

**Return of Organization Exempt From Income Tax**

**2008**

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 2008 calendar year, or tax year beginning** 01/01, 2008, and ending 12/31, 20 08

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

**C Name of organization** COLUMBUS SPEECH AND HEARING CENTER  
 Doing Business As \_\_\_\_\_  
 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

**G Gross receipts \$** 5,569,213

**F Name and address of principal officer:** Dawn Gleason  
510 E North Broadway, Columbus, OH 43214-4114

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

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

**K Type of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** 1923 **M State of legal domicile:** OH

**H(c)** Group exemption number ▶ \_\_\_\_\_

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>To help all people improve communication and vocational independence for life.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>133</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>58</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>47,548</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>842,155</b>	<b>1,245,783</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,975,670</b>	<b>3,030,050</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>31,939</b>	<b>20,975</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,511,748</b>	<b>4,964,210</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>3,441,359</b>	<b>4,023,486</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>17,175</b>	<b>17,700</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>117,385</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>1,331,728</b>	<b>1,106,828</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>4,790,262</b>	<b>5,148,014</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-278,514</b>	<b>-183,804</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,612,721</b>	<b>4,375,368</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,210,272</b>	<b>1,156,723</b>
		<b>3,402,449</b>	<b>3,218,645</b>

**Part II Signature Block**

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.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
Dawn Gleason, President/CEO  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Check if self-employed  Preparer's identifying number (see instructions) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_  
 Phone no. ▶ ( ) \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:  
**To help all people improve communication and vocational independence for life.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**See Statement 1**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ **0** including grants of \$ **0**) (Revenue \$ **0**)

**4e Total program service expenses** ▶ \$ **4,679,276** (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	✓	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .		
	<b>1a</b> <span style="float: right;">9</span>		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> <span style="float: right;">0</span>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> <span style="float: right;">133</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> . . . . .	✓	
<b>4a</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)? . . . . .		✓
<b>b</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 Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		✓
<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>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .		
	<b>11a</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>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	<b>16</b>
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	<b>15</b>
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	<input checked="" type="checkbox"/>
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>11</b>	<input checked="" type="checkbox"/>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	<input checked="" type="checkbox"/>
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O. (see instructions)	<b>15b</b>	<input checked="" type="checkbox"/>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ .....
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ [See Statement 2](#) .....

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Tammi NanceSpayde Board Member	1	✓						\$0	\$0	\$0
Steven G Murlin Board Member	1	✓						\$0	\$0	\$0
Sharon A Hall Immediate Past Chair	2	✓						\$0	\$0	\$0
Christopher Allison Board Member	1	✓						\$0	\$0	\$0
Gary Dowdy Board Member	1	✓						\$0	\$0	\$0
J Lee Bailey Board Member	1	✓						\$0	\$0	\$0
Lynda Wolfe Member at Large	2	✓						\$0	\$0	\$0
Roland Tokarski Secretary	2	✓		✓				\$0	\$0	\$0
Jacklyn J Ford Board Member	1	✓						\$0	\$0	\$0
Tim Schlotterer Chair	2	✓		✓				\$0	\$0	\$0
Edward J Kane Treasurer	2	✓		✓				\$0	\$0	\$0
Molly Crabtree Board Member	1	✓						\$0	\$0	\$0
Michael Louge Board Member	1	✓						\$0	\$0	\$0
Brian Mannion Board Member	1	✓						\$0	\$0	\$0
Paul Phillips III Board Member	1	✓						\$0	\$0	\$0
Dan Hamilton Chair Elect	2	✓		✓				\$0	\$0	\$0
Dawn Gleason President & CEO	40			✓		✓		\$132,550	\$0	\$0



<b>Part VIII Statement of Revenue</b>				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	369,371					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	171,250					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0					
	<b>e</b> Government grants (contributions).	<b>1e</b>	0					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	705,162					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		4,139					
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,245,783					
	<b>Program Service Revenue</b>							<b>Business Code</b>
<b>2a</b> <u>Speech &amp; Occupational Thera</u>			621300	1,754,967	1,754,967	0	0	
<b>b</b> <u>Audiology Clinic</u>			621300	288,627	288,627	0	0	
<b>c</b> <u>Comprehensive Program for t</u>			624310	986,456	986,456	0	0	
<b>d</b> . . . . .								
<b>e</b> . . . . .								
<b>f</b> All other program service revenue . . . . .				0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .				3,030,050				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			20,975	0	0	20,975	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0	0	0	0	
	<b>5</b> Royalties . . . . .			0	0	0	0	
	<b>6a</b> Gross Rents . . . . .	(i) Real	142,787	(ii) Personal	0			
		<b>b</b> Less: rental expenses . . . . .	0	0				
		<b>c</b> Rental income or (loss) . . . . .	142,787	0				
		<b>d</b> Net rental income or (loss) . . . . .		142,787	0			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	0	(ii) Other	0			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	0	0				
		<b>c</b> Gain or (loss) . . . . .	0	0				
		<b>d</b> Net gain or (loss) . . . . .		0	0			
	<b>8a</b> Gross income from fundraising events (not including \$ <u>171,250</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	26,620					
		<b>b</b> Less: direct expenses . . . . .	157,629					
		<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0					
		<b>b</b> Less: direct expenses. . . . .	0					
		<b>c</b> Net income or (loss) from gaming activities . . . . .						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	1,098,666					
<b>b</b> Less: cost of goods sold . . . . .		447,374						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			651,292					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> <u>Miscellaneous Income</u>		900099	4,332	4,332	0	0		
<b>b</b> . . . . .								
<b>c</b> . . . . .								
<b>d</b> All other revenue . . . . .			0	0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .			4,332					
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .			4,964,210	3,554,665	47,548	116,214		

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0	0		
4 Benefits paid to or for members . . . . .	0	0		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	132,550	66,275	53,020	13,255
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7 Other salaries and wages . . . . .	3,265,332	3,038,559	162,033	64,740
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0	0	0	0
9 Other employee benefits . . . . .	360,204	323,464	28,810	7,930
10 Payroll taxes . . . . .	265,400	244,084	15,618	5,698
11 Fees for services (non-employees):				
a Management . . . . .	0	0	0	0
b Legal . . . . .	0	0	0	0
c Accounting . . . . .	19,400	0	19,400	0
d Lobbying . . . . .	0	0	0	0
e Professional fundraising services. See Part IV, line 17	17,700			17,700
f Investment management fees . . . . .	0	0	0	0
g Other . . . . .	18,678	18,625	53	0
12 Advertising and promotion . . . . .	45,319	40,684	2,142	2,493
13 Office expenses . . . . .	163,171	149,225	11,075	2,871
14 Information technology . . . . .	60,250	54,214	6,036	0
15 Royalties . . . . .	0	0	0	0
16 Occupancy . . . . .	248,021	225,366	22,007	648
17 Travel . . . . .	55,205	54,413	397	395
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings . . . . .	16,363	15,021	950	392
20 Interest . . . . .	39,153	35,238	3,915	0
21 Payments to affiliates . . . . .	0	0	0	0
22 Depreciation, depletion, and amortization . . . . .	257,440	243,944	13,032	464
23 Insurance . . . . .	42,301	37,935	4,180	186
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>Processing and Service Fees</b> . . . . .	54,052	49,396	4,618	38
b <b>Bad Debt Expense</b> . . . . .	15,387	15,387	0	0
c <b>Dues, Licenses, Subscriptions</b> . . . . .	21,653	20,278	1,042	333
d <b>Miscellaneous</b> . . . . .	50,435	47,168	3,025	242
e . . . . .				
f All other expenses . . . . .	0	0	0	0
25f <b>Total functional expenses.</b> Add lines 1 through 24f	5,148,014	4,679,276	351,353	117,385
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	21,710	<b>1</b>	14,706
	<b>2</b> Savings and temporary cash investments . . . . .	446,580	<b>2</b>	417,262
	<b>3</b> Pledges and grants receivable, net . . . . .	20,000	<b>3</b>	29,647
	<b>4</b> Accounts receivable, net . . . . .	511,774	<b>4</b>	459,770
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	28,984	<b>8</b>	21,612
	<b>9</b> Prepaid expenses and deferred charges . . . . .	108,563	<b>9</b>	56,142
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	6,009,648		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	2,786,574	<b>10c</b>	3,223,074
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	2,376
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	187,273	<b>12</b>	144,153
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	10,843	<b>15</b>	6,626
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,612,721	<b>16</b>	4,375,368	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	195,960	<b>17</b>	180,121
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	14,312	<b>19</b>	21,602
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,000,000	<b>20</b>	955,000
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	0	<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,210,272	<b>26</b>	1,156,723
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	3,100,365	<b>27</b>	2,981,601
	<b>28</b> Temporarily restricted net assets . . . . .	302,084	<b>28</b>	237,044
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	3,402,449	<b>33</b>	3,218,645
<b>34</b> Total liabilities and net assets/fund balances . . . . .	4,612,721	<b>34</b>	4,375,368	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		✓
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	✓	
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	✓	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		✓
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

<b>Name of the organization</b> <b>COLUMBUS SPEECH AND HEARING CENTER</b>	<b>Employer identification number</b> <b>31   4379449</b>
--	--

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % 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)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
    - (ii) A family member of a person described in (i) above? .....
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**h** Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	<b>1,080,674</b>	<b>1,067,953</b>	<b>1,089,951</b>	<b>1,031,376</b>	<b>917,106</b>	<b>5,187,060</b>
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	<b>0</b>	<b>0</b>	<b>0</b>			<b>0</b>
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	<b>0</b>	<b>0</b>	<b>0</b>			<b>0</b>
<b>4 Total.</b> Add lines 1-3 . . . . .	<b>1,080,674</b>	<b>1,067,953</b>	<b>1,089,951</b>	<b>1,031,376</b>	<b>917,106</b>	<b>5,187,060</b>
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						<b>0</b>
<b>6 Public support.</b> Subtract line 5 from line 4.						<b>5,187,060</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	<b>1,080,674</b>	<b>1,067,953</b>	<b>1,089,951</b>	<b>1,031,376</b>	<b>917,106</b>	<b>5,187,060</b>
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	<b>80,501</b>	<b>80,702</b>	<b>123,208</b>	<b>121,208</b>	<b>116,214</b>	<b>521,833</b>
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	<b>41,494</b>	<b>44,975</b>	<b>50,453</b>	<b>50,624</b>	<b>47,548</b>	<b>235,094</b>
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						<b>5,943,987</b>
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	<b>18,844,371</b>
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	<b>87.27</b> %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	<b>87.47</b> %
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization: COLUMBUS SPEECH AND HEARING CENTER; Employer identification number: 31 4379449

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements including questions about purpose, monitoring, and expenses, and a table for 'Held at the End of the Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ .....%
  - b** Permanent endowment ▶ .....%
  - c** Term endowment ▶ .....%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes | No |
|------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations |     |    |
| <b>(ii)</b> related organizations  |     |    |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 3b**  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land	240,000	0		240,000
<b>b</b> Buildings	4,271,612	0	1,675,586	2,596,026
<b>c</b> Leasehold improvements	53,836	0	53,836	0
<b>d</b> Equipment	1,119,135	0	937,888	181,247
<b>e</b> Other	325,065	0	119,264	205,801
<b>Total.</b> Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,223,074



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b> 4,964,210
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b> 5,148,014
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b> -183,804
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b> 0
<b>5</b>	Donated services and use of facilities	<b>5</b> 0
<b>6</b>	Investment expenses	<b>6</b> 0
<b>7</b>	Prior period adjustments	<b>7</b> 0
<b>8</b>	Other (Describe in Part XIV)	<b>8</b> 0
<b>9</b>	Total adjustments (net). Add lines 4–8	<b>9</b> 0
<b>10</b>	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<b>10</b> -183,804

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b> 5,716,566
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 0
<b>b</b>	Donated services and use of facilities	<b>2b</b> 169,140
<b>c</b>	Recoveries of prior year grants	<b>2c</b> 0
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b> -21,787
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b> 147,353
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b> 5,569,213
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 0
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b> -605,003
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b> -605,003
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12.)	<b>5</b> 4,964,210

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b> 5,900,370
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
<b>a</b>	Donated services and use of facilities	<b>2a</b> 169,140
<b>b</b>	Prior year adjustments	<b>2b</b> 0
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b> 0
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b> 600,916
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b> 770,056
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b> 5,130,314
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 0
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b> 17,700
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b> 17,700
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18.)	<b>5</b> 5,148,014

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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**See Statement 4**

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>Great Communica</b> (event type)	<b>Golf Outing</b> (event type)	<b>1</b> (total number)	(Add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	<b>163,071</b>	<b>17,465</b>	<b>17,334</b>	<b>197,870</b>
	<b>2</b> Less: Charitable contributions . . . . .	<b>143,561</b>	<b>12,916</b>	<b>14,773</b>	<b>171,250</b>
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	<b>19,510</b>	<b>4,549</b>	<b>2,561</b>	<b>26,620</b>
Direct Expenses	<b>4</b> Cash prizes . . . . .	<b>0</b>	<b>200</b>	<b>0</b>	<b>200</b>
	<b>5</b> Non-cash prizes . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>6</b> Rent/facility costs . . . . .	<b>6,722</b>	<b>0</b>	<b>1,468</b>	<b>8,190</b>
	<b>7</b> Other direct expenses . . . . .	<b>129,120</b>	<b>16,053</b>	<b>4,066</b>	<b>149,239</b>
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶				<b>( 157,629 )</b>
<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶				<b>-131,009</b>	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
	<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . . ▶				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain: _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain: _____ _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

			Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:	<b>a</b> The organization's facility . . . . .	<b>13a</b>	%	
	<b>b</b> An outside facility . . . . .	<b>13b</b>	%	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶ .....				
Address ▶ .....				
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .				<b>15a</b>
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ....., and the amount of gaming revenue retained by the third party ▶ \$ .....				
<b>c</b> If "Yes," enter name and address:				
Name ▶ .....				
Address ▶ .....				
<b>16</b> Gaming manager information:				
Name ▶ .....				
Gaming manager compensation ▶ \$ .....				
Description of services provided ▶ .....				
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor				
<b>17</b> Mandatory distributions:				
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .				<b>17a</b>
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$				

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

<b>Name of the organization</b> <b>COLUMBUS SPEECH AND HEARING CENTER</b>	<b>Employer identification number</b> <b>31   4379449</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> . . . . . ▶				\$						

**Part III Grants or Assistance Benefitting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
<b>See Statement 6</b>					



Name of the organization

**COLUMBUS SPEECH AND HEARING CENTER**

Employer identification number

**31 | 4379449**

Area with horizontal dashed lines for supplemental information.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
- ▶ See separate instructions.

Name of the organization

**COLUMBUS SPEECH AND HEARING CENTER**

Employer identification number

**31 | 4379449**

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
.....					
.....					
.....					
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**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
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.....					
.....					
.....					
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.....					



**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to other organization(s) . . . . .
- c** Gift, grant, or capital contribution from other organization(s) . . . . .
- d** Loans or loan guarantees to or for other organization(s) . . . . .
- e** Loans or loan guarantees by other organization(s) . . . . .
  
- f** Sale of assets to other organization(s) . . . . .
- g** Purchase of assets from other organization(s) . . . . .
- h** Exchange of assets . . . . .
- i** Lease of facilities, equipment, or other assets to other organization(s) . . . . .
  
- j** Lease of facilities, equipment, or other assets from other organization(s) . . . . .
- k** Performance of services or membership or fundraising solicitations for other organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations by other organization(s) . . . . .
- m** Sharing of facilities, equipment, mailing lists, or other assets . . . . .
- n** Sharing of paid employees . . . . .
  
- o** Reimbursement paid to other organization for expenses . . . . .
- p** Reimbursement paid by other organization for expenses . . . . .
  
- q** Other transfer of cash or property to other organization(s) . . . . .
- r** Other transfer of cash or property from other organization(s) . . . . .

	Yes	No
<b>1a</b>		✓
<b>1b</b>		✓
<b>1c</b>		✓
<b>1d</b>		✓
<b>1e</b>		✓
<b>1f</b>		✓
<b>1g</b>		✓
<b>1h</b>		✓
<b>1i</b>		✓
<b>1j</b>		✓
<b>1k</b>		✓
<b>1l</b>		✓
<b>1m</b>		✓
<b>1n</b>		✓
<b>1o</b>		✓
<b>1p</b>		✓
<b>1q</b>		✓
<b>1r</b>		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Statement 1 : Program Service Accomplishments**

**Statement 2 : The Books Are In Care Of**

**Statement 3 : Contractor Compensation**

**Statement 4 : Supplemental Information**

**Statement 5 : Fundraiser Activity Information**

**Statement 6 : Description of Business Transactions Involving Interested Persons**

**Statement 7 : Additional Information for Responses to Specific Questions for The Form 990 or Others**

**Statement 8 : Description of Related Organizations Taxable as a Corporation or Trust**

## Program Service Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	The Center's Comprehensive Program for the Deaf (CPD) and Ohio-Deaf-Blind Outreach Program (ODBOP) provided vocational evaluation, placement, job-save, equipment assessment, and independent living services to 430 adults who are Deaf, Deaf-Blind, or have a significant hearing and/or visual impairment or other disabilities which can 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 vocational evaluation, job seeking skills training, job placement, on-the-job coaching, and workplace assessment services. In addition to providing these services in the Central Ohio area, CPD's rehabilitation specialists traveled throughout Ohio to provide outreach vocational training and placement services to adults who are Deaf or Hearing Impaired. The Center's Rehabilitation Specialists also provided 'Deaf Awareness' education to employers in the central Ohio community. Deaf-Blind Specialists traveled throughout Ohio helping individuals to obtain competitive employment and live independently through the delivery of services in the areas of: communication and technology, life management skills training, vocational training and employer support; they also provided consultation and education. Deaf-Blind awareness and sensitivity training was provided to employers, coworkers, and other agencies. CPD continued to offer community ASL (American Sign Language) classes to individuals and companies in central Ohio. In 2008, the programs earned a 3-year reaccreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).	\$1,117,003	\$0	\$986,456
	Rehabilitation of Language & Speech Disorders: Speech-Language Pathology. In 2008, the Center's licensed and certified Speech Pathologists and Occupational Therapists provided more than 70,000 one-half 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 expressive and receptive language, stuttering, and voice problems. Screenings, evaluations/testing, therapy, and other services were provided at the Center's main location and over 80 other educational and community sites in Central Ohio. Occupational Therapists provided services to children, up to 12 years of age, who experience developmental difficulty in areas such as sensory integration, postural control and movement, fine and gross motor skills, visual perceptual skills, and self-care skills. The Center's two language-based preschools, which are accredited by the National Association for the Education of Young Children (NAEYC), served more than 50 children in 2008. The Language and Early Learning Program (LELP) helped children, ages 2½ to 6, to improve their speech, language, cognitive, and fine and gross motor	\$2,665,577	\$0	\$1,754,967

skills in a classroom setting. The Toddler Language Class (TLC) provided the same services as LELP for children ages 18-36 months. The preschools were awarded a 2-star rating from 'Step Up to Quality', a State of Ohio voluntary quality rating system for early care and education centers. The Center also continued to offer TALK (Talking and Learning About Kids), a free program that promotes parenting skills through family education/support classes. With support from Honda and the Ingram White Castle Foundation, the Center initiated 'Sound It Out' a new pre-literacy program for 4 and 5 year olds; 50 children were served through this program and, as an added component, their preschool teachers received training to help them facilitate language and literacy development through daily classroom activities. Through the 'Spot Shop', a speech/OT equipment lending library, the Center enabled parents and caregivers to borrow the same therapeutic equipment and resources that are used during therapy. This provided them with the opportunity to follow through with home practice, increasing the effectiveness of treatment and also assisted them in making informed decisions before purchasing therapy equipment for their child. The Center is also committed to providing speech-language services to adults in the community; and, besides offering traditional speech and voice therapy, the Center also offered accent reduction therapy to adults for whom English is a second language. 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 staff also provided education and instruction to teachers and other professionals at training seminars held locally, statewide and nationally.

<p>Rehabilitation of Hearing Impaired: Audiology Services:                  Licensed and certified Audiologists provided services to more than 2,900 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 420 low-income senior citizens, who would otherwise not have received services. The Audiology department also offered a cochlear implant rehabilitation program, designed to allow children with cochlear implants to receive state-of-the-art services through a comprehensive, multi-disciplinary program. This program facilitates language, social and cognitive development, and academic readiness for children and provides resources and support to their families. In 2008 the Center initiated a new program to help those people who are affected by tinnitus, which is the medical term for the perception of sound in one or both ears or in the head when no external sound is present. This new program focused on patient education and treatment. The Center continued to promote good hearing health by providing hearing screenings to individuals age 5 and above. The screenings were provided throughout the year at the main Center, area schools, preschools, daycare</p>	<p>\$896,696</p>	<p>\$0</p>	<p>\$288,627</p>
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**Statement 1**

**COLUMBUS SPEECH AND HEARING CENTER**

facilities, work-sites, and other educational and community sites. The Center continued its efforts, through free educational seminars and community open houses, to educate consumers about the constant advances in hearing aid technology and ensure they understand the options that are available to them, thereby giving them the ability to make informed decisions based on their individual needs.

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<b>Total:</b>	<b>\$4,679,276</b>	<b>\$0</b>	<b>\$3,030,050</b>
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**Statement 2**

Form: 990

Page: 6

Line Number: Part VI Section C Line 20

TheBooksAreInCareOf

**COLUMBUS SPEECH AND HEARING CENTER**

**31-4379449**

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**The Books Are In Care Of**

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**Name and address:**

**Telephone Number**

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Pat Ryan

(614)261-5431

510 E North Broadway

Columbus, OH 43214-4114

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**Statement 3**

Form: 990

Page: 8

Line Number: Part VII Section B

Contractor Compensation

**COLUMBUS SPEECH AND HEARING CENTER**

**31-4379449**

**Contractor Compensation**

<b>Name and address:</b>	<b>Description Of Services</b>	<b>Compensation</b>
The Quandel Group 8181 Worthington Road Westerville, OH 43082	Contractor for building renovations	\$117,316
<b>Total:</b>		<b>\$117,316</b>

**Statement 4**

Form: Schedule D

Page: 4

Line Number: Part XIV

Form990ScheduleDPartXIV

**Supplemental Information**

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<b>Explanation:</b>		
<b>Reference:</b>	Schedule D, Part XII, Line 2d	Cost of two special events netted into revenue on audit
<b>Identifier:</b>	SchD_P12_S00_L02d	
<b>Reference:</b>	Schedule D, Part XII, Line 4b	Cost of Goods sold of \$447,374 in expenses, not deducted from revenue, on audit Event expense of \$157,629 in expenses, not deducted from revenue, on audit
<b>Identifier:</b>	SchD_P12_S00_L04b	
<b>Reference:</b>	Schedule D, Part XIII, Line 2d	Cost of goods sold of \$447,374 is included in expense, not deducted from revenue, on audited financials. Event expense of \$153,542 is included in expense, not deducted from revenue, on audited financials.
<b>Identifier:</b>	SchD_P13_S00_L02d	
<b>Reference:</b>	Schedule D, Part XIII, Line 4b	Fundraising consultant costs of \$17,700.
<b>Identifier:</b>	SchD_P13_S00_L04b	

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Statement 5

Form: Schedule G

Page: 1

Line Number: Part I Line 2b

FundraiserActivityInformation

COLUMBUS SPEECH AND HEARING CENTER

31-4379449

Fundraiser Activity Information

Name	Activity	C1	Gross Receipts	Amount Or Retained By Contractor	Net To Organization
Phyllis Van Arsdale	Great Communicators Luncheon	No	\$108,714	\$11,800	\$96,914
Kim Tyndall	Great Communicators Luncheon	No	\$54,357	\$5,900	\$48,457
<b>Total:</b>			<b>\$163,071</b>	<b>\$17,700</b>	<b>\$145,371</b>

C1 = Fundraiser control of funds?

**Statement 6**

Form: Schedule L

Page: 1

Line Number: Part IV

Form990ScheduleLPartIV

**COLUMBUS SPEECH AND HEARING CENTER**

**31-4379449**

**Description of Business Transactions Involving Interested Persons**

		<b>Amount of transaction</b>
<b>Name</b>	Roland Tokarski	\$117,316
<b>Relationship with organization</b>	Board Member	
<b>Description of transaction</b>	Used company he is president of as contractor for renovations	
<b>Sharing Of Revenues</b>	No	

Statement 7

Form: Schedule O

Page: 1

Line Number: ScheduleO

GeneralExplanation

Additional Information for Responses to Specific Questions for The Form 990 or Others

		Explanation:
<b>Reference:</b>	Form 990, Part VI, Section A, Line 10	The 990 Return is prepared by the Director of Finance and reviewed by a CPA (former board member and member of the audit committee) for accuracy. Once approved by the audit committee, it is presented to the finance committee of the board for review and discussion before being presented to the entire board for review at a monthly board meeting. Each board member receives an electronic copy of the completed 990 and a copy of the instructions.
<b>Identifier:</b>	F990_P06_S0A_L10	
<b>Reference:</b>	Form 990, Part VI, Section B, Line 12c	The conflict of interest policy is reviewed with all new board members before they fill out the disclosure form. All board members update the disclosure form annually and they are reviewed by the Center's President & CEO. If any potential conflict arises during the year it is addressed with the entire board and the board member with the conflict abstains from board discussion and voting on any matter related to the conflict.
<b>Identifier:</b>	F990_P06_S0B_L12c	
<b>Reference:</b>	Form 990, Part VI, Section B, Line 15	The Executive Committee of the board conducts a compensation survey of President/CEO positions of similar nonprofit organizations prior to performing the annual review of the Center's President & CEO. The committee then uses this information to determine the President & CEO's compensation. The annual review is conducted by the Board Chair.
<b>Identifier:</b>	F990_P06_S0B_L15	
<b>Reference:</b>	Form 990, Part VI, Section C, Line 19	The audited financial statement is posted on the Center's website and Guidestar's website. It is also made available upon request. The Center's governing documents and conflict of interest policy are also available upon request.
<b>Identifier:</b>	F990_P06_S0C_L19	

Statement 8

Form: Schedule R

Page: 2

Line Number: Part IV

Form990ScheduleRPartIV

COLUMBUS SPEECH AND HEARING CENTER

31-4379449

Description of Related Organizations Taxable as a Corporation or Trust

		Share of total income	Share of end-of-year assets	Percentage ownership
<b>Name, address and EIN</b>	Quality Interpreting Services 510 East North Broadway Columbus, OH 43214 311423786	\$0	\$0	100%
<b>Primary activity</b>	No business activity in 2008			
<b>State or foreign country</b>	OH			
<b>Direct controlling entity</b>	Columbus Speech and Hearing Center			
<b>Type of entity</b>	C			