000	8,500
Total	<u>\$ 42,500</u>	<u>\$ 34,000</u>	<u>\$ 8,500</u>

## Federal Statements

### Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
CONSULTANTS	110,739	91,089	19,650	
PROFESSIONAL FEES	12,000		12,000	
UTILITIES	27,717	23,931	3,481	305
INSURANCE	19,549	14,909	4,504	136
RECRUITING	4,654		4,654	
PROGRAM SUPPLIES	63,584	63,584		
EQUIPMENT PURCHASES	1,794	1,118	676	
DUES & SUBSCRIPTIONS	1,013	508	505	
STIPENDS	27,361	25,496	1,865	
REPAIRS & MAINTENANCE	32,617	28,162	4,097	358
BANK SERVICE CHARGES	435		435	
PAYROLL SERVICE FEES	5,737	4,933	675	129
Total	\$ <u>307,200</u>	\$ <u>253,730</u>	\$ <u>52,542</u>	\$ <u>928</u>

## Federal Statements

### Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

Community based education and family services with a focus  
on addressing the AIDS epidemic in the Bronx, NY.

## Federal Statements

### Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
EQUIPMENT	\$ 36,309	\$ 27,933	\$ 42,573	\$ 31,396
FURNITURE	5,624	4,949	5,624	5,175
CAR (VAN)	21,277	14,942	21,277	17,054
LEASEHOLD IMPROVEMENTS	106,499	57,728	119,554	77,547
Total	<u>\$ 169,709</u>	<u>\$ 105,552</u>	<u>\$ 189,028</u>	<u>\$ 131,172</u>

### Statement 6 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SECURITY DEPOSIT	\$ 4,744	\$ 4,744
PREPAID EXPENSES	9,601	6,021
Total	<u>\$ 14,345</u>	<u>\$ 10,765</u>

### Statement 7 - Form 990, Part IV, Line 62 - Deferred Revenue

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CONTRACT-ADVANCE DEPOSIT	\$ 110,962	\$ 65,047
Total	<u>\$ 110,962</u>	<u>\$ 65,047</u>

### Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Line of Credit	\$ 49,191	\$
Total	<u>\$ 49,191</u>	<u>\$ 0</u>

## Federal Statements

### Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
Total	\$ <u>15</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

SACHR St. Ann's Corner of Harm  
13-3724008  
FYE: 6/30/2007

## Federal Statements

### Form 990, Part I, Line 1d - Government Contributions

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
	\$ <u>1,383,778</u>	\$ _____	\$ <u>1,383,778</u>
Total	\$ <u>1,383,778</u>	\$ <u>0</u>	\$ <u>1,383,778</u>

**St. Ann's Corner of Harm Reduction, Inc.  
Board of Directors**

Name & Address	Title & Average Hours per Week	Compensation	Contributions to Benefit Plans & Deferred Comp.	Expense Accounts & Other Allowances
Luis N. Colon 310 Walton Avenue, Suite 201 Bronx, NY 10451	Board Member As Needed	0	0	0
Rosemary Coluccio 310 Walton Avenue, Suite 201 Bronx, NY 10451	Treasurer As Needed	0	0	0
Barbara Hart-Charles 310 Walton Avenue, Suite 201 Bronx, NY 10451	Secretary As Needed	0	0	0
Jose Morales 310 Walton Avenue, Suite 201 Bronx, NY 10451	Chairperson As Needed	0	0	0
Cheryl Pasternack 310 Walton Avenue, Suite 201 Bronx, NY 10451	Board Member As Needed	0	0	0
Adrienne Rosario 310 Walton Avenue, Suite 201 Bronx, NY 10451	Board Member As Needed	0	0	0
Stella Simmons 310 Walton Avenue, Suite 201 Bronx, NY 10451	Board Member As Needed	0	0	0