

# Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning **1/1/2007**, and ending **12/31/2007**

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

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

**C** Name of organization  
**COLUMBUS SPEECH AND HEARING CENTER**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**510 E North Broadway**

City or town, state or country, and ZIP + 4  
**Columbus, OH 43214-4114**

**D** Employer identification number  
**31 4379449**

**E** Telephone number  
**( 614 ) 263-5151**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

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

- 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 ▶
- 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

**G** Website: ▶ **www.columbusspeech.org**

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

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

**I** Group Exemption Number ▶

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,097,101**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:					
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			<b>0</b>	
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>			<b>377,456</b>	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			<b>464,699</b>	
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			<b>0</b>	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>842,155</b> noncash \$ <b>0</b> )	<b>1e</b>				<b>842,155</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>				<b>2,975,670</b>
	<b>3</b> Membership dues and assessments	<b>3</b>				<b>0</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>				<b>23,482</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>				<b>8,457</b>
	<b>6a</b> Gross rents	<b>6a</b>			<b>141,408</b>	
	<b>b</b> Less: rental expenses	<b>6b</b>			<b>0</b>	
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>				<b>141,408</b>	
<b>7</b> Other investment income (describe ▶)	<b>7</b>				<b>0</b>	
<b>Revenue</b>	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		<b>0</b>	<b>8a</b>	<b>0</b>		
	<b>b</b> Less: cost or other basis and sales expenses		<b>0</b>	<b>8b</b>	<b>0</b>	
	<b>c</b> Gain or (loss) (attach schedule)		<b>0</b>	<b>8c</b>	<b>0</b>	
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>				<b>0</b>
<b>Revenue</b>	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					<b>See Statement 1</b>
	<b>a</b> Gross revenue (not including \$ <b>184,244</b> of contributions reported on line 1b)	<b>9a</b>			<b>25,593</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			<b>122,958</b>	
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>				<b>-97,365</b>
	<b>10a</b> Gross sales of inventory, less returns and allowances <b>Stmt 2 10a</b>	<b>10a</b>			<b>1,075,245</b>	
<b>b</b> Less: cost of goods sold	<b>10b</b>			<b>462,395</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>				<b>612,850</b>	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				<b>5,091</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>				<b>4,511,748</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>4,335,136</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>344,405</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			<b>110,721</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			<b>0</b>	
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>				<b>4,790,262</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>			<b>-278,514</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>3,682,478</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>Stmt 3</b>	<b>20</b>			<b>-1,515</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>				<b>3,402,449</b>

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b> 0	0		
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b> 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b> 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b> 0	0		
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 122,750	61,375	49,100	12,275
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0	0	0	0
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b> 0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 2,979,166	2,773,143	153,906	52,117
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 0	0	0	0
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b> 339,443	299,520	30,843	9,080
<b>29</b>	Payroll taxes	<b>29</b> 227,117	207,717	14,574	4,826
<b>30</b>	Professional fundraising fees	<b>30</b> 17,175	0	0	17,175
<b>31</b>	Accounting fees	<b>31</b> 20,458	0	20,458	0
<b>32</b>	Legal fees	<b>32</b> 0	0	0	0
<b>33</b>	Supplies	<b>33</b> 86,089	82,021	3,956	112
<b>34</b>	Telephone	<b>34</b> 37,165	33,226	3,279	660
<b>35</b>	Postage and shipping	<b>35</b> 21,728	19,340	2,131	257
<b>36</b>	Occupancy	<b>36</b> 214,890	193,405	18,991	2,494
<b>37</b>	Equipment rental and maintenance	<b>37</b> 65,213	59,854	3,910	1,449
<b>38</b>	Printing and publications	<b>38</b> 20,271	16,862	2,889	520
<b>39</b>	Travel	<b>39</b> 60,852	60,271	412	169
<b>40</b>	Conferences, conventions, and meetings	<b>40</b> 27,899	25,500	2,079	320
<b>41</b>	Interest	<b>41</b> 52,391	47,152	5,239	0
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b> 237,094	224,449	12,210	435
<b>43</b>	Other expenses not covered above (itemize): <b>See Statement 5</b>	<b>43a</b> 260,561	231,301	20,428	8,832
<b>a</b>	-----	<b>43b</b>			
<b>b</b>	-----	<b>43c</b>			
<b>c</b>	-----	<b>43d</b>			
<b>d</b>	-----	<b>43e</b>			
<b>e</b>	-----	<b>43f</b>			
<b>f</b>	-----	<b>43g</b>			
<b>g</b>	-----				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 4,790,262	4,335,136	344,405	110,721

Stmt 4

**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? ► **To help all people improve communication and voc** **Program Service Expenses**  
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) orgs., and 4947(a)(1) trusts; but optional for others.)

<p><b>a See Statement 6</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>b</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>c</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e Other program services (attach schedule)</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . . ►</p>	<p><b>4,335,136</b></p>

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	17,928	<b>45</b>	21,710
	<b>46</b> Savings and temporary cash investments . . . . .	733,053	<b>46</b>	446,580
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 557,214		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 45,440	303,000	<b>47c</b> 511,774
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b> 0	701	<b>48c</b> 0
	<b>49</b> Grants receivable . . . . .		235,336	<b>49</b> 20,000
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>50a</b> 0
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		0	<b>50b</b> 0
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b> 0	0	<b>51c</b> 0
	<b>52</b> Inventories for sale or use . . . . .		34,926	<b>52</b> 28,984
	<b>53</b> Prepaid expenses and deferred charges . . . . .		116,865	<b>53</b> 108,563
	<b>54a</b> Investments—publicly-traded securities . . . . .	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54a</b> 0
	<b>b</b> Investments—other securities (attach schedule) . . . . .	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	89,663	<b>54b</b> 187,273 Stmt 7
	<b>55a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b> 0	0	<b>55c</b> 0
	<b>56</b> Investments—other (attach schedule) . . . . .		0	<b>56</b> 0
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 5,806,127		
<b>b</b> Less: accumulated depreciation (attach schedule) <b>Stmt 8</b> . . . . .	<b>57b</b> 2,529,133	3,416,057	<b>57c</b> 3,276,994	
<b>58</b> Other assets, including program-related investments (describe ▶ <b>See Statement 9</b> ) . . . . .		11,331	<b>58</b> 10,843	
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		4,958,860	<b>59</b> 4,612,721	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	231,382	<b>60</b>	195,960
	<b>61</b> Grants payable . . . . .	0	<b>61</b>	0
	<b>62</b> Deferred revenue . . . . .	0	<b>62</b>	14,312
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) <b>See Statement 10</b> . . . . .	1,045,000	<b>64a</b>	1,000,000
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe ▶ . . . . .)	0	<b>65</b>	0
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		1,276,382	<b>66</b> 1,210,272	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .	3,289,723	<b>67</b>	3,100,365
	<b>68</b> Temporarily restricted . . . . .	392,755	<b>68</b>	302,084
	<b>69</b> Permanently restricted . . . . .	0	<b>69</b>	0
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 <b>or</b> lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	3,682,478	<b>73</b>	3,402,449
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	4,958,860	<b>74</b>	4,612,721





<b>Part VI Other Information (continued)</b>		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	
	<b>82a</b>	<input checked="" type="checkbox"/>	
	<b>b</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.)		
	<b>82b</b> <u>187,474</u>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
	<b>83a</b>	<input checked="" type="checkbox"/>	
	<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	
	<b>83b</b>	<input checked="" type="checkbox"/>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
	<b>84a</b>		<input checked="" type="checkbox"/>
	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>84b</b>		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?		
	<b>85a</b>		
	<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	<b>85b</b>		
	<b>c</b> Dues, assessments, and similar amounts from members		
	<b>85c</b>		
	<b>d</b> Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
	<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
	<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
	<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	<b>85g</b>		
	<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	<b>85h</b>		
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
	<b>b</b> Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders		
	<b>87a</b>		
	<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b>		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<input checked="" type="checkbox"/>	
	<b>88a</b>	<input checked="" type="checkbox"/>	
	<b>b</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		<input checked="" type="checkbox"/>
	<b>88b</b>		<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
	<b>b</b> <b>501(c)(3) and 501(c)(4) orgs.</b> 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		<input checked="" type="checkbox"/>
	<b>89b</b>		<input checked="" type="checkbox"/>
	<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
	<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		
	<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
	<b>89e</b>		<input checked="" type="checkbox"/>
	<b>f</b> <i>All organizations.</i> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<input checked="" type="checkbox"/>
	<b>89f</b>		<input checked="" type="checkbox"/>
	<b>g</b> <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<input checked="" type="checkbox"/>
	<b>89g</b>		<input checked="" type="checkbox"/>
<b>90a</b>	List the states with which a copy of this return is filed <input type="text" value="None"/>		
	<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b> <input type="text" value="89"/>	<input checked="" type="checkbox"/>
<b>91a</b>	The books are in care of <input type="text" value="Pat Ryan"/> Telephone no. <input type="text" value="614-261-5431"/> Located at <input type="text" value="510 E North Broadway, Columbus, OH"/> ZIP + 4 <input type="text" value="43214-4114"/>		
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>91b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued)

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 ▶ .....

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** |

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

**Note:** Enter gross amounts unless otherwise indicated.

	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	
<b>93</b> Program service revenue:					
<b>a</b> <b>Speech Language Pathology Services</b>					<b>986,874</b>
<b>b</b> <b>Audiology Services</b>					<b>80,243</b>
<b>c</b> <b>Deaf &amp; Deaf-Blind Services</b>					<b>21,757</b>
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					<b>371,788</b>
<b>g</b> Fees and contracts from government agencies					<b>1,515,008</b>
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			<b>14</b>	<b>23,482</b>	
<b>96</b> Dividends and interest from securities . . . . .			<b>14</b>	<b>8,457</b>	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .	<b>531120</b>	<b>50,624</b>	<b>16</b>	<b>90,784</b>	
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					<b>-97,365</b>
<b>102</b> Gross profit or (loss) from sales of inventory					<b>612,850</b>
<b>103</b> Other revenue: <b>a</b> <b>Speech Language Pathology</b>					<b>2,744</b>
<b>b</b> <b>Deaf &amp; Deaf-Blind Services</b>					<b>1,954</b>
<b>c</b> <b>Audiology Services</b>					<b>393</b>
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		<b>50,624</b>		<b>122,723</b>	<b>3,496,246</b>
<b>105</b> <b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . . ▶					<b>3,669,593</b>

**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).
▼	<b>See Statement 14</b>

**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
<b>See Statement 15</b>	%			
	%			
	%			
	%			

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

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

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	.....				
b	.....				
c	.....				
<b>Totals</b>					

**108** Did the organization have a binding written contract in effect on August 17, 2007, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date _____ <b>Dawn Gleason, President/CEO</b> Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no. ( )	

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information—(See separate instructions.)**

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

OMB No. 1545-0047

**2007**

Name of the organization <b>COLUMBUS SPEECH AND HEARING CENTER</b>	Employer identification number <b>31 : 4379449</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>Rod Backus</b> 510 E North Broadway, Columbus, OH 43214-4	<b>VP &amp; Dir Resouce Dev 4</b>	<b>83,583</b>	<b>16,555</b>	<b>0</b>
<b>Pat Ryan</b> 510 E North Broadway, Columbus, OH 43214-4	<b>Director of Finance 40</b>	<b>75,117</b>	<b>9,993</b>	<b>0</b>
<b>Lyna Smith</b> 510 E North Broadway, Columbus, OH 43214-4	<b>VP &amp; Director Speech 40</b>	<b>73,980</b>	<b>9,887</b>	<b>0</b>
<b>Karen Mitchell</b> 510 E North Broadway, Columbus, OH 43214-4	<b>VP &amp; Dir Audiology 40</b>	<b>71,644</b>	<b>10,183</b>	<b>0</b>
<b>Joanne Shannon</b> 510 E North Broadway, Columbus, OH 43214-4	<b>VP &amp; Director of CPD 40</b>	<b>70,367</b>	<b>9,556</b>	<b>0</b>
Total number of other employees paid over \$50,000 . ▶	<b>11</b>			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>None</b>		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	<b>0</b>	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>None</b>		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶	<b>0</b>	

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

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	<b>1</b>	✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>	✓
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	✓
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	✓
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	✓
<b>e</b>	Transfer of any part of its income or assets? <b>See Form 990, Pt. V</b>	<b>2e</b>	✓
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	<b>3a</b>	✓
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	✓
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<b>3c</b>	✓
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>	✓
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>	✓
<b>b</b>	Did the organization make any taxable distributions under section 4966?	<b>4b</b>	✓
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>	✓
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ▶		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		<b>0</b>
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		<b>0</b>

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

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

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33½%** 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 33½%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					<b>0</b>

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

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

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

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	<b>1,121,872</b>	<b>1,021,054</b>	<b>1,332,231</b>	<b>1,173,528</b>	<b>4,648,685</b>
<b>16</b> Membership fees received . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	<b>4,046,345</b>	<b>3,760,207</b>	<b>3,837,281</b>	<b>3,795,495</b>	<b>15,439,328</b>
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	<b>165,735</b>	<b>152,204</b>	<b>187,561</b>	<b>160,659</b>	<b>666,159</b>
<b>19</b> Net income from unrelated business activities not included in line 18. . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>23</b> Total of lines 15 through 22 . . . . .	<b>5,333,952</b>	<b>4,933,465</b>	<b>5,357,073</b>	<b>5,129,682</b>	<b>20,754,172</b>
<b>24</b> Line 23 minus line 17 . . . . .	<b>1,287,607</b>	<b>1,173,258</b>	<b>1,519,792</b>	<b>1,334,187</b>	<b>5,314,844</b>
<b>25</b> Enter 1% of line 23 . . . . .	<b>53,340</b>	<b>49,335</b>	<b>53,571</b>	<b>51,297</b>	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24 . . . . . ►					<b>106,297</b>
<b>b</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. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ►					<b>0</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ►					<b>5,314,844</b>
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>666,159</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u> . . . . . ►					<b>666,159</b>
<b>e</b> Public support (line 26c minus line 26d total) . . . . . ►					<b>4,648,685</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ►					<b>87 %</b>
<b>27 Organizations described on line 12:</b> <b>a</b> 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." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year:  (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</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.) <b>Do not file this list with your return.</b> 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) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ►					<b>27c</b>
<b>d</b> Add: Line 27a total _____ and line 27b total _____ . . . . . ►					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total) . . . . . ►					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ►					<b>27f</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ►					<b>27g</b> %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ►					<b>27h</b> %

**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)**

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

**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
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .		✓	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) . . . . .		✓	
<b>c</b> Media advertisements . . . . .		✓	
<b>d</b> Mailings to members, legislators, or the public . . . . .		✓	
<b>e</b> Publications, or published or broadcast statements . . . . .		✓	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		✓	
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) . . . . .			<b>0</b>

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



**Statement 1**

Form: 990

Page: 1

Part: I

Question: 9

**COLUMBUS SPEECH AND HEARING CENTER**

31-4379449

**Schedule of Special Events**

<b>Description</b>	<b>Gross Receipts</b>	<b>Contributions</b>	<b>Gross Revenue</b>	<b>Direct Costs</b>	<b>Net Income (Loss)</b>
Great Communicators Luncheon	\$169,887.00	\$152,863.00	\$17,024.00	\$112,965.00	-\$95,941.00
Tropical Night Dinner/Auction	\$39,950.00	\$31,381.00	\$8,569.00	\$9,993.00	-\$1,424.00
<b>Total:</b>	<b>\$209,837.00</b>	<b>\$184,244.00</b>	<b>\$25,593.00</b>	<b>\$122,958.00</b>	<b>-\$97,365.00</b>

**Statement 2**

Form: 990

Page: 1

Part: I

Question: 10

**COLUMBUS SPEECH AND HEARING CENTER**

**31-4379449**

**Sales of Inventory**

<b>Description</b>	<b>Gross Sales</b>	<b>COGS</b>	<b>Gross Profit</b>
Hearing Aids and Other Hearing Products	\$1,075,245.00	\$462,395.00	\$612,850.00
<b>Total:</b>	<b>\$1,075,245.00</b>	<b>\$462,395.00</b>	<b>\$612,850.00</b>

**Statement 3**

Form: 990

Page: 1

Part: I

Question: 20

**COLUMBUS SPEECH AND HEARING CENTER**

**31-4379449**

**Other changes in Net Assets or Fund Balances**

<b>Explanation</b>	<b>Amount</b>
Unrealized Loss on Securities Held at Market	-\$1,515.00
<b>Total:</b>	<b>-\$1,515.00</b>

**Statement 4**

Form: 990

Page: 2

Part: II

Question: 42

**COLUMBUS SPEECH AND HEARING CENTER**

**31-4379449**

**Depreciation and Depletion**

<b>Asset</b>	<b>Current Deprec.</b>
Office Equipment	\$48,877.00
Building	\$168,527.00
Program Equipment	\$19,690.00
<b>Total</b>	<b>\$237,094.00</b>

**Statement 5**

Form: 990

Page: 2

Part: II

Question: 43

**COLUMBUS SPEECH AND HEARING CENTER****31-4379449****Attachment listing other expenses for Part II**

<b>Description</b>	<b>Total:</b>	<b>Pgm Services</b>	<b>Mgt and General</b>	<b>Fundraising</b>
Consulting	\$88,559.00	\$80,852.00	\$6,900.00	\$807.00
Public Relations & Marketing	\$58,958.00	\$46,287.00	\$5,491.00	\$7,180.00
Processing & Service Fees	\$42,527.00	\$38,845.00	\$3,682.00	\$0.00
Miscellaneous	\$22,829.00	\$20,547.00	\$2,087.00	\$195.00
Professional Dues	\$22,170.00	\$19,672.00	\$1,848.00	\$650.00
Professional Liability Insurance	\$22,033.00	\$22,033.00	\$0.00	\$0.00
Uncollectible Accounts	\$3,065.00	\$3,065.00	\$0.00	\$0.00
Unrelated Business Income Tax	\$420.00	\$0.00	\$420.00	\$0.00
<b>Total:</b>	<b>\$260,561.00</b>	<b>\$231,301.00</b>	<b>\$20,428.00</b>	<b>\$8,832.00</b>

Statement 6

Form: 990

Page: 3

Part: III

Question:

COLUMBUS SPEECH AND HEARING CENTER

31-4379449

Program Services

Achievement	Pgm. Svc. Exp.
<p>Vocational Rehabilitation Programs, General/Other: SERVICES for the DEAF and DEAF-BLIND: The Center's Comprehensive Program for the Deaf (CPD), which includes the Ohio-Deaf-Blind Outreach Program (ODBOP), provided vocational evaluation, placement, job-save, equipment assessment, and independent living services to over 437 adult individuals who are Deaf, Deaf-Blind, or who have a significant hearing and/or visual loss or other disability which may make it difficult to obtain or maintain competitive employment. Our rehabilitation specialists utilized their expertise in deafness, deaf and deaf-blind culture, and American Sign Language to provide evaluation, vocational/job seeking training, job placement, on-the-job coaching, and workplace assessment services. In addition to providing these services in the Central Ohio area, the Center's rehabilitation specialists also traveled to many areas of Ohio, especially the Southern and Southeastern areas, in order to provide outreach vocational training and placement services to adults who are Deaf or Hearing Impaired. Rehabilitation Specialists also provided 'Deaf Awareness' education to employers in the central Ohio community. ODBOP's mission is to increase the quality of life of individuals who are Deaf-Blind and to help them become as independent as possible as well as attain the highest vocational potential. Deaf-Blind Specialists traveled throughout Ohio helping individuals obtain competitive employment and live independently through delivery of services in the areas of: communication and technology; vocational training and employer support; life management skills training; as well as providing consultation and education. In addition, Deaf-Blind awareness and sensitivity training was provided to employers, coworkers, and other agencies. The program is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). (429 Clients)</p> <p><b>Grants and Allocations: \$0.00 This amount includes foreign grants: N/A</b></p>	\$1,379,403.00
<p>Rehabilitation of Language &amp; Speech Disorders: SPEECH-LANGUAGE PATHOLOGY: In 2006, the Center's licensed and certified Speech Pathologists and Occupational Therapists provided more than 70,000 hour units of speech and OT service to children and adults in the Central Ohio community. Speech services included: diagnosis and treatment of a variety of communication delays, disorders and/or disabilities, including stuttering and voice problems. Screenings, evaluations/testing, therapy, and other services were provided at the Centers main location and over 80 other sites in Central Ohio. Service locations included area schools, pre-schools, Head Start Centers, and other educational and community sites. Occupational Therapists provided services to children (up to 12 years of age) experiencing developmental difficulty in areas such as sensory integration, postural control and movement, fine motor skills, visual perceptual skills, and self-care skills. The Centers two language-based preschools served more than 75 children in 2006. The Language and Early Learning Program (LELP) helped children, ages 2 1/2 to 6, to improve their speech, language, cognitive, and fine and gross motor skills in a classroom setting. The Toddler Language Class (TLC) provided the same services as LELP for children ages 18-36 months. The Center also offered TALK (Talking and Learning About Kids), a free program that promotes parenting skills through family education/support classes. In 2006, the Hanen program, which is recognized worldwide, was expanded to offer Teacher Talk, training teachers to utilize classroom activities to facilitate language development. The Center continued its commitment to providing speech-language services to adults in the community and in 2006, the Center continued to provide services to a local Parkinson's support group for adults. During weekly sessions, the group worked with a speech therapist to strengthen oral motor skills, memory, voice volume, breathing and posture - all of which are commonly impacted by the disease. The speech department also provided education and instruction to other professionals at training seminars held locally, statewide and nationally. (3925 Clients)</p> <p><b>Grants and Allocations: \$0.00 This amount includes foreign grants: N/A</b></p>	\$1,937,752.00
<p>Rehabilitation of Hearing Impaired: AUDIOLOGY SERVICES: Licensed and certified Audiologists provided services to over 4,037 individuals of all ages. Services provided by the Audiology Department included: comprehensive hearing evaluations; Auditory Brainstem Response testing; Otoacoustic Emissions testing; sales and service of hearing aids; and fitting of custom hearing protection such as swimplugs and musician plugs. With support from Franklin County Senior Options, the Center provided audiology testing and hearing aids to more than 300 low-income senior citizens, who would otherwise not receive service. During 2006, the Center's Audiology department worked to develop a new cochlear implant rehabilitation</p>	\$1,017,981.00

**Achievement**

**Pgm. Svc. Exp.**

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program designed to provide a state-of-the art center where children with cochlear implants can receive services through a comprehensive, multi-disciplinary program. The program facilitates language, social and cognitive development, and academic readiness for children and provides resources and support to their families. The Center continued to promote good hearing health by providing free hearing screenings to individuals age 5 and above. These screenings were provided throughout the year at the Center as well as other locations including area schools, pre-schools, Head Start Centers and other educational and community sites. With the constant advances in hearing aid technology, the Center continued its efforts, through free community educational open houses, to assure that consumers are educated about the options that are available to them, thereby giving them the ability to make informed decisions based on their individual needs. (4078 Clients)

**Grants and Allocations: \$0.00 This amount includes foreign grants: N/A**

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**Total: \$4,335,136.00**

**Statement 7**

Form: 990

Page: 4

Part: IV

Question: 54

**COLUMBUS SPEECH AND HEARING CENTER****31-4379449****Investments - Securities**

<b>Security</b>	<b>Valuation Type</b>	<b>Amount</b>
Senior Notes	FMV	\$88,110.00
Certificate of Deposit	FMV	\$99,163.00
<b>Total:</b>		<b>\$187,273.00</b>

**Statement 8**

Form: 990

Page: 4

Part: IV

Question: 57

**COLUMBUS SPEECH AND HEARING CENTER****31-4379449****Schedule of Land, Buildings and Equipment**

<b>Description</b>	<b>Cost</b>	<b>Depreciation</b>	<b>Book Value</b>
Program Equipment	\$430,861.00	\$307,500.00	\$123,361.00
Leasehold Improvements	\$53,836.00	\$53,836.00	\$0.00
Office Equipment	\$815,778.00	\$659,512.00	\$156,266.00
Land	\$240,000.00	\$0.00	\$240,000.00
Building	\$4,265,652.00	\$1,508,285.00	\$2,757,367.00
<b>Total:</b>	<b>\$5,806,127.00</b>	<b>\$2,529,133.00</b>	<b>\$3,276,994.00</b>

**Statement 9**

Form: 990

Page: 4

Part: IV

Question: 58

**COLUMBUS SPEECH AND HEARING CENTER**

**31-4379449**

**Other Assets**

<b>Asset Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Loan Costs Net of Amortization	\$2,246.00	
Deposits	\$9,085.00	\$10,843.00
<b>Total:</b>	<b>\$11,331.00</b>	<b>\$10,843.00</b>

**Statement 10**

Form: 990

Page: 4

Part: IV

Question: 64a

**COLUMBUS SPEECH AND HEARING CENTER****31-4379449****Tax Exempt Bond Liabilities**

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<b>Purpose:</b>	Mortgage
<b>Issue Date:</b>	01/01/2002
<b>Original Amount:</b>	\$1,200,000.00
<b>Amount of issue outstanding:</b>	\$1,000,000.00
<b>Unexpended Proceeds:</b>	\$0.00
<b>Facility used by 3rd Party:</b>	No
<b>Percent used by 3rd Party:</b>	

<b>Obligation is a Mortgage:</b>	Yes
<b>Maturity Date:</b>	04/01/2022
<b>Repayment Terms:</b>	20 Years
<b>Interest Rate:</b>	3.2
<b>Security Provided by Borrower:</b>	Building

<b>Contingent Liability:</b>	No
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*If 'Yes', this record will not be included in the total returned to the Form 990:*

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<b>Total Due:</b>	<b>\$1,000,000.00</b>
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**Statement 11**

Form: 990

Page: 5

Part: IV-A

Question: b(4)

**COLUMBUS SPEECH AND HEARING CENTER**

**31-4379449**

**Revenue Audit Line b(4)**

<b>Description</b>	<b>Amount</b>
Hearing Products Cost of Goods Sold	\$462,395.00
Special Event Expense	\$112,965.00
<b>Total:</b>	<b>\$575,360.00</b>

**Statement 12**

Form: 990

Page: 5

Part: IV-B

Question: b(4)

**COLUMBUS SPEECH AND HEARING CENTER**

**31-4379449**

**Expense Audit Line b(4)**

<b>Description</b>	<b>Amount</b>
Special Event Expenses	\$112,965.00
Hearing Product Cost of Goods Sold	\$462,395.00
<b>Total:</b>	<b>\$575,360.00</b>

**Statement 13**

Form: 990

Page: 5

Part: V

Question:

**COLUMBUS SPEECH AND HEARING CENTER****31-4379449****Officers, Directors, Trustees, and Key Employees**

<b>Name and Address</b>	<b>Ave. Hrs/week</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Dawn Gleason  Title: President Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States	50	\$122,750.00	\$15,213.00	\$0.00
Dan Hamilton  Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States	1	\$0.00	\$0.00	\$0.00
Beverly Martin  Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States	1	\$0.00	\$0.00	\$0.00
Roland Tokarski  Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States	2	\$0.00	\$0.00	\$0.00
Christopher Allison  Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States	1	\$0.00	\$0.00	\$0.00
James B Feibel  Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States	1	\$0.00	\$0.00	\$0.00

<b>Name and Address</b>	<b>Ave. Hrs/week</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Lynda Wolfe	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
J Lee Bailey	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
Gary Dowdy	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
Joel Brown	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
Jacklyn J Ford	1	\$0.00	\$0.00	\$0.00
Title: Secretary Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
Edward J Kane	2	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
Scott E Grimes	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114				

<b>Name and Address</b>	<b>Ave. Hrs/week</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Country: United States				
Sharon A Hall	3	\$0.00	\$0.00	\$0.00
Title: Chairman Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
Kevin Petersen	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
Steven G Murlin	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
Tammi NanceSpayde	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
Tim Schlotterer	2	\$0.00	\$0.00	\$0.00
Title: Treasurer Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
William F Randolph	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
Roger J White	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2:				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
CSZ: Columbus, OH 43214-4114 Country: United States				
Mark Sull	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
Bradley Koffel	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 510 E North Broadway Addr 2: CSZ: Columbus, OH 43214-4114 Country: United States				
<b>TOTALS</b>		<b>\$122,750.00</b>	<b>\$15,213.00</b>	<b>\$0.00</b>

**Statement 14**

Form: 990

Page: 8

Part: VIII

Question:

**COLUMBUS SPEECH AND HEARING CENTER**

**31-4379449**

**Relationship of Activities**

<b>Line No</b>	<b>Relationship of Activities to the Accomplishment of Exempt Purposes</b>
93 a	Payments for Speech Evaluations and therapy and Occupational Therapy which fall under the Centers mission.
103 c	Miscellaneous income to support programs
93 b	Payments for Audiological Testing and Cochlear Implant mapping, which fall under the Centers mission.
93 f	Payments for speech evaluations and therapy, occupational therapy and audiological testing services.
93 g	Payment for vocational services for people who are deaf, hard of hearing, deaf/blind. Grants for children who are developmentally delayed in speech and for elderly low-income clients to get audiology services.
103 a	Miscellaneous income to support programs
103 b	Miscellaneous income to support programs
101	Special Events to support programs
102	Sale of hearing products
93 c	Payment for American Sign Language classes to help people communicate with others who are deaf.

**Statement 15**

Form: 990

Page: 8

Part: IX

Question:

**COLUMBUS SPEECH AND HEARING CENTER****31-4379449****Taxable Subsidiaries**

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<b>Name and Address</b>	<b>Pct</b>	<b>Income</b>	<b>Assets</b>
Quality Interpreting Services	100.00 %	\$0.00	\$0.00

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EIN 31-1423786

Addr: 510 E North Broadway

Addr 2:

CSZ: Columbus, OH 43214

Cntry: Kuwait

**Nature of Bus. Activities** No business transacted in 2007

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