Form 1023 Checklist

(Revised June 2006)

Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

Note. Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

- Assemble the application and materials in this order:
 - Form 1023 Checklist
 - Form 2848, Power of Attorney and Declaration of Representative (if filing)
 - Form 8821, Tax Information Authorization (if filing)
 - Expedite request (if requesting)
 - Application (Form 1023 and Schedules A through H, as required)
 - Articles of organization
 - Amendments to articles of organization in chronological order
 - Bylaws or other rules of operation and amendments
 - Documentation of nondiscriminatory policy for schools, as required by Schedule B
 - Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation (if filing)
 - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- Employer Identification Number (EIN)
- Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
 - You must provide specific details about your past, present, and planned activities.
 - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
 - Describe your purposes and proposed activities in specific easily understood terms.
 - Financial information should correspond with proposed activities.
- Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.

Schedule A	Yes No 🖌	Schedule E	Yes No 🗹
Schedule B	YesNo_✓	Schedule F	Yes No 🖌
Schedule C	Yes No_✓	Schedule G	Yes No_
Schedule D	Yes No_	Schedule H	Yes No_✓

- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
 - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) p 1-2, 4th Paragraph
 - Location of Dissolution Clause from Part II!, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law p 3, 8th Paragraph
- Signature of an officer, director, trustee, or other official who is authorized to sign the application. • Signature at Part XI of Form 1023.
- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service P.O. Box 192 Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service 201 West Rivercenter Blvd. Attn: Extracting Stop 312 Covington, KY 41011

.





Application for Recognition of Exemption

Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0056 Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all bold items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Par	t I Identification of Applicant						
1	Full name of organization (exactly as it appears in your organ	izing document)	2 c/o Name (if	applicat	ole)		
The	HAMS Harm Reduction Network, Incorporated		Suzanne Ahme	d			
3	Mailing address (Number and street) (see instructions)	Room/Sui	te 4 Employer Identifi	cation Nu	nber (E	EIN)	
300) Ocean Parkway	20J		68-065	7296		
	City or town, state or country, and ZIP + 4	<u></u>	5 Month the annua	I accounti	ng per	iod end	s (01 – 12)
Bro	oklyn, NY 11235		07				
6	Primary contact (officer, director, trustee, or authorized re	epresentative)					
	a Name: Kenneth Anderson		b Phone:	34	7-678	-5671	
			c Fax: (optional)			
8	Representative, with your application if you would like us Was a person who is not one of your officers, directors, the representative listed in line 7, paid, or promised payment, the structure or activities of your organization, or about you provide the person's name, the name and address of the promised to be paid, and describe that person's role.	rustees, employee to help plan, mai our financial or tax	es, or an authorized nage, or advise you matters? If "Yes,"			Yes	V No
	Organization's website: http://hamsnetwork.org						
b	Organization's email: (optional) hams@hamshrn.org						
10	Certain organizations are not required to file an informatic are granted tax-exemption, are you claiming to be excuse "Yes," explain. See the instructions for a description of or Form 990-EZ.	ed from filing Forn	n 990 or Form 990-	EZ? If		Yes	☑ No
11	Date incorporated if a corporation, or formed, if other that	n a corporation.	(MM/DD/YYYY)	08 /	21	1	2007
12	Were you formed under the laws of a foreign country? If "Yes," state the country.					Yes	🛛 No
For	Paperwork Reduction Act Notice, see page 24 of the instruction	ons. (Cat. No. 17133K		Form	1023	(Rev. 6-2006

Form '	• 1023 (Rev. 6-2006) Name: T	he HAMS Harm Reduction Networ	k, Incorporated _{EIN:}	68 – 06	57296		Page 2
Par	II Organizational Struc	cture					
		g a limited liability company), an un form unless you can check "Yes"		a trust	to be ta	ix exem	ipt.
1		s," attach a copy of your articles of tate agency. Include copies of any iling certification.			γ	'es	□ No
2	certification of filing with the app a copy. Include copies of any ar	any (LLC)? If "Yes," attach a copy of propriate state agency. Also, if you ad- nendments to your articles and be su umstances when an LLC should not fi	opted an operating agreement re they show state filing certifi	t, attach ication.	Y	′es	☑ No
3		ssociation? If "Yes," attach a copy ganizing document that is dated an es of any amendments.			Y	'es	☑ No
	and dated copies of any amen				□ Y	es	🛛 No
þ	Have you been funded? If "No,"	explain how you are formed without a	anything of value placed in tru	ist.	γ	/es	No No
5	Have you adopted bylaws ? If how your officers, directors, or	"Yes," attach a current copy showir r trustees are selected.	ng date of adoption. If "No,"	explain	Υ	/es	□ No
Par	t III Required Provisions	s in Your Organizing Documen	t				
does	to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. DO NOT file this application until you have amended your organizing document . Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application. 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document. Refer to the instructions for exempt						our 1.
	Section 501(c)(3) requires that u for exempt purposes, such as c confirm that your organizing do dissolution. If you rely on state	f Purpose Clause (Page, Article, and pon dissolution of your organization, y haritable, religious, educational, and/o cument meets this requirement by exp law for your dissolution provision, do	your remaining assets must be or scientific purposes. Check t press provision for the distribu not check the box on line 2a a	e used e he box o tion of a and go to	xclusive on line 2 ssets up o line 2c	ly la to con	
	See the instructions for inform	e 2a, specify the location of your dis i checked box 2a. <u>Page 3, Eighth</u> nation about the operation of state la	aw in your particular state. C				
_	you rely on operation of state	law for your dissolution provision a	nd indicate the state:				
Pa	rt IV Narrative Description	on of Your Activities			<u>.</u>		
this i appli deta	nformation in response to other p cation for supporting details. You ils to this narrative. Remember tha	est, present, and planned activities in a arts of this application, you may summa may also attach representative copies it if this application is approved, it will b ough and accurate. Refer to the instruc	arize that information here and of newsletters, brochures, or si be open for public inspection. T	refer to t milar doo herefore	he speci cuments , your na	ific parts for supp arrative	s of the porting
Ра		Other Financial Arrangements lependent Contractors	With Your Officers, Dire	ectors,	Truste	ees,	
1a	1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.						
Nam		Title	Mailing address			nsation ar actual or	mount estimated
	nneth Anderson	Executive Director	3000 Ocean Pkwy Ste 20J Brooklyn, NY 11235				none

.

Kenneth Anderson	Executive Director	3000 Ocean Pkwy Ste 20J Brooklyn, NY 11235	none
Electra Weeks	Program Director	3000 Ocean Pkwy Ste 20J Brooklyn, NY 11235	none
•			

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
•			

c List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
			,
•			

The following "Yes" or "No" questions relate to past, present, or planned relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

2a	Are any of your officers, directors, or trustees related to each other through family or business relationships ? If "Yes," identify the individuals and explain the relationship.	□ Y	es (Z	No
þ	Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees.	□ Y	es [7	No
с	Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship.	□ Y	es	Z	No
3a	For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.				
b	Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through common control ? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement.	□ Y	es		No
4	In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.				
b	Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Do you or will you approve compensation arrangements in advance of paying compensation? Do you or will you document in writing the date and terms of approved compensation arrangements?	☑ Y ☑ Y ☑ Y	'es		No No No

Form 1023 (Rev. 6-2006)

Form	1023 (Rev. 6-2006) Name: The HAMS Harm Reduction Network, Incorporated EIN: 68 – 06			Pa	ge 4
Par	t V Compensation and Other Financial Arrangements With Your Officers, Directors, Employees, and Independent Contractors (Continued)	Frust	ees,		
d	Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?		Yes		No
e	Do you or will you approve compensation arrangements based on information about compensation paid by similarly situated taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.	Ź,	Yes		No
f	Do you or will you record in writing both the information on which you relied to base your decision and its source?	\mathbf{Z}	Yes		No
g	If you answered "No" to any item on lines 4a through 4f, cescribe how you set compensation that is reasonable for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.				
5a	Have you adopted a conflict of interest policy consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.		Yes		No
b	What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?				
с	What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?				
	Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.				
6a	Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through non-fixed payments , such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.		Yes		No
b	Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.		Yes		No
7a	Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at arm's length , and explain how you determine or will determine that you pay no more than fair market value . Attach copies of any written contracts or other agreements relating to such purchases.		Yes		No
b	Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.		Yes		No
8a	Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.		Yes	Z	No
	Describe any written or oral arrangements that you made or intend to make.				
	Identify with whom you have or will have such arrangements. Explain how the terms are or will be negotiated at arm's length.				
	Explain how you determine you pay no more than fair market value or you are paid at least fair market value. Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.				
9a	Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.		Yes		No

Form	1023 (Rev. 6-2006) Name: The HAMS Harm Reduction Network, Incorporated EIN: 68 – 06			Pa	_{ge} 5
Par	t V Compensation and Other Financial Arrangements With Your Officers, Directors, Employees, and Independent Contractors (Continued)	ſrust	ees,		
b	Describe any written or oral arrangements you made or intend to make.				
с	Identify with whom you have or will have such arrangements.	v			
	Explain how the terms are or will be negotiated at arm's length.				
e	Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.				
f	Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.				
	rt VI Your Members and Other Individuals and Organizations That Receive Benefits Fi				
The of yo	following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and o our activities. Your answers should pertain to <i>past, present,</i> and <i>planned</i> activities. (See instructions.)	rganiz	zations		
1 a	In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.	V	Yes		No
b	In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations.		Yes		No
2	Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.		Yes	Z	No
3	Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.		,Yes	Z	No
	rt VII Your History				
The	following "Yes" or "No" questions relate to your history. (See instructions.)				
1	Are you a successor to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G.		Yes	₩.	No
2	Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.		Yes	Z	No
Pa	rt VIII Your Specific Activities				
The ans	following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate should pertain to past, present, and planned activities. (See instructions.)	iate t	box. Yo	our	
1	Do you support or oppose candidates in political campaigns in any way? If "Yes," explain.		Yes	Z	No
2a	Do you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.		Yes	\mathbf{Z}	No
b	Have you made or are you making an election to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.		Yes	Z	No
3a	a Do you or will you operate bingo or gaming activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data.		Yes	Z	No
ł	Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements.		Yes	Z	No
c	 List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo. 				

Form	023 (Rev. 6-2006) Name: The HAMS Harm Red	uction Network, Incorporated EIN: 68 – 06	57296	Pag	je 6
Par	VIII Your Specific Activities (Continued)				
4a	Do you or will you undertake fundraising? If "Yes," conduct. (See instructions.)	' check all the fundraising programs you do or will	🛛 Yes		No
	Mail solicitations	✓ phone solicitations			
	email solicitations	\mathbf{V} accept donations on your website	2		
	Personal solicitations	receive donations from another organization's	website		
	vehicle, boat, plane, or similar donations	government grant solicitations			
	☑ foundation grant solicitations	☐ Other			
	Attach a description of each fundraising program.				
		the enviroliziduals or examinations to raise funds	🗌 Yes	\mathbf{Z}	No
D	Do you or will you have written or oral contracts wi for you? If "Yes," describe these activities. Include and state who conducts them. Revenue and expen specified in Part IX, Financial Data. Also, attach a c	all revenue and expenses from these activities uses should be provided for the time periods		¥	NU
с	Do you or will you engage in fundraising activities f arrangements. Include a description of the organiza of all contracts or agreements.	for other organizations? If "Yes," describe these ations for which you raise funds and attach copies	🗌 Yes	\checkmark	No
d	List all states and local jurisdictions in which you c jurisdiction listed, specify whether you fundraise for organization, or another organization fundraises for	r your own organization, you fundraise for another			
е	Do you or will you maintain separate accounts for	any contributor under which the contributor has	🗌 Yes	\mathbf{Z}	No
•	the right to advise on the use or distribution of fun on the types of investments, distributions from the donor's contribution account. If "Yes," describe thi be provided and submit copies of any written mate	ds? Answer "Yes" if the donor may provide advice types of investments, or the distribution from the is program, including the type of advice that may			
5	Are you affiliated with a governmental unit? If "Yes	s," explain.	🗌 Yes	Z	No
	Do you or will you engage in economic developm		Yes	$\mathbf{\nabla}$	No
	Describe in full who benefits from your economic of promote exempt purposes.				
7a	Do or will persons other than your employees or ve each facility, the role of the developer, and any but developer and your officers, directors, or trustees.	olunteers develop your facilities? If "Yes," describe siness or family relationship(s) between the	Yes	$\mathbf{\nabla}$	No
b	Do or will persons other than your employees or w "Yes," describe each activity and facility, the role of relationship(s) between the manager and your offic	of the manager, and any business or family	🗌 Yes	\checkmark	No
с	If there is a business or family relationship between directors, or trustees, identify the individuals, expla negotiated at arm's length so that you pay no mor contracts or other agreements.				
8	Do you or will you enter into joint ventures , includ treated as partnerships, in which you share profits 501(c)(3) organizations? If "Yes," describe the activ participate.	and losses with partners other than section	☐ Yes		No
9a	Are you applying for exemption as a childcare orga lines 9b through 9d. If "No," go to line 10.	anization under section 501(k)? If "Yes," answer	🗌 Yes		No
b	Do you provide child care so that parents or caret employed (see instructions)? If "No," explain how in section 501(k).	akers of children you care for can be gainfully you qualify as a childcare organization described	🗌 Yes		No
С	Of the children for whom you provide child care, a enable their parents or caretakers to be gainfully e you qualify as a childcare organization described i	mployed (see instructions)? If "No," explain how	🗌 Yes		No
d	Are your services available to the general public? I whom your activities are available. Also, see the in childcare organization described in section 501(k).	nstructions and explain how you qualify as a	🗌 Yes		No
10	Do you or will you publish, own, or have rights in scientific discoveries, or other intellectual proper own any copyrights, patents, or trademarks, wheth determined, and how any items are or will be proc	ty? If "Yes," explain. Describe who owns or will her fees are or will be charged, how the fees are	🖌 Yes		No

•

Form	1023 (Rev. 6-2006) Name: The HAMS Harm Reduction Network, Incorporated EIN: 68 – 06	57296		Page 7
Par	t VIII Your Specific Activities (Continued)			
11	Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.	Ye	es	☑ No
12a	Do you or will you operate in a foreign country or countries? If "Yes," answer lines 12b through 12d. If "No," go to line 13a.	Z Ye	es	🗌 No
b	Name the foreign countries and regions within the countries in which you operate.			
	Describe your operations in each country and region in which you operate.			
d	Describe how your operations in each country and region further your exempt purposes.			
13a	Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.	🗌 Ye	es	🗹 No
	Describe how your grants, loans, or other distributions to organizations further your exempt purposes.	_		_
с	Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.	🗌 Ye	es	No No
d	Identify each recipient organization and any relationship between you and the recipient organization.			
е	Describe the records you keep with respect to the grants, loans, or other distributions you make.			
f	Describe your selection process, including whether you do any of the following:			
	(i) Do you require an application form? If "Yes," attach a copy of the form.			∐ No □ No
	(ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.	, ,		
g	Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.			
14a	Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.	□ Y	es	🛛 No
b	Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.			
с	Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.	□ Y	es	🗌 No
d	Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.	□ Y	es	🗌 No
e	Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.	□ Y	es	🗌 No
f	Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.	ц ү	'es	🗌 No
		Form 10)23	(Rev. 6-2006

.

Form	1023 (Rev. 6-2006) Na	ne: The HAMS Harm Reduction Network, Incorporated	EIN: 68 - 00	657296	Page 8
Pa	t VIII Your Specific A	ctivities (Continued)			
15	Do you have a close con	nection with any organizations? If "Yes," explain.		🗌 Yes	🗹 No
16	Are you applying for exen 501(e)? If "Yes," explain.	ption as a cooperative hospital service organization under	er section	Yes	🗹 No
17		on 501(f)? If "Yes," explain.	educational	Yes	🗹 No
18	Are you applying for exen	option as a charitable risk pool under section 501(n)? If "Ye	s," explain.	🗌 Yes	🛛 No
19	Do you or will you operat operate a school as your	e a school ? If "Yes," complete Schedule B. Answer "Yes," w main function or as a secondary activity.	hether you	Yes	🗹 No
20		rovide hospital or medical care? If "Yes," complete Schedu	ile C.	🗌 Yes	🛛 No
21	Do you or will you provid "Yes," complete Schedule	e low-income housing or housing for the elderly or handica F.	apped? If	Yes	🗹 No
22	Do you or will you provid individuals, including grar Schedule H.	e scholarships, fellowships, educational loans, or other educational loans, or other education to find the study, or other similar purposes? If "Yes," comp	ational grants to plete	🗌 Yes	☑ No

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

•

.

.

L

Form 1023 (Rev. 6-2006)	Name: The HAMS Harm Reduction Network, Incorporated	EIN: 68 - 0657296	Page 9

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

			A. Statement of	of Revenues and			
		Type of revenue or expense	Current tax year	3 prior tax	years or 2 succeedin	g tax years	
			(a) From 08/21/07 To 07/31/08	(b) From 08/01/08 To 07/31/09	(c) From 08/01/09 To 07/31/10	(d) From To	(e) Provide Total for (a) through (d)
	1	Gifts, grants, and contributions received (do not include unusual grants)	\$8880	\$8880	\$8880		\$26,640
[2	Membership fees received	0	0	0		0
	3	Gross investment income	0	0	0		0
	4	Net unrelated business income	0	0	0		0
	5	Taxes levied for your benefit	0	0	0		0
Revenues	6	Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0		0
Rev	7	Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)	0	0	0		0
	8	Total of lines 1 through 7	\$8880	\$8880	\$8880		\$26,640
	9	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt	0044	\$120	\$120		\$360
		purposes (attach itemized list)	\$120		·····		\$27,000
	10	Total of lines 8 and 9	\$9000	\$9000	\$9000		ψ21,000
	11	Net gain or loss on sale of capital assets (attach schedule and see instructions)	C	0	0		0
	12	Unusual grants	C	0	0		0
	13	Total Revenue Add lines 10 through 12	\$9000	\$9000	\$9000		\$27,000
	14	Fundraising expenses	\$1200	\$1200	\$1200		1
	15	Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	() 0	0		
	16	Disbursements to or for the benefit of members (attach an itemized list)	(0		a an ann ann an an an an an an an an an
Expenses	17	Compensation of officers, directors, and trustees) (
ē	18	Other salaries and wages	() (a the state of the
Ľ,	19	Interest expense	(The second second
ш	20		\$1200				
	21	Depreciation and depletion) (and the second in the
	22	Professional fees	() ()	
	23	Any expense not otherwise classified, such as program services (attach itemized list)	\$660	\$6600	\$6600		
	24	Total Expenses Add lines 14 through 23	\$900	\$9000	\$9000		

Form	1023 (Rev. 6-2006) Name: The HAMS Harm Reduction Network, Incorporated	EIN:	68 -	065729	6	Page 10
Par	t IX Financial Data (Continued)					
	B. Balance Sheet (for your most recently completed tax year)				Year End	
	Assets				(Whole	e dollars)
1	Cash			1		100
2	Accounts receivable, net		· ·	2		0
3	Inventories			3		0
4	Bonds and notes receivable (attach an itemized list)			4	· · ·····	0
5	Corporate stocks (attach an itemized list)			5		0
6	Loans receivable (attach an itemized list)					0
7	Other investments (attach an itemized list)					0
8	Depreciable and depletable assets (attach an itemized list)				··· .	0
9	Land			9 10		0
10	Other assets (attach an itemized list)			10		0
11	Total Assets (add lines 1 through 10)	· •	• •			0
	Liabilities			12		0
12	Accounts payable			12		0
13	Contributions, gifts, grants, etc. payable			1.4.		0
14	Mortgages and notes payable (attach an itemized list)			15		0
15	Other liabilities (attach an itemized list)			16		0
16	Total Liabilities (add lines 12 through 15)	• •	• •	-10		<u>_</u> _
47	Fund Balances or Net Assets			17		0
17 18	Total fund balances or net assets					0
19	Have there been any substantial changes in your assets or liabilities since the end of				Yes	No
10	shown above? If "Yes," explain.			<u> </u>	100	
Pa	t X Public Charity Status					
	Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed If you are unsure, see the instructions. As a private foundation, section 508(e) requires special provisions in your organizing of addition to those that apply to all organizations described in section 501(c)(3). Check confirm that your organizing document meets this requirement, whether by express pr	locume the boy rovisior	entin kito		Yes	✓ No
	reliance on operation of state law. Attach a statement that describes specifically wher organizing document meets this requirement, such as a reference to a particular articl your organizing document or by operation of state law. See the instructions, including for information about the special provisions that need to be contained in your organiz Go to line 2.	e or se Apper	ndix B	,		
2	Are you a private operating foundation? To be a private operating foundation you must directly in the active conduct of charitable, religious, educational, and similar activities to indirectly carrying out these activities by providing grants to individuals or other or "Yes," go to line 3. If "No," go to the signature section of Part XI.	, as op	posed	1 f	Yes	🗌 No
3	Have you existed for one or more years? If "Yes," attach financial information showing that y operating foundation; go to the signature section of Part XI. If "No," continue to line 4.	ou are	a priva	ite 🗌	Yes	🗌 No
4	Have you attached either (1) an affidavit or opinion of counsel, (including a written affi from a certified public accountant or accounting firm with expertise regarding this tax that sets forth facts concerning your operations and support to demonstrate that you satisfy the requirements to be classified as a private operating foundation; or (2) a sta describing your proposed operations as a private operating foundation?	law mi are like	atter), ely to	ion 🗌	Yes	🗌 No
5	If you answered "No" to line 1a, indicate the type of public charity status you are requestin You may check only one box.	ig by cl	neckin	g one of	the cho	ices below
	The organization is not a private foundation because it is:					
а		ete and	d attac	h Schedu	ule A.	
b	509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.					
С	509(a)(1) and 170(b)(1)(A)(iii)—a hospital , a cooperative hospital service organization, organization operated in conjunction with a hospital. Complete and attach Schedule (or a me C.	edical	research		
d	509(a)(3)—an organization supporting either one or more organizations described in lin or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach				or h	

L

		duction Network, Incorporated	EIN:	68 _ 0657296	Page 1
	t X Public Charity Status (Continued)		<u> </u>		
e f	509(a)(4)—an organization organized and operated 509(a)(1) and 170(b)(1)(A)(iv)—an organization oper operated by a governmental unit.	· · ·	•	that is owned or	
3	509(a)(1) and 170(b)(1)(A)(vi)—an organization that of contributions from publicly supported organizat				\mathbf{Z}
n	509(a)(2)—an organization that normally receives r investment income and receives more than one- fees, and gross receipts from activities related to i	third of its financial support from co	ntributio	ns, membership	
	A publicly supported organization, but unsure if it decide the correct status.	is described in 5g or 5h. The organi	zation w	ould like the IRS to	
	If you checked box g, h, or i in question 5 above, you selecting one of the boxes below. Refer to the instru-				
1	Request for Advance Ruling: By checking this but the Code you request an advance ruling and agreexcise tax under section 4940 of the Code. The tat at the end of the 5-year advance ruling period. The years to 8 years, 4 months, and 15 days beyond to the extension to a mutually agreed-upon period of <i>Assessment Period</i> , provides a more detailed explayou make. You may obtain Publication 1035 free totll-free 1-800-829-3676. Signing this consent will otherwise be entitled. If you decide not to extend ruling.	e to extend the statute of limitations ax will apply only if you do not estab the assessment period will be extended the end of the first year. You have th f time or issue(s). Publication 1035, I lanation of your rights and the conse of charge from the IRS web site at w I not deprive you of any appeal right	on the a olish pub ed for the right t Extendin equences www.irs.g s to which	assessment of lic support status e 5 advance ruling to refuse or limit g the Tax s of the choices gov or by calling ch you would	
	For Organization		•		
	For Organization March Control (Signature of Officer, Director, Trustee, or other authorized official)	Kenneth Anderson (Type or print name of signer) Executive Director		09/11/07 (Date)	
	The he and the contract of Officer, Director, Trustee, or other	(Type or print name of signer)			
	The he and the contract of Officer, Director, Trustee, or other	(Type or print name of signer) Executive Director			
	Jun & and (Signature of Officer, Director, Trustee, or other authorized official)	(Type or print name of signer) Executive Director			
	Jun & and (Signature of Officer, Director, Trustee, or other authorized official)	(Type or print name of signer) Executive Director			
C	M & add (Signature of Officer, Director, Trustee, or other authorized official) For IRS Use Only	(Type or print name of signer) Executive Director (Type or print title or authority of signer) you have completed one tax year of your public support status, answer li	ne 6b(i) i	(Date) (Date) 8 full months and if you checked box	
D	When the the term (Signature of Officer, Director, Trustee, or other authorized official) For IRS Use Only IRS Director, Exempt Organizations Request for Definitive Ruling: Check this box if you are requesting a definitive ruling. To confirm y g in line 5 above. Answer line 6b(ii) if you checked	(Type or print name of signer) Executive Director (Type or print title or authority of signer) you have completed one tax year of your public support status, answer li d box h in line 5 above. If you check A. Statement of Revenues and Exper- nt contributed by each person, comp	ne 6b(i) i ed box i nses pany, or	(Date) (Date) 8 full months and if you checked box i in line 5 above,	
a	What Radden (Signature of Officer, Director, Trustee, or other authorized official) For IRS Use Only IRS Director, Exempt Organizations Request for Definitive Ruling: Check this box if you are requesting a definitive ruling. To confirm y g in line 5 above. Answer line 6b(ii) if you checked answer both lines 6b(i) and (ii). (i) (a) Enter 2% of line 8, column (e) on Part IX-A (b) Attach a list showing the name and amour	(Type or print name of signer) Executive Director (Type or print title or authority of signer) you have completed one tax year of your public support status, answer li d box h in line 5 above. If you check A. Statement of Revenues and Exper- nt contributed by each person, comp the answer is "None," check this box ies 1, 2, and 9 of Part IX-A. Statement	ne 6b(i) i ed box i nses pany, or x. nt of Rev	(Date) (Date) 8 full months and if you checked box in line 5 above, organization whose venues and	
G	 W. A. A. M. Standberger, Director, Trustee, or other authorized official) For IRS Use Only IRS Director, Exempt Organizations Request for Definitive Ruling: Check this box if you are requesting a definitive ruling. To confirm y g in line 5 above. Answer line 6b(ii) if you checked answer both lines 6b(i) and (ii). (i) (a) Enter 2% of line 8, column (e) on Part IX-A (b) Attach a list showing the name and amour gifts totaled more than the 2% amount. If f(ii) (a) For each year amounts are included on line Expenses, attach a list showing the name answer is "None," check this box. (b) For each year amounts are included on line a list showing the name of and amount record payments were more than the larger of (1) 	(Type or print name of signer) Executive Director (Type or print title or authority of signer) you have completed one tax year of your public support status, answer li d box h in line 5 above. If you check A. Statement of Revenues and Exper nt contributed by each person, comp the answer is "None," check this bo ies 1, 2, and 9 of Part IX-A. Statement of and amount received from each of e 9 of Part IX-A. Statement of Rever ceived from each payer, other than a 1% of line 10, Part IX-A. Statement	ne 6b(i) i ed box i nses pany, or x. nt of Rev disqualif nues and a disqual	(Date) (Date) 8 full months and if you checked box in line 5 above, organization whose venues and ied person. If the d Expenses, attach ified person, whose	
Þ	 W. A. A. (Signature of Officer, Director, Trustee, or other authorized official) For IRS Use Only IRS Director, Exempt Organizations Request for Definitive Ruling: Check this box if you are requesting a definitive ruling. To confirm y g in line 5 above. Answer line 6b(ii) if you checked answer both lines 6b(i) and (ii). (i) (a) Enter 2% of line 8, column (e) on Part IX-A (b) Attach a list showing the name and amour gifts totaled more than the 2% amount. If f (ii) (a) For each year amounts are included on line Expenses, attach a list showing the name answer is "None," check this box. (b) For each year amounts are included on line a list showing the name of and amount red 	(Type or print name of signer) Executive Director (Type or print title or authority of signer) you have completed one tax year of your public support status, answer li d box h in line 5 above. If you check A. Statement of Revenues and Exper nt contributed by each person, comp the answer is "None," check this bo ies 1, 2, and 9 of Part IX-A. Statement of and amount received from each of e 9 of Part IX-A. Statement of Rever ceived from each payer, other than a 1% of line 10, Part IX-A. Statement	ne 6b(i) i ed box i nses pany, or x. nt of Rev disqualif nues and a disqual	(Date) (Date) 8 full months and if you checked box in line 5 above, organization whose venues and ied person. If the d Expenses, attach ified person, whose	

Form 1023 (Rev	/. 6-2006)	Name: The HAM	S Harm Reduction Network, Incorporate	ed EIN:	68 - 0657296	Page 12
Part XI	User Fee Info	ormation		· · ·		

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

1	Have your annual gross receipts averaged or are they expect If "Yes," check the box on line 2 and enclose a user fee payn If "No," check the box on line 3 and enclose a user fee paym	nent of \$300 (Subject to change-see above).	V Yes	🗌 No
2	Check the box if you have enclosed the reduced user fee paying			Z
3	Check the box if you have enclosed the user fee payment of			
I decl applic Plea	lare under the penalties of perjury that I am authorized to sign this app cation, including the accompanying schedules and attachments, and to	lication on behalf of the above organization and that I the best of my knowledge it is true, correct, and com	plete.	
Sigr		Kenneth Anderson	09/11/2	007
Her		(Type or print name of signer)	(Date)	
	authorized official)	Executive Director		
		(Type or print title or authority of signer)		

Reminder: Send the completed Form 1023 Checklist with your filled-in-application. Form 10

.

.

Form 1023 (Rev. 6-2006)

A NARRATIVE DESCRIPTION OF THE ACTIVITIES OF THE HAMS HARM, REDUCTION NETWORK, INCORPORATED

The purposes of The HAMS Harm Reduction Network, Incorporated (hereinafter referred to as the Corporation) are as follows:

1) The Corporation will provide a support group for individuals who wish to reduce the harm in their lives caused by the use of alcohol or other mood altering substances. The Corporation supports all goals from harm reduction to moderation to abstinence. The Corporation believes that individuals will be most successful with goals which they have chosen for themselves.

The means by which the corporation provides support are as follows: live meetings, chat rooms, email lists, and message boards.

2) The Corporation shall provide information to users of alcohol and other mood altering substances about ways and means to reduce the harm in their lives which results from the use of these substances. The Corporation uses both printed materials and online resources such as web pages to provide this information.

3) The Corporation shall inform the general public about the necessity for and value of harm reduction based approaches to the use of alcohol and other mood altering substances. This is also accomplished via printed materials and web pages, etc.

4) The Corporation shall provide support groups and information for persons who are affected by the alcohol or drug use of another. This shall also be accomplished via live meetings and online support groups.

As of the date of this writing the Corporation has one live support group which meets on the first and third Tuesday of each month at St John's Episcopal Church, 138 St Johns Place, Brooklyn, NY. The Corporation operates one chat room located at http://hamsnetwork.org/chat which holds daily support groups at 9 PM Eastern time as well as a daytime chat at 2 PM Eastern time on Tuesdays and a chat at 9 AM Eastern time on Saturdays.

The Corporation also operates an online message board located at http://hams.invisionzone.com and an email group located at http://health.groups.yahoo.com/group/hamshrn.

Information about harm reduction is disseminated via the Corporation's web site located at http://hamsnetwork.org and via trifolds which contain information excepted from the web site. Trifolds are free of charge as is access to the web site.

In the future the Corporation intends to open and operate and unlimited number of live support groups world wide. The Corporation also intends to expand the number of online support resources. And the Corporation intends to bring out a book or books giving the principles of harm reduction in more detail. The Corporation intends to use a commercial publisher rather than self publishing these books.

The Corporation is supported by donations from members and other persons. The Corporation also uses the independent contractor CafePress.com to sell merchandise on behalf of the Corporation.

The following material which defines the Corporation's approach to harm reduction has been excerpted from the Corporation's website and is used in the Corporation's official literature:

WHAT IS HAMS?

'HAMS stands for Harm reduction, Abstinence, and Moderation. The HAMS Harm Reduction Network is a free of charge peer-led support group for people who use alcohol or other mood altering substances. HAMS Harm Reduction strategies are defined in the 14 elements of HAMS.

HAMS supports every positive change. Whether your goal is safer use, reduced use, abstinence, or moderate use within specified guidelines, you will find a safe and supportive environment here. If you want to change your drinking, you've come to the right place.

WHAT IS HARM REDUCTION?

Harm reduction is a set of practical strategies intended to reduce the negative consequences of high risk behaviors such as overdrinking or drug use. Harm reduction is a nonjudgmental approach that attempts to meet people "where they are at" with their drinking or drug use. Instead of demanding perfect abstinence, this pragmatic approach is supportive of anyone who wishes to minimize the harm associated with a high risk behavior such as drinking or drug use. Harm reduction accepts that high risk behaviors such as overdrinking are part of our world and works to minimize their harmful effects rather than simply ignore or condemn them. Harm reduction is a compassionate approach whose primary concern is the increased well-being of its constituency. Moreover an overwhelming body of scientific evidence shows that harm reduction works!!

The 14 Elements of HAMS

1) Hang out and interact with other HAMSters.

2) Deprogram from the disease model.

- 3) Track your use.
- 4) Take steps to reduce harm.

5) Take steps to reduce use--implement use reduction tricks/tips/strategies.

6) Do a Cost/Benefit Analysis.

'7) Choose/create your plan.

8) Address any issues which led to overdrinking.

- 9) Honestly report your progress/struggles.
- 10) Learn to have fun without booze.

11) Learn to cope without booze.

12) Praise yourself for every success!!

13) Tweak the plan.

14) Don't be afraid to get back on the horse.

THE 14 ELEMENTS OF THE HAMS PROCESS

I call these elements rather than steps because "steps" implies a sequential process--and any of the elements of HAMS can be done in any order. Every element is optional—none is required. Each individual needs to pick and choose that which is actually helpful to them. We are all different. Moreover success at any of the 14 elements makes you a successful HAMSter!!

1) Hang out and interact with other HAMSters.

Reading books and web sites is a fine thing--and perhaps for a small number of 'people this may be all they need to do to control their drinking--but for most of us there is probably no substitute for the hands on human interaction one can find by actually participating with other humans--even if it is just online.

Lurking is a fine way to start out if you are shy, and if you are the brave sort post away!! There are things to be learned from everyone--even the newbie making their first post. And over time one may actually find the listbies becoming a family.

Live meetings of HAMS are also opening all over the country. If you happen to live in an area with a live meeting you are fortunate indeed!!

Some individuals will prefer live support and some will prefer the anonymity of online support. It matters not which you choose or if you choose to do both.

Remember:

Peer support can move mountains!!

```
*****
```

2) Deprogram from the disease model.

Nothing is more likely to set one self up for failure at Harm Reduction, Moderation, or even Abstinence than the belief that one is powerless and that alcohol is powerful.

This is a straight up lie.

HUMANS are cunning and baffling and powerful!!

ALCOHOL is an inanimate object and is inherently without power!!

Those with a lot of exposure to the disease model via AA or a 12 step treatment program are well advised to spend considerable time deprogramming and getting their heads straight again.

Those who are leaving AA and planning to drink again need to be especially careful that the brainwashing does not lead them to "One drink, one drunk". Hanging out on the lists and in chat for several months before taking that first drink may be well worth while.

Some may find the Yahoo group 12-step-free useful for this deprogramming process, as well as Ken Ragge's site, The Orange Papers, and AADeprogramming.

Remember HAMSters:

POWER ON!!!!!

3) Track your use.

1 1

Charting the exact amount of alcohol which one drinks has proved an invaluable tool to many who desire to reduce the amount of alcohol which they consume. One can use a calendar for charting or an excel spreadsheet. My Way Out also has an online drink counter which is freely available for use by anyone.

One can chart in many ways: one may choose to record ounces, milliliters, or number of drinks. One can even choose just to track the amount which they buy if they don't keep booze in the house. If one chooses to record the number of drinks then it is essential that one record standard drinks. Many bar drinks actually consist of 2 or 3 or even 4 standard drinks. One standard drink contains 0.6 oz of pure ethanol. This corresponds to one 12 ounce beer at 5% alcohol or one 5 ounce glass of wine at 12% alcohol or one 1 and 1/2 ounce shot of hard alcohol at 40% (8- proof) alcohol.

If one chooses to drink at a bar one must guess how much alcohol is in each drink. If one is friends with the bartender one can perhaps get him to serve one only standard drinks. And if one drinks at home one can measure for oneself.

Many people report that simply tracking how much they use leads then to cut back on the amount they use without even trying. At any rate--drink counting provides an essential baseline to let one know where one is at and allows one to define where one wants to go.

Remember:

Pyrex is your friend!!

4) Take steps to reduce harm.

Drinking in and of itself is not a bad thing. It is the harm which often accompanies drinking which is problematic.

ANYTHING which can be done to reduce this harm is a positive step EVEN IF ONE DOES NOT REDUCE THE QUANTITIES ONE DRINKS.

Never drink any amount and drive. Even under the legal limit there are laws which can hold you accountable. THERE IS NO SAFE LEVEL OF ALCOHOL FOR DRIVING.

Planning one's drinking sessions is essential. Planning for safety is essential.

Remember:

Failing to plan is planning to fail.

If one has a penchant for drinking and driving then lock up the car keys before drinking. Or walk or take public transportation to the bar.

If you PUI (Post Under the Influence) then turn off the computer before drinking.

The same for drunk driving.

And if you drink be sure to take enough vitamins and supplements to minimize the damage done to the body by alcohol.

Remember:

IF YOU CAN'T BE GOOD, BE CAREFUL

'and

SAFETY FIRST!!

5) Take steps to reduce use.

Choose a goal which is right for you now. Remember that nothing here is written in stone and you may always continue to modify your goal as time goes on.

There are numerous ways to approach use reduction. One is to add abstinence days. Another is to reduce the number of drinks per session. One strategy is to only buy the quantity which one intends to drink. Another is to start later. Another is to end earlier. Another is to bring only a set amount of cash and no credit cards to the bar.

Doing a period of abstinence is also helpful in reducing use. Most HAMSters have done at least a 30 day abstinence period at some point. some have done longer periods--90 days or even a year.

If a 30 seems daunting then try two weeks, or one week, or whatever seems doable.

Even one day of abstinence is a cause for celebration!!

Page 7 of 11

And ANY reduction in use is a MAJOR POSITIVE CHANGE!!

For more details on ways to reduce use check out the sections Use Reduction Tips and Sample Plans.

Remember:

Eat the elephant one bite at a time!!

6) Do a Cost/Benefit Analysis.

•A very helpful preliminary step in making any plan for change is to analyze the costs and benefits of changing the behavior.

One can compare overdrinking vs abstinence, or overdrinking vs moderation or moderation vs abstinence or any two possible behaviors.

For example, let is compare overdrinking with moderation.

Get out four sheets of paper. On the first write down all the pros of overdrinking. On the second write down all the cons of overdrinking. On the third write down all the pros of moderation. On the fourth write down all the cons of moderation.

Once you have written everything down your thoughts will be clearer in your head and you will be better prepared to make your HAMS plan.

Remember:

Know thyself!!

7) Choose/create your plan.

Everyone who comes to HAMS is different and each of us will have different goals we wish to pursue.

Some of us will choose to stay within ARF limits or even far under those limits. Some will decide that they wish to drink to intoxication on occasion, but not too frequently or in a manner which causes life problems. And some may just decide that it is simplest to abstain totally.

EVERY PLAN IS A GOOD ONE WHEN CHOSEN BY THE INDIVIDUAL!!

HAMS is about making ANY positive change--and we are here to support any positive change which any member makes.

Some plans which different individuals have made are listed in the section Sample Plans.

An important part of a plan is scheduling drinking days and abstinence days.

Remember:

Different strokes for different folks!!

and

Plan, plan, plan--schedule, schedule!!

8) Address any issues which led to overdrinking:

Psychological, emotional, physical, social, relationship, financial, etc. None of us are necessarily experts in any of these areas, and even if we were experts, a self help group is not a substitute for professional advice. What we CAN do is offer support while you work on these things.

Seeking out professional help and addressing these issues via talk therapy, medication, or other means can be a very useful adjunct to the HAMS process.

Remember the words of Victor Frankl:

"Everything can be taken from a man or a woman but one thing: the last of human freedoms to choose one's attitude in any given set of circumstances, to choose one's own way."

and

"When we are no longer able to change a situation--we are challenged to change ourselves."

9) Honestly report your progress/struggles.

Page 9 of 11

HAMS is a safe and supportive place where you need never be afraid to tell the truth. ALWAYS feel free to report any struggles you are having to others on the lists or in chat.

Remember that MM founder Audrey Kishline's downfall came from a need to always put on a face of perfection for everyone.

Here was a person who had to be either perfectly moderate or perfectly abstinent and who left herself no room for harm reduction and no room for imperfection and self forgiveness.

HAMS is not a program where you need to show others that you are perfect.

So feel free to accept that you are doing the best you can and keep on moving forward, onward, and upward!

Remember:

Perfectionism is a killer.

10) Learn to have fun without booze.

Abs days should be a pleasure--not a torture. There is always a tremendous amount of fun going on in the chats and on the lists.

And there are museums, books, knitting--a world of things to do.

Remember:

Alcohol is a thief of time

and

٠

Goofing off is serious therapy!!

11) Learn to cope without booze.

Many people find that their most disastrous drinking episodes occur when they drink in reaction to stress or anger or depression or anxiety or some other negative emotion.

Page 10 of 11

Not only are these the times when one may be most likely to overdrink, these are also the times when one is most likely to do something stupid while drinking.

There are a host of ways to deal with negative emotions besides drinking. These include but are not limited to acupuncture, yoga, hot baths, talk therapy, expressing anger instead of bottling it up, etc.

Remember:

'When life hand you lemons you'd better drink lemonade

because

Drinking when you feel bad is bad drinking!

12) Praise yourself for every success!!

Every abs day is a MAJOR success!! Every time you lower your drink count you have made a GREAT achievement!! Every time you drank safely without endangering yourself or others then kudos to you!!

And any step you make towards overcoming a life problem that leads to drinking is cause to pat your own back!!

Remember:

Better is always better!!

and

The first person to love is yourself!!!

13) Tweak the plan.

People change over time and it is always worthwhile to review your plan and decide if you want to alter it.

People are free to change their plan to HR or ARF or ABS at any time.

If the current plan is not working feel free to change it.

Or if the current plan is working but no longer fits the person you have become--.then change it.

Remember:

The only rule is that there are no rules!!

14) Don't be afraid to get back on the horse.

Don't ever beat yourself up and call yourself a "failure". In HAMS the only forbidden F-word is the word "failure". As long as you are here and posting you are moving ahead.

Don't wallow in shame or toxic emotions. Pick yourself up and start again--maybe adjusting your goals.

'Whether your goal is ARF, HR or ABS, don't give up!! Just keep on keeping on!!

Remember:

"Fall down 7 times get up 8."

and

Patience, practice, persistence---NEVER NEVER NEVER GIVE UP!!

Signed on September 23, 2007 by

Kin R. a.M. Kenneth Anderson - Executive Director

Page 1 of 1

,

PRIMARY OFFICERS OF THE HAMS HARM REDUICTION NETWORK, INCORPORATED

Name:	Kenneth Anderson
Degree:	MA Linguistics
Experience:	Five years as online counselor in harm reduction,
•	Four years employment with the Moderation Management Network Inc as
	online director,
	One year of experience in needle exchange,
	Thorough cognizance with harm reduction literature
Hours:	60 per week
Duties:	Executive Director,
	Webmaster.
	Online Counselor,
	Accountant,
	PR Man,
	Preparer of legal documents,
	Board member
Name:	Electra Weeks

Ivallie.	Electra weeks
Degree:	PhD Anthropology
Experience:	Two years as online counselor in harm reduction,
Hours:	20 per week
Duties:	Program Director,
	Secretary,
	Online Counselor,
	Board Member

Signed September 23, 2007 by

Ku

Kenneth Anderson – Executive Director

The HAMS Harm Reduction Network, Incorporated 3000 Ocean Pkwy, Ste 20J, Brooklyn, NY 11235 EIN 68-0657296 ATTACHMENT to Part V 5a Conflict of Interest

Page 1 of 1

The conflict of interest policy is found in Article 12 of the bylaws and quoted here:

ARTICLE 12 - CONFLICTS OF INTEREST

A contract or transaction between the Corporation and one or more of its Directors or officers or between the Corporation and any other corporation, partnership, association, or other organization in which one or more of its Directors or officers are directors or officers, or have a financial interest, shall not be void or voidable solely for such reason, or solely because the Director or officer is present at or participates in the meeting of the Board which authorizes the contract or transaction is authorized, or solely because his, her, or their votes are counted for that purpose, if:

1. the material facts as to the relationship or interest and as to the contract or transaction are disclosed or are known to the Board and the Board in good faith authorizes the contract or transaction by the affirmative votes of a majority of the disinterested Directors even though the disinterested directors are less than a quorum; or

2. the contract or transaction is fair as to the Corporation as of the time that it is authorized, approved, or ratified by the Board.

Common or interested Directors may be counted in determining the presence of a quorum at a meeting of the Board which authorizes the contract or transaction.

Signed September 23, 2007 by

Kenneth Anderson- Executive Director

Page 1 of 1

The HAMS Harm Reduction Network, Incorporated (hereinafter referred to as the Corporation) provides individuals with free of charge peer-led support groups which help them to practice harm reduction.

The Corporation provides individuals with information about how to practice harm reduction.

The Corporation provides support groups for those affected by the substance use of another.

The Corporation provides information to the general public about the nature and value of harm reduction.

These are all the services which the Corporation provides.

All services provided directly by the Corporation are free of charge.

Books which may be written by the Corporation will be published by outside publishing houses and royalties shall accrue to the Corporation.

Signed September 23, 2007 by

<u>Jun 2 ada</u> Kenneth Anderson – Executive Director

Page 1 of 1

FUNDRAISING

The HAMS Harm Reduction Network, Incorporated (hereinafter referred to as the Corporation) currently solicits small donations from members via email and live interaction to cover the costs of maintaining the online resources such as the chat room, forum etc.

The Corporation intends to solicit contributions from persons both natural and corporate via email, regular mail, live interaction or any other means of communication in order to fund such projects as advertising, distributing information to the public, etc.

The Corporation also intends to apply for grants both from the government and from corporate persons.

The Corporation also reserves the right to engage in any other fundraising activities which are sanctioned by the laws of the State of New York and the regulations of the IRS.

The Corporation shall obtain all necessary permissions from the State of New York and the IRS in order to engage in such fundraising activities.

No specific fundraising campaigns have yet been devised beyond that of soliciting small donations from the membership.

Signed September 21, 2007

Phn & ac

Kenneth Anderson – Executive Director

The HAMS Harm Reduction Network, Incorporated 3000 Ocean Pkwy, Ste 20J, Brooklyn, NY 11235 EIN 68-0657296 ATTACHMENT to Part VIII 10 Intellectual Property

Page 1 of 1

The HAMS Harm Reduction Network, Incorporated (hereinafter referred to as the Corporation) shall engage the services of various individuals (who may be members, non-members, or employees of the Corporation) to produce Official Literature for the Corporation. Official Literature must be approved by the Literature Committee. The Official Literature of the Corporation shall be the intellectual property of the Corporation. Revenues generated by Official Literature shall accrue to the Corporation. Official Literature may consist of printed materials, web pages, software, ebooks, or any other media which the Corporations deems appropriate for Official Literature. Author credit for Official Literature may be given if desired.

Unsolicited materials submitted by anyone to the corporation for use as Official Literature shall become the intellectual property of the Corporation if accepted by the Corporation. The rights to any materials rejected by the Corporation shall be the intellectual property of their creators.

All individuals are welcome to do research on the Corporation and to write materials about the Corporation and the program of the Corporation. All materials whether written by employees, member, or non-members of the Corporation shall be the intellectual property of the authors-except in the case of Official Literature.

Material which are not Official Literature of the Corporation shall not represent themselves as Official Literature of the Corporation.

All other materials which do not infringe on copyrights of the Corporation shall be the intellectual property of their creators.

The Corporation reserves the right to accept donations of intellectual rights to materials produced by anyone.

Revenues produced by intellectual property owned by the Corporation shall be used for the operation of the Corporation.

All posts to email lists or message boards operated by the Corporation shall remain the property of the author unless the author specifically grants rights to reproduce said posts to the Corporation via email or regular mail.

Signed September 28, 2007 by

<u>Fin</u> Z <u>A</u> Kenneth Anderson – Executive Director

Page 1 of 1

FOREIGN OPERATIONS

The HAMS Harm Reduction Network, Incorporated (hereinafter referred to as the Corporation) provides online support via the internet and already has members in several foreign countries. The Corporation intends to provide support groups to all persons regardless of nationality, race, color, or creed.

The Corporation intends to provide live support groups world-wide in any country where there is an individual who wishes to found one.

All support groups domestic or foreign are self governing and only require that their charter be approved by the Corporation.

All support groups are operated by a local facilitator as per the Corporation's bylaws.

Local groups shall be self-supporting locally-although the Corporation reserves the right to make up a temporary monetary shortfall.

The Corporation shall accept donations from all natural and corporate persons regardless of nationality or location.

Signed September 23, 2007 by

<u>Much</u> act Kenneth Anderson – Executive Director

p. 1 of 3

PROJECTED MONTHLY AND ANNUAL BUDGETS OF THE HAMS HARM REDUCTION NETWORK, INCORPORATED

Income:

The HAMS Harm Reduction Network, Incorporated (hereinafter referred to as the Corporation) shall solicit donations from natural persons and corporate persons through regular mail, email, telephone, and any other means of communication. The Corporation shall also seek private and government grants. The Corporation shall also employ an independent contractor to market items bearing slogans and/or logos of the Corporation.

MONTHLY INCOME		
Part IX Line 1		
Туре	Provider	Amount
Projected monthly income from donations:	General Public	\$740.00
Projected monthly income from grants:	N/A	\$0.00
Part IX Line 9		
Туре	Provider	Amount
Projected monthly income from sales:	CafePress.com	\$10.00
Total projected monthly income:	N/A	\$750.00

ANNUAL INCOME	<u></u>	
Part IX Line 1		
Туре	Provider	Amount
Projected annual income from donations:	General Public	\$8,880.00
Projected annual income from grants:	N/A	\$0.00
Part IX Line 9		
Туре	Provider	Amount
Projected annual income from sales:	CafePress.com	\$120.00
Total projected annual income:	N/A	\$9,000.00

p. 2 of 3

Expenditures:

1.1

Income received by the Corporation shall be used to inform the public about the principles of Harm Reduction and the realities of the use and abuse of alcohol and other mood altering substance by means of pamphlets, fliers, trifolds, and other publications. Income shall also be used to provide support groups for individuals wishing to practice harm reduction, moderation, or abstinence. Both online support groups and live support groups shall be made available. Income shall also be used for online advertising and print advertising so as to make the public aware of the existence of these support groups and the principles of harm reduction. The corporation shall use income to maintain a web site. The corporation shall use income to raise funds.

MONTHLY EXPENSES		
Part IX Line 14 Fundraising		
Projected monthly expenses for fundra	ising	\$100.00
Part IX Line 20 Occupancy		
Туре	Provider	Amount
Web Hosting	Angelfire.com	\$11.95
Chat Room	Parachat	\$22.46
Online Forum	Invision Power	\$20.00
Yahoo email group	Yahoo.com	\$0.00
Meeting Information	Meetup.com	\$19.00
Reserve for other online resources	N/A	\$26.59
Live meeting room rent	St. John's*	\$0.00
Part IX Line 23 Other		
Туре		Amount
Printing		\$50.00
Print Advertising		\$250.00
Online Advertising		\$250.00
Total Projected Monthly Expenses		\$750.00

Projected monthly expenditures:

p. 3 of 3

ANNUAL EXPENSES		
Part IX Line 14 Fundraising		
Projected annual expenses for fundrais	ing	\$1,200.00
Part IX Line 20 Occupancy		<u></u>
Туре	Provider	Amount
Web Hosting	Angelfire.com	\$143.40
Chat Room	Parachat.com	\$269.52
Online Forum	Invision Power	\$240.00
Yahoo email group	Yahoo.com	\$0.00
Meeting Information	Meetup.com	\$228.00
Reserve for other online resources	N/A	\$319.08
Live meeting room rent	St. John's*	\$0.00
Part IX Line 23 Other		
Туре		Amount
Printing		\$600.00
Print Advertising		\$3,000.00
Online Advertising		\$3,000.00
		<u> </u>
Total Projected Annual Expenses		\$9,000.00

*St John's refers to St John's Episcopal Church 139 St Johns Place, Brooklyn, NY.

Signed on September 20, 2007

<u>Hen 2. a.</u> Kenneth Anderson – Executive Director