

**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)

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2006 calendar year, or tax year beginning **APR 1, 2006** and ending **MAR 31, 2007**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CORPORATION</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>555 BERGEN AVENUE</b></p> <p>City or town, state or country, and ZIP + 4 <b>BRONX, NY 10455</b></p>	<p><b>D</b> Employer identification number <b>13-2736022</b></p> <p><b>E</b> Telephone number <b>(718) 732-7510</b></p> <p><b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand 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.SOBRO.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**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **10,761,283.**

**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**

		<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
		<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
		<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>688,487.</b>		
		<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	<b>118,608.</b>		
		<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>7,191,625.</b>		
		<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>7,998,720.</b> noncash \$ )	<b>1e</b>		<b>7,998,720.</b>	
		<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>1,229,260.</b>	
		<b>3</b>	Membership dues and assessments	<b>3</b>			
		<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>7,772.</b>	
		<b>5</b>	Dividends and interest from securities	<b>5</b>			
		<b>6 a</b>	Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>1,104,625.</b>		
		<b>b</b>	Less: rental expenses	<b>6b</b>			
		<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		<b>1,104,625.</b>	
		<b>7</b>	Other investment income (describe )	<b>7</b>			
		<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
		<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
		<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>			
		<b>8d</b>		<b>8d</b>			
		<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
		<b>a</b>	Gross revenue (not including \$ <b>42,024.</b> of contributions reported on line 1b)	<b>9a</b>	<b>337,568.</b>		
		<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>133,678.</b>		
		<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a <b>SEE STATEMENT 2</b>	<b>9c</b>		<b>203,890.</b>	
		<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
		<b>b</b>	Less: cost of goods sold	<b>10b</b>			
		<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
		<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<b>83,338.</b>	
		<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<b>10,627,605.</b>	
		<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>8,789,368.</b>	
		<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>1,798,589.</b>	
		<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>157,706.</b>	
		<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
		<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>		<b>10,745,663.</b>	
		<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<b>-118,058.</b>	
		<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>1,538,469.</b>	
		<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	<b>20</b>		<b>271,526.</b>	
		<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<b>1,691,937.</b>	

**SOUTH BRONX OVERALL ECONOMIC  
DEVELOPMENT CORPORATION**

Form 990 (2006)

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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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	643,097.	565,927.	70,740.	6,430.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<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)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	4,697,809.	4,159,622.	485,194.	52,993.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	230,756.	204,230.	23,944.	2,582.
<b>28</b> Employee benefits not included on lines 25a - 27	521,825.	461,840.	54,145.	5,840.
<b>29</b> Payroll taxes	405,795.	359,054.	42,223.	4,518.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	37,301.		37,301.	
<b>32</b> Legal fees	69,883.	69,883.		
<b>33</b> Supplies	358,067.	350,008.	7,179.	880.
<b>34</b> Telephone	98,223.	96,012.	1,970.	241.
<b>35</b> Postage and shipping	5,029.	4,916.	101.	12.
<b>36</b> Occupancy	866,615.	578,250.	267,661.	20,704.
<b>37</b> Equipment rental and maintenance	257,215.	237,446.	19,769.	
<b>38</b> Printing and publications				
<b>39</b> Travel	365,890.	343,357.	18,436.	4,097.
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	547,535.	331,679.	215,856.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	565,489.	284,500.	280,989.	
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> CONSULTANTS AND				
<b>b</b> CONTRACT SERVICES	642,156.	577,046.	19,011.	46,099.
<b>c</b> PROPERTY TAXES	66,498.	29,925.	36,573.	
<b>d</b> BAD DEBTS	175,195.		175,195.	
<b>e</b> MISCELLANEOUS	191,285.	135,673.	42,302.	13,310.
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	10,745,663.	8,789,368.	1,798,589.	157,706.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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Form 990 (2006)

**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? ► <b>SEE STATEMENT 4</b>	<b>Program Service Expenses</b> (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.)	
<b>a ADULT JOB TRAINING PROGRAMS</b> <b>HELP PARTICIPANTS TO GET OFF WELFARE AND BECOME ECONOMICALLY SELF SUFFICIENT</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>b YOUTH SERVICES</b> <b>PROVIDE EMPLOYMENT SERVICES TO TEENAGERS AND HIGH SCHOOL DROPOUTS</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c TECHNICAL ASSISTANCE, COMMERCIAL REVITILAZATION</b> <b>THESE PROGRAMS WORK WITH BUSINESS COMMUNITY TO PROVIDE SERVICES FOR ASPIRING ENTERPRENEURS; HOME-BASED BUSINESSES READY TO EXPAND AND WITH ESTABLISED COMPANIES SEEKING SUPPORTIVE BUSINESS SERVICES</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d INDUSTRIAL DEVELOPMENT AND JOB CREATION AND COMMUNITY DEVELOPMENT PROGRAMS PROVIDE FINANCIAL INITIATIVES, TECHNICAL ASSISTANCE, UTILITY DISCOUNT AND AN ON-SITE ADMINISTRATION TO STRENGTHEN LOCAL BUSINESSES</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	
<b>8,789,368.</b>	

Form 990 (2006)

**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	
<b>Assets</b>	45 Cash - non-interest-bearing .....	62,566.	45	14,241.	
	46 Savings and temporary cash investments .....	70,000.	46	54,259.	
	47 a Accounts receivable .....	1,207,850.			
	b Less: allowance for doubtful accounts .....				
			2,035,814.	47c	1,207,850.
	48 a Pledges receivable .....	49,810.			
	b Less: allowance for doubtful accounts .....				
			26,837.	48c	49,810.
	49 Grants receivable .....		1,211,221.	49	1,902,194.
	50 a Receivables from current and former officers, directors, trustees, and key employees .....			50a	
	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 .....				
	b Less: allowance for doubtful accounts .....				
				51c	
	52 Inventories for sale or use .....			52	
	53 Prepaid expenses and deferred charges .....		115,806.	53	115,194.
	54 a Investments - publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis .....				
b Less: accumulated depreciation .....			55c		
56 Investments - other .....			56		
57 a Land, buildings, and equipment: basis .....	9,850,816.				
b Less: accumulated depreciation <b>STMT 5</b> .....	3,526,706.	6,882,905.	57c	6,324,110.	
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 6</b> ) .....		917,655.	58	1,807,345.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		11,322,804.	59	11,475,003.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	749,010.	60	1,084,118.	
	61 Grants payable .....	358,682.	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 <b>STMT 7 STMT 8</b> .....		7,659,449.	64b	4,540,240.
	65 Other liabilities (describe <b>SEE STATEMENT 9</b> ) .....		1,017,194.	65	4,158,708.
66 <b>Total liabilities.</b> Add lines 60 through 65 .....		9,784,335.	66	9,783,066.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted .....	750,458.	67	1,191,013.	
	68 Temporarily restricted .....	788,011.	68	500,924.	
	69 Permanently restricted .....		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> 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) .....		1,538,469.	73	1,691,937.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		11,322,804.	74	11,475,003.	



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Table with columns Yes, No and rows 75a-d.

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

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with columns Yes, No and rows 76-81b.

Part VI Other Information (continued) Table with columns: Question, Yes, No. Rows include 82a-82b, 83a-83b, 84a-84b, 85a-85f, 85g-85h, 86a-86b, 87a-87b, 88a-88b, 89a-89g, 90a-90b, 91a-91b.

**SOUTH BRONX OVERALL ECONOMIC  
DEVELOPMENT CORPORATION**

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<b>Part VI</b>	<b>Other Information</b> (continued)		<b>Yes</b>	<b>No</b>
	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 <span style="float:right">N/A</span>	91c		X
	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 <span style="float:right">92</span> <span style="float:right">N/A</span>			<input type="checkbox"/>

	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	
<b>93</b> Program service revenue:					
a <b>DEVELOPMENT FEES</b>					4,166.
b <b>MANAGEMENT FEES</b>					255,417.
c <b>CONTRACTED SERVICES</b>					969,677.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	7,772.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					1,104,625.
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			01	203,890.	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
a <b>OTHER REVENUE</b>			01	83,338.	
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		295,000.	2,333,885.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					2,628,885.

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

<b>Part VIII</b>	<b>Relationship of Activities to the Accomplishment of Exempt Purposes</b> (See the instructions.)
<b>Line No.</b>	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).
<b>93AB</b>	<b>REVENUE FROM MANAGEMENT SVCS TO RETAIN AND EXPAND LOW-INCOME HOUSING</b>
<b>93C</b>	<b>FEES FOR AFFILIATED ORGANIZATIONS TO DEVELOP LOW-INCOME HOUSING</b>
<b>97A</b>	<b>RENTAL REVENUE GENERATED BY COMMERCIAL SPACE RENTAL; ENCOURAGES INDUSTRIAL AND COMMERCIAL BUSINESSES TO REMAIN IN THE SOUTH BRONX</b>

<b>Part IX</b>	<b>Information Regarding Taxable Subsidiaries and Disregarded Entities</b> (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	%			
	%			
	%			
	%			

<b>Part X</b>	<b>Information Regarding Transfers Associated with Personal Benefit Contracts</b> (See the instructions.)		<b>Yes</b>	<b>No</b>
	(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).

Form **990** (2006)

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

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

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification 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.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification 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?

<b>Yes</b>	<b>No</b>

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

**Please Sign Here**

Signature of officer	Date
PHILLIP MORROW, PRESIDENT	
<small>Type or print name and title</small>	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
LOEB & TROPER LLP	655 THIRD AVENUE, 12TH FLOOR		(212) 867-4000
NEW YORK, NY 10017			

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2006**

Name of the organization	<b>SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CORPORATION</b>	Employer identification number	<b>13 2736022</b>
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**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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>GEORGE MARGUEZ</b> 555 BERGEN AVE, BRONX, NY 10455	<b>VP OF EDUCATION</b> 40.00	<b>103,061.</b>	<b>6,184.</b>	
<b>YOLANDA KELLEY</b> 555 BERGEN AVE, BRONX, NY 10455	<b>AST VP OF YOUTH DVLP</b> 40.00	<b>66,836.</b>	<b>4,010.</b>	
<b>CHRISTIAN NNONYELU</b> 555 BERGEN AVE, BRONX, NY 10455	<b>DIRECTOR OF IT</b> 40.00	<b>63,951.</b>	<b>3,837.</b>	
<b>DEBORAH JOHNSON</b> 555 BERGEN AVE, BRONX, NY 10455	<b>DIR PROPERTY MANAGMT</b> 40.00	<b>62,979.</b>	<b>3,779.</b>	
<b>MARIO BODDEN</b> 555 BERGEN AVE, BRONX, NY 10455	<b>AST VP INDUSTRIAL DV</b> 40.00	<b>62,563.</b>	<b>3,754.</b>	
Total number of other employees paid over \$50,000	<b>5</b>			

**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
<b>VISION EDUCATION &amp; EDUCATION</b> 38 E 23RD STREET, NEW YORK, NY 10010	<b>PROFESSIONAL DEVELOPMENT</b>	<b>172,700.</b>
Total number of others receiving over \$50,000 for professional services	<b>0</b>	

**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
<b>NONE</b>		
Total number of other contractors receiving over \$50,000 for other services	<b>0</b>	

SOUTH BRONX OVERALL ECONOMIC

**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? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b	Did the organization make any taxable distributions under section 4966? .....	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	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 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.)

SOUTH BRONX OVERALL ECONOMIC

**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.)	6,398,420.	4,676,345.	7,644,754.	8,200,099.	26,919,618.
<b>16</b> Membership fees received					
<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	2,511,966.	2,973,395.	537,544.	918,732.	6,941,637.
<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	1,487,982.	1,074,368.	1,112,997.	1,138,361.	4,813,708.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	68,047.	62,595.	SEE STATEMENT 13 101,104.	65,374.	297,120.
<b>23</b> Total of lines 15 through 22	10466415.	8,786,703.	9,396,399.	10322566.	38,972,083.
<b>24</b> Line 23 minus line 17	7,954,449.	5,813,308.	8,858,855.	9,403,834.	32,030,446.
<b>25</b> Enter 1% of line 23	104,664.	87,867.	93,964.	103,226.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 640,609.
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> 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 32,030,446.
d Add: Amounts from column (e) for lines: 18 4,813,708. 19 _____ 22 297,120. 26b _____					<b>26d</b> 5,110,828.
e Public support (line 26c minus line 26d total)					<b>26e</b> 26,919,618.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 84.0438%
<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: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
d Add: Line 27a total and line 27b total					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**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.

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? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
	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? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
	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? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
	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 .....	35	

SOUTH BRONX OVERALL ECONOMIC

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
		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 -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 .....	20% of the amount on line 40 .....	
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	
	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
	Over \$17,000,000 .....	\$1,000,000 .....	
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 (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
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 13 of the instructions.)

N/A

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

**2006**

Name of organization

SOUTH BRONX OVERALL ECONOMIC  
DEVELOPMENT CORPORATION

Employer identification number

13-2736022

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) (2006)

<b>Name of organization</b> SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CORPORATION	<b>Employer identification number</b> 13-2736022
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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	THE AFTER-SCHOOL CORPORATION  1440 BROADWAY FL. 16  NEW YORK, NY 10018	\$ 381,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	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

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL INCOME	1	1,104,625.
TOTAL TO FORM 990, PART I, LINE 6A		1,104,625.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNIVERSARY DINNER	321,422.	29,224.	292,198.	99,827.	192,371.
GOLF OUTING	43,857.	12,800.	31,057.	16,525.	14,532.
EXPO	14,313.	0.	14,313.	17,326.	-3,013.
TO FM 990, PART I, LINE 9	379,592.	42,024.	337,568.	133678.	203,890.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
RESTATEMENT	271,526.
TOTAL TO FORM 990, PART I, LINE 20	271,526.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 4

EXPLANATION

SBOEDC'S PRIMARY FUNCTION IS TO ASSIST WITH THE REDEVELOPMENT OF THE SOUTH BRONX AREA OF NEW YORK CITY. SBOEDC ACTS AS AN ECONOMIC PLANNER AND DEVELOPER AND PROVIDED TECHNICAL ASSISTANCE AND SERVICES TO BUSINESSES AND INSTITUTIONS IN THE PUBLIC AND PRIVATE SECTOR. IN ADDITION, SBOEDC IS RESPONSIBLE FOR EDUCATION AND EMPLOYMENT PROGRAMS DESIGNED TO MAINTAIN AND EXPAND EMPLOYMENT OPPORTUNITIES FOR RESIDENTS OF THE AREA.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	5
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	143,345.	0.	143,345.
BUILDINGS AND IMPROVEMENT	8,179,005.	2,186,345.	5,992,660.
FURNITURE AND EQUIPMENTS	1,528,466.	1,340,361.	188,105.
TOTAL TO FORM 990, PART IV, LN 57	9,850,816.	3,526,706.	6,324,110.

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FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	AMOUNT
ASSETS LIMITED TO USE(BONDS RELATED INVESTMENT) - LONG TERM PORTION	415,189.
LOAN RECEIVABLE	32,804.
DEVELOPER FEES RECEIVABLE	902,006.
RENT RECEIVABLE	108,450.
FINANCING COSTS - NET	348,896.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,807,345.

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FORM 990	MORTGAGES PAYABLE	STATEMENT	7
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DESCRIPTION	BALANCE DUE
WASHINGTON MUTUAL	2,083,824.
LOCAL DEVELOPMENT CORPORATION	991,416.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	3,075,240.

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FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 8

LENDER'S NAME TERMS OF REPAYMENT

CITIBANK

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		750,000.	8.50%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
SECURED LINE OF CREDIT	0.	750,000.

LENDER'S NAME TERMS OF REPAYMENT

LOCAL INITIATIVES SUPPORT CORPORATION

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	01/31/08	215,000.	6.30%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
SECURED LOAN	0.	215,000.

LENDER'S NAME		TERMS OF REPAYMENT	
CITIBANK			
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	03/01/10	500,000.	4.00%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
UNSECURED LOAN	0.	500,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		1,465,000.

FORM 990	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		AMOUNT	
SECURITY DEPOSITS		136,775.	
DUE FROM RELATED ORGANIZATION		509,768.	
ADVANCES FROM GOVERNMENT AGENCIES		237,165.	
CAPITAL LEASES PAYABLE		3,275,000.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		4,158,708.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
CONTRIBUTIONS FROM RELATED ORGANIZATIONS		118,608.	
TOTAL TO FORM 990, PART IV-A		118,608.	

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 11  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PHILLIP MORROW 555 BERGEN AVE BRONX, NY 10455	PRESIDENT 40.00	239,428.	14,366.	0.
NEIL PARISER 555 BERGEN AVE BRONX, NY 10455	SENIOR VP 40.00	127,712.	7,663.	0.
GERARD WEINBRECHT 555 BERGEN AVE BRONX, NY 10455	EXECUTIVE VP 40.00	95,457.	5,727.	0.
JEFFREY IRISH 555 BERGEN AVE BRONX, NY 10455	CFO 40.00	87,550.	5,253.	0.
JANIS WASSERMAN 555 BERGEN AVE BRONX, NY 10455	VP OF DEVELOPMENT 40.00	56,548.	3,393.	0.
SIMON BERGSON 555 BERGEN AVE BRONX, NY 10455	CHAIRMAN 1.00	0.	0.	0.
DENNIS DERRYCK 555 BERGEN AVE BRONX, NY 10455	VICE CHAIRMAN 1.00	0.	0.	0.
EDMOND HUGHES 555 BERGEN AVE BRONX, NY 10455	TREASURER 1.00	0.	0.	0.
JAMES SHIPP 555 BERGEN AVE BRONX, NY 10455	SECRETARY 1.00	0.	0.	0.
BLONDEL PINNOCK 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
ANTHONY RICCIO 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.

JEAN SMITH 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
MARK CASTLE 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
AWILDA CORDERO 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
DANIEL DUPREE 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
ANTHONY FREEDMAN 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
PERCELLUS JONES 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
DELORES MCCRAY 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
TIM CAWLEY 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
BARRY MILEA 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
KEVIN MURPHEY 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
ARLINE PARKS 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.
BEN OKUZU 555 BERGEN AVE BRONX, NY 10455	BOARD MEMBER 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

606,695.

36,402.

0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT 12

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

SOBRO DEVELOPMENT CORPORATION

X

SOBRO LOCAL DEVELOPMENT CORPORATION

X

CREDIT INC.

X

SCHEDULE A

OTHER INCOME

STATEMENT 13

DESCRIPTION

2005  
AMOUNT2004  
AMOUNT2003  
AMOUNT2002  
AMOUNT

MISCELLANEOUS

68,047.

62,595.

101,104.

65,374.

TOTAL TO SCHEDULE A, LINE 22

68,047.

62,595.

101,104.

65,374.