

Campolo & Associates LLC
3721 Thistlewood Dr Ste A
Grove City, OH 43123
614-539-2112

November 11, 2008

CONFIDENTIAL

OHIO LITERACY NETWORK
6161 BUSCH BOULEVARD 340
COLUMBUS, OH 43229

Dear ALAN:

We have prepared the following returns from information provided by you without verification or audit.

990 - Return of Organization Exempt From Income Tax

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Campolo & Associates LLC

Filing Instructions

OHIO LITERACY NETWORK

Exempt Organization Tax Return

Taxable Year Ended December 31, 2007

- Date Due:** November 17, 2008
- Remittance:** None is required. Your Form 990 for the tax year ended 12/31/07 shows no balance due.
- Mail To:** Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027
- If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404
- Signature:** The return should be signed and dated on Page 9 by an officer representing the organization.
- Other:** Initial and date the copy of the return, and retain it for your records.

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

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

A For the 2007 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization OHIO LITERACY NETWORK		D Employer identification number 31-1201356
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6161 BUSCH BOULEVARD 340		E Telephone number 614-505-0716
		City or town, state or country, and ZIP + 4 COLUMBUS OH 43229		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

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

H and I are not applicable to section 527 organizations.

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

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

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

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

I Group Exemption Number **u** _____

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

G Website: **j WWW.OHIOLITERACYNETWORK.ORG**

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **u** **166,159**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b			
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d		160,729	
	e Total (add lines 1a through 1d) (cash \$ 160,729 noncash \$ _____)	1e			160,729
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			4,156
	3 Membership dues and assessments	3		SEE STATEMENT 1	130
	4 Interest on savings and temporary cash investments	4			1,144
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			166,159	
Expenses	13 Program services (from line 44, column (B))	13		105,452	
	14 Management and general (from line 44, column (C))	14		55,443	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			160,895
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		5,264	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		85,513	
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			90,777

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 2	32,240		32,240	
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	43,014	43,014		
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes	9,381	5,362	4,019	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	4,071	3,053	1,018	
34	Telephone	4,196	3,147	1,049	
35	Postage and shipping	2,830	2,123	707	
36	Occupancy	10,570	7,928	2,642	
37	Equipment rental and maintenance	2,656	1,992	664	
38	Printing and publications	4,764	3,573	1,191	
39	Travel	946	710	236	
40	Conferences, conventions, and meetings	8,133	6,100	2,033	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	1,137	1,137		
43a	Other expenses not covered above (itemize): SEE STATEMENT 3	36,957	27,313	9,644	
43b					
43c					
43d					
43e					
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	160,895	105,452	55,443	0

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

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

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

(iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose?

u TO PROMOTE ADULT LITERACY SERVICES IN OHIO.

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

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

a SEE STATEMENT 4

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

105,452

b

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

c

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

d

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

e Other program services (attach schedule)

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

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

u 105,452

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)		(B)	
		Beginning of year		End of year	
Assets	45	Cash—non-interest-bearing	17,876	45	27,303
	46	Savings and temporary cash investments	61,478	46	56,481
	47a	Accounts receivable			6,346
		47a 6,346			
	b	Less: allowance for doubtful accounts			
		47b	4,375	47c	6,346
	48a	Pledges receivable			
		48a			
	b	Less: allowance for doubtful accounts			
		48b		48c	
	49	Grants receivable			49
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)			50b
	51a	Other notes and loans receivable (attach schedule)			
		51a			
	b	Less: allowance for doubtful accounts			
		51b		51c	
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges			53
	54a	Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
55a	Investments—land, buildings, and equipment: basis				
	55a				
b	Less: accumulated depreciation (attach schedule)				
	55b		55c		
56	Investments—other (attach schedule)			56	
57a	Land, buildings, and equipment: basis				
	57a 12,895				
b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 5				
	57b 12,248	1,784	57c	647	
58	Other assets, including program-related investments (describe <input type="checkbox"/>			58	
59	Total assets (must equal line 74). Add lines 45 through 58	85,513	59	90,777	
Liabilities	60	Accounts payable and accrued expenses			60
	61	Grants payable			61
	62	Deferred revenue			62
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a	Tax-exempt bond liabilities (attach schedule)			64a
	b	Mortgages and other notes payable (attach schedule)			64b
	65	Other liabilities (describe <input type="checkbox"/>			65
	66	Total liabilities. Add lines 60 through 65	0	66	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	85,513	67	90,777
	68	Temporarily restricted			68
	69	Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70
	71	Paid-in or capital surplus, or land, building, and equipment fund			71
	72	Retained earnings, endowment, accumulated income, or other funds			72
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	85,513	73	90,777
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	85,513	74	90,777

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-75d), Yes, No. Contains questions about officers, directors, trustees, and compensation.

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

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

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 3 columns: Question (76-81b), Yes, No. Contains questions about organizational changes, tax returns, and political expenditures.

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N / A		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N / A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N / A		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N / A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N / A		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
	u		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 u 0 ; section 4912 u 0 ; section 4955 u 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	u	0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	u	0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g		
90a	List the states with which a copy of this return is filed u NONE		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	4
91a	The books are in care of u ALAN TOOPS 6161 BUSCH BLVD Located at u COLUMBUS, OH	Telephone no. u 614-505-0717 ZIP + 4 u 43229	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If " Yes," enter the name of the foreign country u		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country **u** _____
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here **u**
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** _____

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE REVENUE					4,156
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					130
95 Interest on savings and temporary cash investments			14	1,144	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		1,144	4,286
105 Total (add line 104, columns (B), (D), and (E)) u					5,430

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	MEMBERS RECEIVE REGULAR ELECTRONIC, PRINT, AND IN-PERSON COMMUNICATION REGARDING PROFESSIONAL DEVELOPMENT, LITERACY RELATED ISSUES, FUNDING OPPORTUNITIES, AND OTHER PERTINENT INFORMATION.

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).

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

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		X

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

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		X

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

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

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

Please Sign Here	Signature of officer ALAN TOOPS Type or print name and title	Date EXECUTIVE DIRECTOR
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Paid Preparer's Use Only	Preparer's signature SUZANNE CAMPOLO, MT, ATA, ATP	Date 11/11/08	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) P00544293
	Firm's name (or yours if self-employed), address, and ZIP + 4 CAMPOLO & ASSOCIATES LLC 3721 THISTLEWOOD DR STE A GROVE CITY, OH 43123	EIN u 31-1274817	Phone no. u 614-539-2112	

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

Yes No

<p>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.)</p>	1		X
<p>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.</p>			
<p>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.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a		X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p>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</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year u _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year u _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts u _____</p>	0		
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year u _____</p>	0		

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

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

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

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

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	163,263	183,955	360,743	337,237	1,045,198
16 Membership fees received	1,165	350	2,036	2,066	5,617
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,397	3,338	1,503	1,369	7,607
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	165,825	187,643	364,282	340,672	1,058,422
24 Line 23 minus line 17	165,825	187,643	364,282	340,672	1,058,422
25 Enter 1% of line 23	1,658	1,876	3,643	3,407	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a					0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b					
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d					
e Public support (line 26c minus line 26d total) ▶ 26e					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f					%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0 (2005) 0 (2004) 0 (2003) 0					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0 (2005) 0 (2004) 0 (2003) 0					
c Add: Amounts from column (e) for lines: 15 1,045,198 16 5,617 17 _____ 20 _____ 21 _____ ▶ 27c					1,050,815
d Add: Line 27a total _____ and line 27b total _____ ▶ 27d					
e Public support (line 27c total minus line 27d total) ▶ 27e					1,050,815
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f					1,058,422
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g					99.2813 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h					0.7187 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

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

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

		N/A	Yes	No
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?	29		
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?	30		
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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:	32a		
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.)			
34a	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is-	The lobbying nontaxable amount is-		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
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				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

Name of organization

Employer identification number

OHIO LITERACY NETWORK

31-1201356

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).

Name of organization

OHIO LITERACY NETWORK

Employer identification number

31-1201356

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<p>INTERNATIONAL PAPER FOUNDATION 6400 POPLAR AVE <hr/> MEMPHIS TN 38197</p>	<p>\$ <u>24,000</u></p>	<p>Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)</p>
<u>2</u>	<p>OHIO DEPARTMENT OF EDUCATION 25 S FRONT ST <hr/> COLUMBUS OH 43215</p>	<p>\$ <u>131,904</u></p>	<p>Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)</p>
_____	<p>_____ _____ _____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)</p>
_____	<p>_____ _____ _____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)</p>
_____	<p>_____ _____ _____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)</p>
_____	<p>_____ _____ _____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)</p>

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return OHIO LITERACY NETWORK	Identifying number 31-1201356
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Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

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

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

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	1,137
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	1,137
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	\$ 130
TOTAL	\$ 130

Federal Statements**Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers**

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
ALAN TOOPS COMPENSATION		32,240	
TOTAL	\$ <u>0</u>	\$ <u>32,240</u>	\$ <u>0</u>

Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
BANK CHARGES	456		456	
BOARD INSURANCE	475		475	
PROFESSIONAL SERVICES	32,852	24,639	8,213	
ADVERTISING	175	175		
CONSULTANTS	800	800		
PAYROLL SERVICE	1,999	1,499	500	
TRAINING & PROFESSIONAL DEVEL	200	200		
TOTAL	<u>\$ 36,957</u>	<u>\$ 27,313</u>	<u>\$ 9,644</u>	<u>\$ 0</u>

Statement 4 - Form 990, Part III, Line a - Statement of Program Service AccomplishmentsDescription

PROMOTION OF LITERACY-RELATED PROGRAMS AND SERVICES THROUGH STATE AND LOCAL MARKETING EFFORTS; PROMOTE COLLABORATION BY COORDINATING MEETINGS OF ADULT LITERACY COALITIONS; PROVIDE SERVICES TO STUDENTS BY OPERATING A STATEWIDE HOTLINE AND COORDINATING THE BROADCAST OF GED ON TV; PROVIDE PROFESSIONAL DEVELOPMENT AT STATEWIDE AND LOCAL MEETINGS AND CONFERENCES. ADDITIONALLY, COORDINATE A STATEWIDE VISTA PROGRAM WHICH PLACES VOLUNTEERS INTO LOCAL LITERACY PROGRAMS TO ASSIST THEM IN PROVIDING SERVICES TO STUDENTS.

Federal Statements**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
	\$ 12,895	\$ 11,111	\$ 12,895	\$ 12,248
TOTAL	<u>\$ 12,895</u>	<u>\$ 11,111</u>	<u>\$ 12,895</u>	<u>\$ 12,248</u>

Federal Statements

Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ALAN TOOPS 6161 BUSCH BLVD COLUMBUS OH 43229	EXEC DIRECT	0	32,240	0	0
STEPHANIE GRAVES 6161 BUSCH BLVD COLUMBUS OH 43229	PREIDENT	0	0	0	0
LANCE WHITE 6161 BUSCH BLVD COLUMBUS OH 43229	VICE PR	0	0	0	0
BRUCE CUTHBERTSON 6161 BUSCH BLVD COLUMBUS OH 43229	SECRETARY	0	0	0	0
MARTINA ROPOG 6161 BUSCH BLVD COLUMBUS OH 43229	TREASURER	0	0	0	0
ESTHER ADKINS 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
NANCY CASE 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
ABBIE AMOS 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
RUTH COCHRANE 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
BRANDI BARRON 6161 BUSCH BLVD	DIRECTOR	0	0	0	0

Federal Statements

Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
COLUMBUS OH 43229					
TOM CALLINAN 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
RAQUEL DIAZ-SPRAGUE 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
KATHLEEN CLARK 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
MARCELITA HASKINS 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
HASSAN OMAR 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
MIKE KROGER 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
DENISE POTTMEYER 6161 BUSCH BLVD COLUMBUS OH 43229	EX-OFFICIO	0	0	0	0
JERRY MCGLONE 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
ALEJANDRO RODRIGUEZ 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0

Federal Statements

Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
RICK MCINTOSH 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
RUTH METCALF 6161 BUSCH BLVD COLUMBUS OH 43229	EX-OFFICIO	0	0	0	0
MARY SIDMAN 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
GAIL MORGAN 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
ERIKA SITES 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
INNA SIMAKOVSKY 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
MARK WILLIS 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
CATHERINE THOMAS 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
STACY WOOD 6161 BUSCH BLVD COLUMBUS OH 43229	DIRECTOR	0	0	0	0
GUADELUPE VELASQUEZ 6161 BUSCH BLVD	DIRECTOR	0	0	0	0

Federal Statements

Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
COLUMBUS OH 43229					
LAURA WEISEL 6161 BUSCH BVLD COLUMBUS OH 43229	DIRECTOR	0	0	0	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	EQUIPMENT	6/15/01	4,278			4,278	5 HY 200DB	4,278	0
2	EQUIPMENT	6/15/02	3,456		X	2,419	5 HY 200DB	3,055	401
3	COMPUTERS	6/15/03	683		X	341	3 HY 200DB	683	0
4	COMPUTERS	6/15/04	1,904		X	952	5 HY 200DB	1,207	279
5	COMPUTERS	7/15/05	2,574			2,574	3 HY 200DB	1,888	457
			<u>12,895</u>			<u>10,564</u>		<u>11,111</u>	<u>1,137</u>
	Grand Totals		12,895			10,564		11,111	1,137
	Less: Dispositions		0			0		0	0
	Less: Start-up/Org Expensed		0			0		0	0
	Net Grand Totals		<u>12,895</u>			<u>10,564</u>		<u>11,111</u>	<u>1,137</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	EQUIPMENT	6/15/01	4,278			4,278	5 HY 150DB	4,278	0
2	EQUIPMENT	6/15/02	3,456		X	2,419	5 HY 200DB	3,055	401
3	COMPUTERS	6/15/03	683		X	341	3 HY 200DB	683	0
4	COMPUTERS	6/15/04	1,904		X	952	5 HY 200DB	1,207	279
5	COMPUTERS	7/15/05	2,574			2,574	3 HY 150DB	1,545	686
			<u>12,895</u>			<u>10,564</u>		<u>10,768</u>	<u>1,366</u>
Grand Totals			12,895			10,564		10,768	1,366
Less: Dispositions			0			0		0	0
Less: Start-up/Org Expensed			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>12,895</u>			<u>10,564</u>		<u>10,768</u>	<u>1,366</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
2	EQUIPMENT	6/15/02	3,456		0	0	1,037	2,419
3	COMPUTERS	6/15/03	683		0	0	342	341
4	COMPUTERS	6/15/04	1,904		0	0	952	952
	Form 990, Page 1		<u>6,043</u>		<u>0</u>	<u>0</u>	<u>2,331</u>	<u>3,712</u>
	Grand Total		<u>6,043</u>		<u>0</u>	<u>0</u>	<u>2,331</u>	<u>3,712</u>

Depreciation Adjustment Report All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	EQUIPMENT	0	0	0
Page 1	1	2	EQUIPMENT	401	401	0
Page 1	1	3	COMPUTERS	0	0	0
Page 1	1	4	COMPUTERS	279	279	0
Page 1	1	5	COMPUTERS	457	686	-229
				1,137	1,366	-229
				1,137	1,366	-229

Future Depreciation Report FYE: 12/31/08
Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	EQUIPMENT	6/15/01	4,278	0	0
2	EQUIPMENT	6/15/02	3,456	0	0
3	COMPUTERS	6/15/03	683	0	0
4	COMPUTERS	6/15/04	1,904	279	279
5	COMPUTERS	7/15/05	2,574	229	343
			<u>12,895</u>	<u>508</u>	<u>622</u>
Grand Totals			<u>12,895</u>	<u>508</u>	<u>622</u>