

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.

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning Jul 1, 2005, and ending Jun 30, 2006

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: OHIO AIDS COALITION
Number and street (or P.O. box if mail is not delivered to street addr): 48 W WHITTIER ST
City, town or country: COLUMBUS
State: OH ZIP code + 4: 43206

D Employer Identification Number: 31-1162094
E Telephone number: (614) 444-1683
F Accounting method: [X] Accrual

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? [X] No
H (b) If 'Yes,' enter number of affiliates.
H (c) Are all affiliates included? [X] No
H (d) Is this a separate return filed by an organization covered by a group ruling? [X] No

G Web site: N/A

J Organization type (check only) [X] 501(c) 3 (insert no.) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 350,375.

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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.

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	
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>					
23	Specific assistance to individuals (att sch)					
24	Benefits paid to or for members (att sch)					
25	Compensation of officers, directors, etc	35,000.	19,600.	13,650.	1,750.	
26	Other salaries and wages	21,250.	11,903.	8,285.	1,062.	
27	Pension plan contributions					
28	Other employee benefits	11,632.	6,514.	4,536.	582.	
29	Payroll taxes	4,222.	2,364.	1,647.	211.	
30	Professional fundraising fees					
31	Accounting fees	1,820.	0.	1,820.	0.	
32	Legal fees					
33	Supplies	8,278.	4,422.	1,108.	2,748.	
34	Telephone					
35	Postage and shipping	6,352.	5,208.	826.	318.	
36	Occupancy	73,472.	70,172.	2,925.	375.	
37	Equipment rental and maintenance	2,840.	1,420.	1,363.	57.	
38	Printing and publications	9,791.	9,791.	0.	0.	
39	Travel	35,121.	33,716.	1,054.	351.	
40	Conferences, conventions, and meetings	69,718.	69,718.	0.	0.	
41	Interest					
42	Depreciation, depletion, etc (attach schedule)	1,294.	0.	1,294.	0.	
43	Other expenses not covered above (itemize):					
a	-----	43a				
b	MISCELLANEOUS	43b	4,471.	3,548.	743.	180.
c	UTILITIES	43c	6,443.	3,608.	2,513.	322.
d	INSURANCE	43d	3,580.	0.	3,580.	0.
e	BANK CHARGES	43e	608.	0.	608.	0.
f	COMMUNITY OUTREACH	43f	16,071.	15,750.	0.	321.
g	See Other Expenses Stmt	43g	5,628.	5,234.	364.	30.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	317,591.	262,968.	46,316.	8,307.

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

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>SUPPORT HIV/AIDS ISSUES, DISTRIBUTE INFO</u> 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) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>HEALING PROGRAMS ARE CONDUCTED FOR HIV/AIDS MEMBERS AND OTHERS TO DISTRIBUTE INFORMATION, PROVIDE SOCIAL INTERACTION, AND OTHERWISE PROVIDE SUPPORT FOR AFFECTED PERSONS.</u> ----- ----- (Grants and allocations \$ 0 .) If this amount includes foreign grants, check here . ▶ <input type="checkbox"/>	50,779 .
b <u>WELLNESS TIMES IS PUBLISHED TO PROVIDE HIV/AIDS SUFFERERS WITH CURRENT MEDICAL AND LEGAL INFORMATION REGARDING TREATMENT AND RIGHTS, ALTERNATIVE MEDICINES, ETC</u> ----- ----- (Grants and allocations \$ 0 .) If this amount includes foreign grants, check here . ▶ <input type="checkbox"/>	17,780 .
c <u>LEADERSHIP/AIDSWATCH PROGRAM IS DESIGNED TO PROVIDE SELF ADVOCACY AND SELF EMPOWERMENT TO PEOPLE AFFECTED BY HIV/AIDS. COMMUNICATIONS REGARDING AIDS ISSUES.</u> ----- ----- (Grants and allocations \$ 0 .) If this amount includes foreign grants, check here . ▶ <input type="checkbox"/>	126,466 .
d <u>CONSORTIUM ADMINISTRATION-FIDUCIARY FOR OHIO DEPARTMENT OF HEALTH GRANT FUNDED THROUGH THE COLUMBUS DEPARTMENT OF HEALTH ON BEHALF OF THE CENTRAL OHIO HIV CONSORTIUM.</u> ----- ----- (Grants and allocations \$ 0 .) If this amount includes foreign grants, check here . ▶ <input type="checkbox"/>	67,943 .
e Other program services AIDS WALK (Grants and allocations \$ 0 .) If this amount includes foreign grants, check here . ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	262,968 .

BAA

Part IV Balance Sheets (See 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
ASSETS	45 Cash — non-interest-bearing	208,589.	45	130,501.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	170.	47 a	
	b Less: allowance for doubtful accounts		47 b	
		2,145.	47 c	170.
	48 a Pledges receivable		48 a	
	b Less: allowance for doubtful accounts		48 b	
	48 c		48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)		51 a	
	b Less: allowance for doubtful accounts		51 b	
	51 c		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	3,030.	53	3,706.
54 Investments — securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
55 a Investments — land, buildings, & equipment: basis		55 a		
b Less: accumulated depreciation (attach schedule)		55 b		
55 c		55 c		
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	3,883.	57 a		
b Less: accumulated depreciation (attach schedule)	L-57. Stmt 2,746.	57 b		
	2,431.	57 c	1,137.	
58 Other assets (describe ▶ _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	216,195.	59	135,514.	
LIABILITIES	60 Accounts payable and accrued expenses	18,363.	60	17,759.
	61 Grants payable	0.	61	0.
	62 Deferred revenue	0.	62	0.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ <u>See Line 65 Stmt</u>)	112,861.	65	0.
66 Total liabilities. Add lines 60 through 65	131,224.	66	17,759.	
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	84,971.	67	117,755.
	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; column (B) must equal line 21)	84,971.	73	117,755.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	216,195.	74	135,514.	

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

a	Total revenue, gains, and other support per audited financial statements	a	350,375.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	350,375.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b.	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	350,375.

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

a	Total expenses and losses per audited financial statements.	a	317,591.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	317,591.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b.	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	317,591.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
BOB BARNES COLUMBUS, OH	PRESIDENT 2	0.	0.	0.
PAMELA GIBBS N CANTON, OH	VICE PRESIDENT 2	0.	0.	0.
DON GRUBENHOFF COLUMBUS, OH	TREASURER 2	0.	0.	0.
JEREMY GRANDSTAFF COLUMBUS, OH	LEADERSHIP 2	0.	0.	0.
See List of Officers, Etc. Statement				

Part VI Other Information (continued)

82 a 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? **82 a**

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.) **82 b**

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? **83 a**

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? **83 b**

84 a Did the organization solicit any contributions or gifts that were not tax deductible? **84 a**

b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **84 b**

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? **85 a**

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? **85 b**

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.

c Dues, assessments, and similar amounts from members **85 c**

d Section 162(e) lobbying and political expenditures **85 d**

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. **85 e**

f Taxable amount of lobbying and political expenditures (line 85d less 85e). **85 f**

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? **85 g**

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? **85 h**

86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 **86 a**

b Gross receipts, included on line 12, for public use of club facilities **86 b**

87 501(c)(12) organizations. Enter: a Gross income from members or shareholders. **87 a**

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **87 b**

88 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 **88**

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 .

b 501(c)(3) and 501(c)(4) organizations. 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. **89 b**

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 .

d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶

90 a List the states with which a copy of this return is filed ▶ OHIO

b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) **90 b** 2

91 a The books are in care of ▶ J KEVIN SULLIVAN Telephone number ▶ (614) 444-1683
 Located at ▶ 48 W WHITTIER ST, COLUMBUS OH ZIP + 4 ▶ 43206

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)? **91 b**

If 'Yes,' enter the name of the foreign country . ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c**

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**

	Yes	No
82 a		X
82 b		
83 a	X	
83 b	X	
84 a		X
84 b		
85 a		
85 b		
85 c		
85 d		
85 e		
85 f		
85 g		
85 h		
86 a		
86 b		
87 a		
87 b		
88		X
89 a		
89 b		X
90 b		
91 b		
91 c		
92		<input type="checkbox"/>

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 HEALING PROGRAMS					14,670.
b CONSORTIA					3,100.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					5,986.
95 Interest on savings & temporary cash invmnts.			14		3,601.
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	16,431.	
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))				16,431.	27,357.
105 Total (add line 104, columns (B), (D), and (E))					43,788.

Note: Line 105 plus line 1d, 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).
93a	Healing programs were sponsored to provide HIV/AIDS participants opportunities for personal growth, social interaction, educational programs, stress management & to distribute useful information.
93b	CONSORTIUM ADMINISTRATION-FIDUCIARY FOR OHIO DEPARTMENT OF HEALTH GRANT

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).

Please Sign Here

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 _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature **KAREN POMAJEVICH, CPA** Date **11/16/06** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **CPA SOLUTIONS, LLC**
1153 NEIL AVENUE
COLUMBUS OH 43201

Preparer's SSN or PTIN (See General Instruction W) _____ EIN _____ Phone no. **(614) 429-0890**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2005

Department of the Treasury
Internal Revenue Service

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

Name of the organization

OHIO AIDS COALITION

Employer identification number

31-1162094

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶	none			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶	none	

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 instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
none		

Total number of other contractors receiving over \$50,000 for other services ▶	none	

Part III Statements About Activities (See instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 6,927. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Table with 2 columns: Yes, No. Row 1: Yes (1), No (X)

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.

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.)

Table with 2 columns: Yes, No. Row 2: Yes, No (shaded)

a Sale, exchange, or leasing of property? 2 a X

b Lending of money or other extension of credit? 2 b X

c Furnishing of goods, services, or facilities? 2 c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2 d X

e Transfer of any part of its income or assets? 2 e X

3 a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) 3 a X

b Do you have a section 403(b) annuity plan for your employees? 3 b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? 3 c X

4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? 4 a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4 b X

Part IV Reason for Non-Private Foundation Status (See instructions.)

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.)

11 a [X] 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.)

11 b [] 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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: [] Type 1 [] Type 2 [] Type 3

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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Multiple rows for data entry.

14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	286,854.	230,918.	267,153.	242,827.	1,027,752.
16 Membership fees received	5,394.	6,530.	11,930.	9,243.	33,097.
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	34,126.	32,263.	21,092.	53,469.	140,950.
18 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	885.	526.	1,323.	1,124.	3,858.
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	93,913.		18,467.		112,380.
23 Total of lines 15 through 22.	421,172.	270,237.	319,965.	306,663.	1,318,037.
24 Line 23 minus line 17.	387,046.	237,974.	298,873.	253,194.	1,177,087.
25 Enter 1% of line 23.	4,212.	2,702.	3,200.	3,067.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26 a 23,542.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶					26 b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26 c 1,177,087.
d Add: Amounts from column (e) for lines: 18 3,858. 19 _____					
22 112,380. 26 b _____ . . . ▶					26 d 116,238.
e Public support (line 26c minus line 26d total) ▶					26 e 1,060,849.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). ▶					26 f 90.12 %
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____ . . . ▶					27 c
d Add: Line 27a total . . . and line 27b total ▶					27 d
e Public support (line 27c total minus line 27d total). ▶					27 e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27 f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27 g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27 h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 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?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d 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.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
	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.		
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.		

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
HONORARIUMS	4,300.	4,300.	0.	0.
WEBSITE	600.	570.	0.	30.
DUES & SUBSCRIPTIONS	728.	364.	364.	0.
Total	5,628.	5,234.	364.	30.

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
DARRIN EBBERT COLUMBUS, OH	BOARD 2	0.	0.	0.
STEPHEN HOOD LAKEWOOD, OH	BOARD 2	0.	0.	0.
BOBBY RUDDER N CANTON, OH	BOARD 2	0.	0.	0.
J KEVIN SULLIVAN COLUMBUS, OH	EXEC DIRECTOR 40	33,000.	2,000.	0.

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
FUNDRAISING PARTIES	8,645.	0.	8,645.	0.	8,645.
MISC FUNDRAISING	1,918.	0.	1,918.	0.	1,918.
AIDSWALK	2,077.	0.	2,077.	0.	2,077.
COLUMBUS HEALING	3,791.	0.	3,791.	0.	3,791.
Total	16,431.	0.	16,431.	0.	16,431.

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
COMPUTERS & EQUIPEMENT	3,883.	2,746.	1,137.
Total	<u>3,883.</u>	<u>2,746.</u>	<u>1,137.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
FUNDS HELD IN TRUST	112,861.	0.
Total	<u>112,861.</u>	<u>0.</u>

Supporting Statement of:

Form 990 p 4/Line 45, column (A)

Description	Amount
CHECKING	53,605.
MONEY MARKET	29,844.
AIDSWALK	125,140.
Total	<u>208,589.</u>

Supporting Statement of:

Form 990 p 4/Line 45, column (B)

Description	Amount
CHECKING	48,962.
MONEY MARKET	81,539.
AIDSWALK	0.
Total	<u>130,501.</u>