Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning and ending

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: CENTRAL OHIO DIABETES ASSOCIATION

Number and street (or P.O. box if mail is not delivered to street address): 1100 DENNISON AVENUE — Room/suite

City or town, state or country, and ZIP + 4: COLUMBUS, OH 43201

D Employer identification number 31-6054100

E Telephone number 614-884-4400

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

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

I Group Exemption Number ▶ N/A

G Website: ▶WWW.DIABETESOHIO.ORG

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

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,279,878.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	694,726.	
	c	Indirect public support (not included on line 1a)	1c	253,811.	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ 761,491. noncash $ 187,046.)		1e	948,537.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	142,284.
	3	Membership dues and assessments		3	1,220.
	4	Interest on savings and temporary cash investments		4	90,093.
	5	Dividends and interest from securities		5	
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a		6c	
	7	Other investment income (describe ▶)		7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: 619,017.	8a	(B) Other:	
	b	Less: cost or other basis and sales expenses: 516,726.	8b		
	c	Gain or (loss) (attach schedule): 102,291.	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2		8d	102,291.
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0. of contributions reported on line 1b)	9a	460,606.	
	b	Less: direct expenses other than fundraising expenses	9b	62,989.	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3		9c	397,617.
	10 a	Gross sales of inventory, less returns and allowances	10a	1,116.	
	b	Less: cost of goods sold	10b	1,675.	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 4		10c	-559.
	11	Other revenue (from Part VII, line 103)		11	17,005.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	1,698,488.
Expenses	13	Program services (from line 44, column (B))		13	1,289,590.
	14	Management and general (from line 44, column (C))		14	115,016.
	15	Fundraising (from line 44, column (D))		15	276,979.
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses.** Add lines 16 and 44, column (A)		17	1,681,585.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	16,903.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	3,965,685.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5		20	-24,412.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	3,958,176.

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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
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 2,000. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	2,000.	2,000.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 7	25a	80,233.	68,198.	4,012.	8,023.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	546,932.	424,468.	47,407.	75,057.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	78,634.	63,279.	5,944.	9,411.
29 Payroll taxes	29	54,814.	44,125.	4,113.	6,576.
30 Professional fundraising fees	30				
31 Accounting fees	31	9,600.		9,600.	
32 Legal fees	32	2,608.		2,608.	
33 Supplies	33	9,435.	7,596.	707.	1,132.
34 Telephone	34	13,811.	11,118.	1,036.	1,657.
35 Postage and shipping	35	20,781.	16,729.	1,558.	2,494.
36 Occupancy	36	34,549.	19,813.	10,590.	4,146.
37 Equipment rental and maintenance	37	16,117.	12,976.	1,207.	1,934.
38 Printing and publications	38	10,328.	8,314.	775.	1,239.
39 Travel	39	9,927.	7,991.	745.	1,191.
40 Conferences, conventions, and meetings	40	470.	378.	36.	56.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	62,716.	50,486.	4,704.	7,526.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 6	43g	728,630.	552,119.	19,974.	156,537.
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,681,585.	1,289,590.	115,016.	276,979.

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 $ N/A ; **(ii)** the amount allocated to Program services $ N/A ; **(iii)** the amount allocated to Management and general $ N/A ; and **(iv)** the amount allocated to Fundraising $ N/A

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

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

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 12 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 8	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	468,613.
b SEE STATEMENT 9	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	290,214.
c SEE STATEMENT 10	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	18,022.
d SEE STATEMENT 11	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	377,919.
e Other program services (attach schedule) SEE STATEMENT 13 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	134,822.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	1,289,590.

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

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

				(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing			98,542.	45	97,602.
	46 Savings and temporary cash investments				46	
	47 a Accounts receivable	47a	86,284.			
	b Less: allowance for doubtful accounts	47b		13,951.	47c	86,284.
	48 a Pledges receivable	48a	454,907.			
	b Less: allowance for doubtful accounts	48b		652,496.	48c	454,907.
	49 Grants receivable				49	
	50 a Receivables from current and former officers, directors, trustees, and key employees				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
	51 a Other notes and loans receivable	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			5,751.	53	5,907.
	54 a Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
	55 a Investments - land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation	55b			55c	
	56 Investments - other SEE STATEMENT 14			355,948.	56	402,165.
	57 a Land, buildings, and equipment: basis	57a	1,801,045.			
	b Less: accumulated depreciation STMT 15	57b	323,755.	1,522,525.	57c	1,477,290.
	58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 16)			1,394,991.	58	1,553,119.
	59 **Total assets** (must equal line 74). Add lines 45 through 58			4,044,204.	59	4,077,274.
Liabilities	60 Accounts payable and accrued expenses			25,291.	60	57,802.
	61 Grants payable				61	
	62 Deferred revenue			51,497.	62	61,296.
	63 Loans from officers, directors, trustees, and key employees				63	
	64 a Tax-exempt bond liabilities				64a	
	b Mortgages and other notes payable				64b	
	65 Other liabilities (describe ▶)			1,731.	65	
	66 **Total liabilities.** Add lines 60 through 65			78,519.	66	119,098.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			3,844,483.	67	3,819,349.
	68 Temporarily restricted			121,202.	68	138,827.
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			3,965,685.	73	3,958,176.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			4,044,204.	74	4,077,274.

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

a	Total revenue, gains, and other support per audited financial statements			a	1,726,147.
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	0.
c	Subtract line **b** from line **a**			c	1,726,147.
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1	12,592.		
2	Other (specify): SEE STATEMENT 18	d2	-40,251.		
	Add lines **d1** and **d2**			d	-27,659.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	1,698,488.

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

a	Total expenses and losses per audited financial statements			a	1,733,656.
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): SEE STATEMENT 17	b4	64,663.		
	Add lines **b1** through **b4**			b	64,663.
c	Subtract line **b** from line **a**			c	1,668,993.
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1	12,592.		
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	12,592.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	1,681,585.

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 & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 19		74,508.	5,724.	0.

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

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 29			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

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Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
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?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	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 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88 a	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	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
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	89b		X
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 ▶ 0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ▶ OH			
b	Number of employees employed in the pay period that includes March 12, 2006 90b 18			
91 a	The books are in care of ▶ PATRICIA HOFFMANNBECK Telephone no. ▶ 614-884-4400 Located at ▶ 1100 DENNISON AVENUE, COLUMBUS, OH ZIP + 4 ▶ 43201			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.	91b		X

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Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X

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 N/A

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

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a SEE STATEMENT 20					142,284.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,220.
95 Interest on savings and temporary cash investments			14	90,093.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	102,291.	
101 Net income or (loss) from special events					397,617.
102 Gross profit or (loss) from sales of inventory					-559.
103 Other revenue:					
a MISCELLANEOUS					
b					17,005.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		192,384.	557,567.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					749,951.

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 21

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).*

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

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

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

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

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

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

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 — Date — Check if self-employed ▶ ☐ — Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ NORMAN, JONES, ENLOW & CO.
530 WEST SPRING STREET-SUITE 100
COLUMBUS, OHIO 43215-2361

EIN ▶

Phone no. ▶ (614) 228-4000

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2006

Name of the organization: CENTRAL OHIO DIABETES ASSOCIATION

Employer identification number: 31 6054100

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

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

COPY

Part III **Statements About Activities** (See page 2 of the 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 ▶ $ _____ $ _____ (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	1		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.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 22	3a	X	
b	Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A		
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0.		
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	0.		

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

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

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☒ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

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

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

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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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,238,993.	968,155.	1,542,159.	3,348,664.	7,097,971.
16 Membership fees received	1,440.	2,100.	7,107.	9,469.	20,116.
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	543,566.	573,844.	472,072.	475,875.	2,065,357.
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	82,004.	26,474.	24,771.	29,140.	162,389.
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	719.	8,136.	SEE STATEMENT 23 29,985.	16,640.	55,480.
23 Total of lines 15 through 22	1,866,722.	1,578,709.	2,076,094.	3,879,788.	9,401,313.
24 Line 23 minus line 17	1,323,156.	1,004,865.	1,604,022.	3,403,913.	7,335,956.
25 Enter 1% of line 23	18,667.	15,787.	20,761.	38,798.	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ 26a N/A

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 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b N/A

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c N/A

d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d N/A

e Public support (line 26c minus line 26d total) ▶ 26e N/A

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f N/A %

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:
(2005) 0. (2004) 0. (2003) 0. (2002) 0.

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:
(2005) 0. (2004) 0. (2003) 0. (2002) 0.

c Add: Amounts from column (e) for lines: 15 7,097,971. 16 20,116. 17 2,065,357. 20 _____ 21 _____ ▶ 27c 9,183,444.

d Add: Line 27a total 0. and line 27b total 0. ▶ 27d 0.

e Public support (line 27c total minus line 27d total) ▶ 27e 9,183,444.

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f 9,401,313.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 97.6826%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 1.7273%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

NONE

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Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A

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

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

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Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.) N/A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A

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

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

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Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization	**Employer identification number**
CENTRAL OHIO DIABETES ASSOCIATION	31-6054100

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.** (**Note:** *Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)*

General Rule-

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

[ ] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) ..... ▶ $ _____

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

COPY

Name of organization: CENTRAL OHIO DIABETES ASSOCIATION

Employer identification number: 31-6054100

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DUKE-ROBINSON FUND 216 W FRANKLIN ST TROY, OH 45373	$ 52,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	HARRY C MOORES FOUNDATION 100 S THIRD ST COLUMBUS, OH 43215	$ 31,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	MERWIN MCCLELLAND 1100 DENNISON AVE. COLUMBUS, OH 43201	$ 30,605.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	ABBOTT LABORATORIES FUND 100 ABBOTT PARK RD ABBOTT PARK, IL 60064	$ 27,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	GERBIG, SNELL, WEISHEIMER & ASSOCIATES 500 OLDE WORTHINGTON RD WESTERVILLE, OH 43082	$ 16,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	ROYAL & SELECT MASONS GRAND COUNCIL 1231 E 286TH ST EUCLID, OH 44132	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

COPY

Name of organization: CENTRAL OHIO DIABETES ASSOCIATION

Employer identification number: 31-6054100

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ABBOTT EMPLOYEE GIVING CAMPAIGN PO BOX 8378 PRINCETON, NJ 08543	$ 14,396.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	PEPSI-COLA BOTTLING CO. OF COLUMBUS 1241 GIBBARD AVE COLUMBUS, OH 43219	$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	CVS PHARMACY 1 CVS DR WOONSOCKET, RI 02895	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	THE GLORIA AND SIDNEY DANZIGER FOUNDATION 250 PARK AVE, STE 1000 NEW YORK, NY 10177	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	WENDY'S INTERNATIONAL 4288 W DUBLIN-GRANVILLE RD DUBLIN, OH 43017	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12	BAYER 100 BAYER RD PITTSBURGH, PA 1520	$ 8,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

COPY

Name of organization: CENTRAL OHIO DIABETES ASSOCIATION

Employer identification number: 31-6054100

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	UNITED HEALTHCARE OF OHIO 9200 WORTHINGTON RD WESTERVILLE, OH 43082	$ 7,989.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14	ABBOTT LABORATORIES INC 1420 HARBOR BAY PARKWAY, SUITE 290 ALAMEDA, CA 94502	$ 7,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15	LEN IMMKE BUICK 300 N HAMILTON RD COLUMBUS, OH 43213	$ 6,850.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16	NATIONWIDE FINANCIAL APPLICATION DATABASE SVCS ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17	JOSEPH SWARO 4289 HICKFORD ROCK RD POWELL, OH 43069	$ 6,120.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18	LARRY SCHAFER 32 LONGITUDE DR MOUNT VERNON, OH 43050	$ 5,950.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

COPY

Name of organization: CENTRAL OHIO DIABETES ASSOCIATION

Employer identification number: 31-6054100

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	UNITED WAY SPECIAL DISTRIBUTION ACCOUNT 120 WALL ST, 4TH FLOOR NEW YORK, NY 10005	$ 5,888.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
20	ANTHEM BLUE CROSS AND BLUE SHIELD 9075 CENTRE POINT DR, SUITE 200 WEST CHESTER, OH 45069	$ 5,850.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
21	GIANT EAGLE 101 KAPPA DR PITTSBURGE, PA 15238	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
22	KROGER COMPANY 411 EXECUTIVE PKWY WESTERVILLE, OH 43081	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

COPY

Asset Number	Description of property	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	BUILDING	04,01,03	SL	39.00	17	853,000.		53,313.	22,035.
2	2 SHELVED BOOKCASES	04,27,93	SL	10.00	16	243.		243.	0.
3	3 SHELVED BOOKCASES	04,27,93	SL	10.00	16	365.		365.	0.
4	FILE CABINET- 2 DRAWER	07,07,95	SL	10.00	16	82.		82.	0.
5	WEB DESIGN	07,31,99	SL	5.00	16	6,157.		6,157.	0.
6	CABINETS	08,28,00	SL	10.00	16	180.		99.	18.
7	COPIER- CAPITAL LEASE	12,20,00	SL	5.00	16	26,487.		26,487.	0.
8	WEBSITE DESIGN	11,15,01	SL	5.00	16	3,970.		3,937.	33.
9	TABLE	04,27,01	SL	10.00	16	2,347.		1,105.	235.
10	LCD PROJECTOR	05,21,01	SL	5.00	16	2,666.		2,466.	200.
11	WEBSITE	06,05,01	SL	5.00	16	4,069.		3,696.	339.
12	SERVER	12,20,01	SL	10.00	16	4,800.		3,086.	480.
13	TASK CHAIR	02,19,02	SL	7.00	16	100.		74.	14.
14	DIABETES EDUCATION SOFTWARE	02,28,02	SL	3.00	16	1,245.		1,245.	0.
15	WEB PAGE SERVICES	03,19,02	SL	3.00	16	3,100.		3,100.	0.
16	SERVER	03,31,02	SL	5.00	16	10,377.		9,443.	934.
17	SERVER- ADDITIONAL TERMINAL SET-UP	06,12,02	SL	5.00	16	968.		881.	87.
18	COMPUTER EQUIPMENT	06,14,02	SL	5.00	16	214.		195.	19.
19	SERVER SOTWARE	07,31,02	SL	3.00	16	4,221.		4,221.	0.
20	TYPEWRITER	08,29,02	SL	5.00	16	695.		632.	63.
21	SECURITY SYSTEM	01,23,03	SL	10.00	16	7,888.		4,220.	789.
22	COMPUTERS	03,10,03	SL	5.00	16	23,344.		17,975.	4,669.
23	PHONE SYSTEM	03,12,03	SL	10.00	16	18,076.		9,671.	1,808.
24	COMPUTERS	03,19,03	SL	5.00	16	1,789.		1,378.	358.
25	DRAPERIES	04,01,03	SL	7.00	16	2,995.		1,904.	428.
26	KITCHEN APPLIANCES	04,01,03	SL	5.00	16	4,369.		3,364.	874.
27	FURNITURE	04,01,03	SL	10.00	16	78,887.		42,205.	7,889.

Asset Number	Description of property	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
28	FURNITURE	05 15 03	SL	10.00	16	6,113.		4,432.	611.
29	FLEXNET COMPUTERS	05 31 03	SL	5.00	16	9,140.		8,683.	457.
30	SECURITY SYSTEM	06 30 03	SL	10.00	16	381.		276.	38.
31	MOWER	07 26 03	SL	5.00	16	159.		151.	8.
32	COMPUTERS	08 31 03	SL	5.00	16	1,402.		1,332.	70.
33	CAMERA- FUJI ZD 160EZ	05 14 04	SL	5.00	16	260.		84.	52.
34	PORTABLE TABLETOP	06 22 04	SL	5.00	16	107.		33.	21.
35	MEMORY CARD FOR CAMERA	07 07 04	SL	5.00	16	50.		15.	10.
36	FOLDING MACHINE	02 10 05	SL	10.00	16	471.		41.	47.
37	MEMORY FOR COMPUTERS & INSTALLATION	12 13 05	SL	5.00	16	1,626.		14.	325.
38	RENOVATIONS BEFORE MOVE IN	04 01 03	SL	39.00	17	231,896.		14,493.	5,990.
39	RENOVATIONS TO BUILDING	04 01 03	SL	39.00	17	463,714.		28,979.	11,979.
40	CONSTRUCTION OVERRUNS	04 13 03	SL	39.00	17	1,740.		120.	45.
41	PLUMBING	11 30 03	SL	10.00	16	143.		30.	14.
42	KEYBOARD ARMS	01 06 04	SL	5.00	16	360.		141.	72.
43	WALL PLAQUES	02 24 04	SL	10.00	16	125.		23.	13.
44	PLUMBING	03 08 04	SL	10.00	16	115.		21.	12.
45	ELEVATOR PHONE	03 08 04	SL	5.00	16	240.		86.	48.
46	CABLING FOR TELEPHONE	03 12 04	SL	10.00	16	281.		50.	28.
47	PAPER TWEL HOLDERS	03 15 04	SL	5.00	16	258.		92.	52.
48	CABLING FOR TELEPHONE LINES	04 16 04	SL	10.00	16	2,080.		355.	208.
49	PLUMBING	05 14 04	SL	10.00	16	270.		44.	27.
50	SYMANTEC ANTI-VIRUS SOFTWARE	05 31 06	200DB	3.00	19A	1,488.			620.
51	WEB PAGE DESIGN UPDATE	12 28 06	SL	3.00	16	3,295.			0.
52	SERVER STORAGE	08 15 06	SL	3.00	16	699.			97.
53	SERVER & INSTALLATION	11 24 06	200DB	5.00	19B	11,998.			600.
54				.000	16				0.

616261
05-01-06

- Current year section 179 (D) - Asset disposed

Depreciation and Amortization Detail FORM 990 PAGE 2 990

Asset Number	Description of property	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	* TOTAL 990 PAGE 2 DEPR					1,801,045.	0.	261,039.	62,716.

COPY

616261
05-01-06

- Current year section 179 (D) - Asset disposed

16371029 784360 2X5409 2006.06010 CENTRAL OHIO DIABETES ASSOC 2X5409_1

FOOTNOTES STATEMENT 1

FORM 990, PART VI - OTHER INFORMATION

QUESTION 82A- DONATED SERVICES

AN AMOUNT HAS NOT BEEN ASSIGNED TO
ALL DONATED SERVICES SINCE NO OBJECTIVE BASIS IS AVAILABLE
TO MEASURE THE VALUE OF THESE SERVICES. THE SERVICES
ARE PERFORMED BY VOLUNTEERS WHO HAVE DONATED THEIR TIME FOR
DIABETES DETECTION AND EDUCATION PROGRAMS AND FUNDRAISING
CAMPAIGNS. WE ENJOY BROAD COMMUNITY SUPPORT AND ARE WELL-
RESPECTED IN THE CENTRAL OHIO COMMUNITY. OUR BUILDING WAS
DONATED TO US IN 2002 BY THE OSTEOPATHIC HERITAGE
FOUNDATION.

VOLUNTEERS INCLUDE:
WOMEN'S BOARD- OVER 80 MEMBERS; IN THE PAST 25 YEARS HAVE
PROVIDED OVER $1,000,000 TO SUPPORT AGENCY PROGRAMS,
ESPECIALLY THOSE INVOLVING CHILDREN AND YOUTH.

PSA'S/MEDIA- OVER $80,000 IN-KIND DONATIONS RECEIVED
ANNUALLY FOR DETECTION, EDUCATION AND OUTREACH PROGRAMS.

STUDENT INTERNS PROVIDE SERVICES IN SOCIAL WORK, HEALTH
SCIENCES, NURSING, DIETETICS, PUBLIC RELATIONS, PHARMACY,
DEVELOPMENT AND ADMINISTRATIVE SERVICES.

COMMUNITY VOLUNTEERS ASSIST AND PARTICIPATE IN SPECIAL
EVENTS, DETECTION SCREENINGS, AND EDUCATION PROGRAMS THROUGH
PLANNING COMMITTEES, BOARD OF DIRECTORS AND TASK FORCES.

COPY

SCHEDULE A, PART III, QUESTION 1
WE SUPPORT THE CONCEPT OF THE OHIO DIABETES COST-REDUCTION
ACT (SENATE BILL 99) BY PARTICIPATING IN EFFORTS TO EDUCATE
THE PUBLIC AND LEGISLATORS ABOUT DIABETES, COMPLICATIONS,
AND THE IMPORTANCE OF GOOD BLOOD GLUCOSE CONTROL.

SPECIAL EVENTS AND ACTIVITIES
WE ARE A PRIVATE LOCAL ORGANIZATION AND NOT PART OF A NATIONAL ORGANIZATION. WE HAVE SERVED THE LOCAL COMMUNITY SINCE 1964. ALL MONEY RAISED STAYS IN CENTRAL OHIO TO SUPPORT OUR SERVICES TO THE LOCAL COMMUNITY. 74% OF OUR FUNDS ARE RAISED THROUGH FUNDRAISING PROGRAMS. DIRECTED BY OUR STAFF, THIS INCLUDES DONATIONS FROM OUR CAPITAL CAMPAIGN; WE DO NOT USE TELEMARKETERS, SOLICITATION COMPANIES OR THIRD PARTY FUNDRAISERS. 83% OF EACH DOLLAR RAISED GOES TO DIRECT SERVICES FOR OUR CLIENTS. THE AGENCY HAS A SOCIAL ENTREPRENEUR COMMITTEE THAT FOCUSES ON COMMUNITY PARTNERSHIPS AND EARNED INCOME PROJECTS. WE RECEIVED THE BETTER BUSINESS BUREAU OF CHARITY STANDARDS RECOGNITION IN 2005, 2006, AND 2007. WE SERVE EVERYONE REGARDLESS OF ABILITY TO PAY.

COST OF GOODS SOLD- OTHER COSTS
GOODS SOLD INCLUDE EDUCATION MATERIALS, BOOKS AND COOKBOOKS FROM OUR MULTI-CULTURAL DIABETES EDUCATION RESOURCE CENTER; SHARPS CONTAINERS, MEDIC ALERT BRACELETS AND NECKLACES.

COPY

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	619,017.	516,726.	0.	102,291.
TO FORM 990, PART I, LINE 8	619,017.	516,726.	0.	102,291.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
	460,606.		460,606.	62,989.	397,617.
TO FM 990, PART I, LINE 9	460,606.		460,606.	62,989.	397,617.

COPY

FORM 990 INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10 STATEMENT 4

INCOME		
1. GROSS RECEIPTS	1,116	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		1,116
4. COST OF GOODS SOLD (LINE 13)	1,675	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		-559
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	1,675	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		1,675
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		1,675

COPY

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON INVESTMENTS NOT ON F/S	-24,412.
TOTAL TO FORM 990, PART I, LINE 20	-24,412.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT	73,403.	52,018.	1,679.	19,706.
PATIENT EDUCATION	1,196.	1,196.		
EDUCAITON SYMPOSIUM	21,155.	21,155.		
DETECTION	20,182.	20,182.		
DIET COUNSELING	277.	277.		
YOUTH	3,322.	3,322.		
CAMP	103,825.	103,825.		
CAMP PROPERTY EXPENSE	22,962.	22,962.		
MISCELLANEOUS	182,111.	162,239.	7,575.	12,297.
IN KIND DONATION	187,047.	150,348.	2,201.	34,498.
RESEARCH & DEVELOPMENT	1,699.	1,699.		
MEDICAL ASSISTANCE	12,896.	12,896.		
FUNDRAISING	90,036.			90,036.
STAFF DEVELOPMENT	8,519.		8,519.	
TOTAL TO FM 990, LN 43	728,630.	552,119.	19,974.	156,537.

COPY

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 7
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JEANNE GROTHAUS	74,508.	5,724.		80,232.
A. PROGRAM SERVICES	74,508.			74,508.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				74,508.
TOTAL MANAGEMENT AND GENERAL				
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				74,508.

COPY

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE ONE

CAMP: 205 CHILDREN AGES 3-18 WERE SERVED AT THE LARGEST DIABETES CAMP IN OHIO. 45% OF CAMPERS RECEIVED FINANCIAL ASSISTANCE. THE AGENCY'S COST FOR CAMP IS $1,631 PER CHILD; CAMPERS' FEE IS $295. THE CAMP IS ACCREDITED BY THE AMERICAN CAMPING ASSOCIATION (ACA). THE CAMP OFFERS EDUCATION BASED ON A LIFE-STYLE MANAGEMENT MODEL THAT CAN BE BILLED TO INSURANCE COMPANIES; 87% OF CAMPERS GAINED KNOWLEDGE IN SELF-MANAGEMENT SKILLS TO IMPROVE BLOOD GLUCOSE CONTROL. THE AGENCY IS CONDUCTING A CAMP STUDY WITH OSU TO MEASURE AND IMPROVE EDUCATION PROGRAMS AND CLINICAL OUTCOMES.

YOUTH: COUNSELING AND CASE MANAGEMENT SERVICES FOR YOUTH AND FAMILIES; PARENT SUPPORT GROUPS; HOLIDAY PARTIES FOR CHILDREN WITH DIABETES, WITH PARENT AND YOUTH EDUCATION PROVIDED. 85% INCREASED AND ADHERED TO DIABETES SELF-MANAGEMENT SKILLS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		468,613.

COPY

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE TWO

EDUCATION: IN 2003, THE AGENCY RELOCATED TO A NEW FACILITY WHERE WE OFFER A DIABETES EDUCATION PROGRAM THAT IS RECOGNIZED AND CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION. SERVICES ARE PROVIDED BY CLINICAL STAFF INCLUDING CERTIFIED DIABETES EDUCATORS, REGISTERED NURSES, DIETITIANS, AND SOCIAL WORKERS. DIABETES SELF-MANAGEMENT EDUCATION CAN REDUCE COMPLICATIONS BY UP TO 76%; (100% OF PARTICIPATION REPORT INCREASED KNOWLEDGE; 97% REPORT IMPROVED BLOOD GLUCOSE CONTROL). DIABETES ONSET CAN BE DELAYED OR PREVENTED THROUGH EDUCATION AND HEALTHY LIFESTYLE CHOICES. THE COMPLICATIONS OF DIABETES CAN BE LARGELY PREVENTED THROUGH DIABETES EDUCATION, MEDICAL NUTRITION THERAPY AND CAREFUL DIABETES SELF-MANAGEMENT. WE OFFER SURVIVAL SKILLS WORKSHOPS AND GESTATIONAL DIABETES EDUCATION WORKSHOPS.

DIET COUNSELING: DIETITIANS PROVIDE MEDICAL NUTRITION THERAPY PER CLASSES AND INDIVIDUAL COUNSELING SESSIONS, COOKING DEMONSTRATIONS TO GENERAL AND CULTURE-SPECIFIC GROUPS, AND COMMUNITY WORKSHOPS AND LECTURES FOR YOUTH AND ADULTS. 97% OF CLIENTS REPORT IMPROVED BLOOD GLUCOSE CONTROL, WEIGHT CONTROL AND BEHAVIOR CHANGE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		290,214.

COPY

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE THREE

RESEARCH AND EVALUATION: RESEARCH AND PROGRAM EVALUATION PROFESSIONALS RESEARCH, DEVELOP AND COMMUNICATE BEST PRACTICES FOR DIABETES EDUCATION, DIETITIAN AND COMMUNITY SERVICES; ASSIST WITH PROGRAM EVALUATION. CURRENTLY WORKING ON A MULTI-YEAR STUDY OF THE EFFICACY OF DIABETES EDUCATION IN THE CAMP SETTING; PRELIMINARY RESULTS WERE PRESENTED AT A NATIONAL CONFERENCE IN 2004.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		18,022.

COPY

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 11

DESCRIPTION OF PROGRAM SERVICE FOUR

DETECTION/OUTREACH- UP TO ONE HALF OF OHIOANS WITH DIABETES DO NOT KNOW THEY HAVE THE DISEASE. WE OFFER COMMUNITY SCREENINGS ESPECIALLY TARGETED TO HIGH-RISK POPULATION TO HELP PEOPLE DETECT UNDIAGNOSED AND UNCONTROLLED DIABETES, PROVIDE METER TRAINING, AND REFER CLIENTS TO PHYSICIANS AND DIABETES EDUCATION PROGRAMS. A TOTAL OF 18,698 INDIVIDUALS WERE SCREENED IN 2006, AND 16% SCREENED ABNORMAL. WE OFFER A CHURCH PARTNERSHIP PROGRAM WITH 73 MEMBERS AND A HISPANIC OUTREACH PROGRAM. WE TRAIN OVER 500 DETECTION VOLUNTEERS ANNUALLY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		377,919.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 12

EXPLANATION

OUR PRIMARY PURPOSE IS TO DECREASE DIABETES-RELATED DEATH/DISABILITY IN CENTRAL OHIO. THE DIABETES MORTALITY RATE IN CENTRAL OHIO IS TWICE THE NATIONAL RATE AND MORE THAN FOUR TIMES THE NATIONAL RATE FOR AFRICAN AMERICAN MALES. WE ARE A UNITED WAY AGENCY. WE PROVIDE SERVICES TO ALL PERSONS REGARDLESS OF ABILITY TO PAY. ONE IN TEN PEOPLE WILL DEVELOP DIABETES DURING THEIR LIFETIME; ONE IN THREE BORN IN 2000 WILL DEVELOP DIABETES. EVERY 24 HOURS THERE ARE 3,600 NEW CASES OF DIABETES; 580 DEATHS; 225 AMPUTATIONS; 120 PEOPLE HAVE KIDNEY FAILURE; 55 PEOPLE GO BLIND. OUR MISSION IS TO HELP CENTRAL OHIOANS WITH DIABETES TO DETECT THEIR CONDITION, PREVENT ONSET AND COMPLICATIONS, AND LEARN TO LIVE WELL WITH THE CHALLENGE OF DIABETES. OUR PROGRAMS ARE RESEARCH-BASED AND GUIDED BY A 2001 COMMUNITY NEEDS ASSESSMENT ENTITLED ØIABETES IN CENTRAL OHIO: A PROBLEM WE CAN NOT AFFORD TO IGNOREØ OUR WEBSITE ADDRESS: WWW.DIABETESOHIO.ORG

COPY

FORM 990 OTHER PROGRAM SERVICES STATEMENT 13

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
MEDICAL ASSISTANCE: SOCIAL WORKERS PROVIDE EMERGENCY MEDICAL ASSISTANCE SERVICES TO LOW-INCOME PERSONS, COUNSELING AND CASE MANAGEMENT, AND REFERRAL LINKAGE WITH COMMUNITY RESOURCES. 180 PEOPLE WERE SERVED IN 2006 THROUGH OUTSOURCED SERVICES. PROFESSIONAL DIABETES EDUCATION SYMPOSIUM: WE PROVIDE A TWO-DAY SYMPOSIUM AND VENDOR FAIR FOR REGISTERED, LICENSED, HEALTH PROFESSIONALS AND SOCIAL WORKERS TO ENHANCE DIABETES TREATMENTS, EDUCATION, AND SUPPORT SERVICES TO PATIENTS WITH DIABETES; CONTINUING EDUCATION CREDITS ARE PROVIDED. (175 ATTENDED IN 2006). OUR CLINICAL STAFF ALSO PROVIDES CONSULTATION, TRAINING, AND ASSISTANCE TO HEALTH CARE PROFESSIONALS UPON REQUEST.	0.	134,822.
TOTAL TO FORM 990, PART III, LINE E		134,822.

FORM 990 OTHER INVESTMENTS STATEMENT 14

DESCRIPTION	VALUATION METHOD	AMOUNT
SECURITIES AND OTHER INVESTMENTS	MARKET VALUE	402,165.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		402,165.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 15

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	853,000.	75,348.	777,652.
2 SHELVED BOOKCASES	243.	243.	0.
3 SHELVED BOOKCASES	365.	365.	0.
FILE CABINET- 2 DRAWER	82.	82.	0.
WEB DESIGN	6,157.	6,157.	0.
CABINETS	180.	117.	63.
COPIER- CAPITAL LEASE	26,487.	26,487.	0.
WEBSITE DESIGN	3,970.	3,970.	0.
TABLE	2,347.	1,340.	1,007.

COPY

LCD PROJECTOR	2,666.	2,666.	0.
WEBSITE	4,069.	4,035.	34.
SERVER	4,800.	3,566.	1,234.
TASK CHAIR	100.	88.	12.
DIABETES EDUCATION SOFTWARE	1,245.	1,245.	0.
WEB PAGE SERVICES	3,100.	3,100.	0.
SERVER	10,377.	10,377.	0.
SERVER- ADDITIONAL TERMINAL SET-UP	968.	968.	0.
COMPUTER EQUIPMENT	214.	214.	0.
SERVER SOTWARE	4,221.	4,221.	0.
TYPEWRITER	695.	695.	0.
SECURITY SYSTEM	7,888.	5,009.	2,879.
COMPUTERS	23,344.	22,644.	700.
PHONE SYSTEM	18,076.	11,479.	6,597.
COMPUTERS	1,789.	1,736.	53.
DRAPERIES	2,995.	2,332.	663.
KITCHEN APPLIANCES	4,369.	4,238.	131.
FURNITURE	78,887.	50,094.	28,793.
FURNITURE	6,113.	5,043.	1,070.
FLEXNET COMPUTERS	9,140.	9,140.	0.
SECURITY SYSTEM	381.	314.	67.
MOWER	159.	159.	0.
COMPUTERS	1,402.	1,402.	0.
CAMERA- FUJI ZD 160EZ	260.	136.	124.
PORTABLE TABLETOP	107.	54.	53.
MEMORY CARD FOR CAMERA	50.	25.	25.
FOLDING MACHINE	471.	88.	383.
MEMORY FOR COMPUTERS & INSTALLATION	1,626.	339.	1,287.
RENOVATIONS BEFORE MOVE IN	231,896.	20,483.	211,413.
RENOVATIONS TO BUILDING	463,714.	40,958.	422,756.
CONSTRUCTION OVERRUNS	1,740.	165.	1,575.
PLUMBING	143.	44.	99.
KEYBOARD ARMS	360.	213.	147.
WALL PLAQUES	125.	36.	89.
PLUMBING	115.	33.	82.
ELEVATOR PHONE	240.	134.	106.
CABLING FOR TELEPHONE	281.	78.	203.
PAPER TWEL HOLDERS	258.	144.	114.
CABLING FOR TELEPHONE LINES	2,080.	563.	1,517.
PLUMBING	270.	71.	199.
SYMANTEC ANTI-VIRUS SOFTWARE	1,488.	620.	868.
WEB PAGE DESIGN UPDATE	3,295.	0.	3,295.
SERVER STORAGE	699.	97.	602.
SERVER & INSTALLATION	11,998.	600.	11,398.
TOTAL TO FORM 990, PART IV, LN 57	1,801,045.	323,755.	1,477,290.

COPY

FORM 990 OTHER ASSETS STATEMENT 16

DESCRIPTION	AMOUNT
INTEREST RECEIVABLE	6,107.
ASSETS LIMITED AS TO USE	1,547,012.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,553,119.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 17

DESCRIPTION	AMOUNT
COST OF GOODS SOLD NETTED	1,674.
FUNDRAISING DIRECT EXPENSE NETTED	62,989.
TOTAL TO FORM 990, PART IV-B	64,663.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 18

DESCRIPTION	AMOUNT
INVESTMENT GAIN	24,413.
COST OF GOODS SOLD NETTED	-1,675.
FUNDRAISING DIRECT EXPENSE NETTED	-62,989.
TOTAL TO FORM 990, PART IV-A	-40,251.

COPY

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 19

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALAN LETSON 456 W. 10TH AVE. 5TH FLOOR COLUMBUS, OHIO 43210	PRESIDENT 1.00	0.	0.	0.
BILL GIBSON 41 S. HIGH ST., STE 200 COLUMBUS, OHIO 43215	PRESIDENT - ELECT 1.00	0.	0.	0.
THOMAS MOSURE 2221 SCHROCK RD COLUMBUS, OHIO 43229	VICE PRESIDENT 1.00	0.	0.	0.
MATT WALD 1100 DENNISON AVE COLUMBUS, OHIO 43201	SECRETARY 1.00	0.	0.	0.
KAREN BLICKLEY ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43215	TREASURER 1.00	0.	0.	0.
NATHAN RISH 41 S. HIGH ST, STE HC0820 COLUMBUS, OHIO 43215	ASSISTANT TREASURER 1.00	0.	0.	0.
MARK WHITE 1100 DENNISON AV3433 AGLER RD, STE 1100E COLUMBUS, OHIO 43219	MEDICAL DIRECTOR 1.00	0.	0.	0.
RAE ARNOLD 180 E. BROAD ST. 32ND FLOOR COLUMBUS, OHIO 43215	PAST PRESIDENT 1.00	0.	0.	0.
ALEXANDER ANDREWS 88 EAST BROAD ST, STE 1600 COLUMBUS, OHIO 43215	BOARD MEMBER 1.00	0.	0.	0.
MOLLIE BASSLER 1100 DENNISON AVE COLUMBUS, OHIO 43201	BOARD MEMBER 1.00	0.	0.	0.

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GEORGE CALLOWAY 495 COOPER ROAD, STE 415 WESTERVILLE, OH 43081	BOARD MEMBER 1.00	0.	0.	0.
SAMUEL CATALAND 1581 DODD DR. COLUMBUS, OHIO 43210	BOARD MEMBER 1.00	0.	0.	0.
WILLARD FERNALD 1021 COUNTRY CLUB RD, STE A COLUMBUS, OHIO 43213	BOARD MEMBER 1.00	0.	0.	0.
MARGIE GOLDACH 1100 DENNISON AVE COLUMBUS, OHIO 43201	BOARD MEMBER 1.00	0.	0.	0.
MIKE HANLIN 6610 SINGLETREE DRIVE COLUMBUS, OHIO 43229	BOARD MEMBER 1.00	0.	0.	0.
MINDY HEDGES 984 STRATFORD ROAD DELAWARE, OH 43015	BOARD MEMBER 1.00	0.	0.	0.
JOHN HICKS 1100 DENNISON AVE COLUMBUS, OHIO 43201	BOARD MEMBER 1.00	0.	0.	0.
CHARLOTTE IMMKE 1100 DENNISON AVE COLUMBUS, OHIO 43201	BOARD MEMBER 1.00	0.	0.	0.
VICTOR IRELAN P.O. BOX 370 6233 AVERY ROAD DUBLIN, OH 43017	BOARD MEMBER 1.00	0.	0.	0.
MARC KESSLER 65 E. STATE STREET, STE 1400 COLUMBUS, OHIO 43215	BOARD MEMBER 1.00	0.	0.	0.
DERRICK LAYER 1100 DENNISON AVE COLUMBUS, OHIO 43201	BOARD MEMBER 1.00	0.	0.	0.
YUNG-CHEN LU 1100 DENNISON AVE COLUMBUS, OHIO 43201	BOARD MEMBER 1.00	0.	0.	0.
SAMUEL MILLIRON 7704 CHANCEL DRIVE COLUMBUS, OHIO 43235	BOARD MEMBER 1.00	0.	0.	0.

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M. CAMERON MITCHELL 515 PARK STREET COLUMBUS, OHIO 43215	BOARD MEMBER 1.00	0.	0.	0.
ANN OAKLEY 1100 DENNISON AVE COLUMBUS, OHIO 43201	BOARD MEMBER 1.00	0.	0.	0.
RUTH PURDY 1100 DENNISON AVE COLUMBUS, OHIO 43201	BOARD MEMBER 1.00	0.	0.	0.
JACK RUSCILLI 2041 ARLINGATE LANE COLUMBUS, OHIO 43228	BOARD MEMBER 1.00	0.	0.	0.
RICHARD SCHUERMANN 65 E. STATE STREET, STE 1800 COLUMBUS, OHIO 43215	BOARD MEMBER 1.00	0.	0.	0.
MILTON SETNAR 7510 KING GEORGE DRIVE NEW ALBANY, OH 43054	BOARD MEMBER 1.00	0.	0.	0.
WYNOLA WAYNE 4010 SUNBURY ROAD COLUMBUS, OHIO 43219	BOARD MEMBER 1.00	0.	0.	0.
WILEY WOODARD 750 W. BROAD STREET COLUMBUS, OHIO 43222	BOARD MEMBER 1.00	0.	0.	0.
ALBERT WRIGHT UNIT 31 6708 PERIMETER LOOP ROAD DUBLIN, OH 43017-3214	BOARD MEMBER 1.00	0.	0.	0.
JEANNE GROTHAUS 1100 DENNISON AVE COLUMBUS, OHIO 43201	EXECUTIVE DIRECTOR 40.00	74,508.	5,724.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		74,508.	5,724.	0.

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FORM 990 PROGRAM SERVICE REVENUE STATEMENT 20

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
EDUCATION SYMPOSIUM					34,143.
PATIENT EDUCATION					5,049.
DETECTION					32,855.
MEDICAL ASSISTANCE					5,881.
YOUTH					2,373.
CAMP					61,983.
TO FORM 990, PART VII, LINE 93					142,284.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 21

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROFESSIONAL DIABETES SYMPOSIUM: PROVIDE A TWO-DAY SYMPOSIUM AND VENDOR FAIR FOR REGISTERED, LICENSED, HEALTH PROFESSIONALS AND SOCIAL WORKERS TO ENHANCE DIABETES TREATMENTS, EDUCATION, AND SUPPORT SERVICES TO PATIENTS WITH DIABETES; CONTINUING EDUCATION CREDITS ARE PROVIDED.
93B	PATIENT EDUCATION MATERIALS/RESALE: LITERATURE LIBRARY AND MULTI-CULTURAL DIABETES RESOURCE CENTER PROVIDES DIABETES EDUCATION MATERIAL TO AGENCY CLIENTS AND COMMUNITY EDUCATORS. INCLUDES PRINTED MATERIAL, VIDEOS, COOKBOOKS FOR LOAN/PURCHASE.
93C	DETECTION/OUTREACH: UP TO 1/2 OF OHIOANS WITH DIABETES DO NOT KNOW THEY HAVE THE DISEASE. WE OFFER COMMUNITY SCREENINGS ESPECIALLY TARGETED TO HIGH-RISK POPULATION TO HELP PEOPLE DETECT UNDIAGNOSED AND UNCONTROLLED DIABETES, PROVIDE METER TRAINING, AND REFER CLIENTS TO PHYSICIANS AND DIABETES EDUCATION PROGRAMS. A TOTAL OF 18,698 INDIVIDUALS WERE SCREENED IN 2006, AND 16% SCREENED ABNORMAL. 52% OF THOSE WHO SCREENED HIGH RECEIVED ADDITIONAL SERVICES.
93D	MEDICAL ASSISTANCE: PROVIDES EMERGENCY MEDICAL ASSISTANCE SERVICES TO LOW INCOME PERSONS; EDUCATION, COUNSELING, REFERRAL AND LINKAGE WITH COMMUNITY RESOURCES.
93E	YOUTH/CAMP: PROVIDES DIABETES SELF-MANAGEMENT EDUCATION TO YOUTH WITH TYPE 1 AND 2D DIABETES; TEACHES YOUTH TO MANAGE MEDICATION, DIET AND EXERCISE TO MAINTAIN HEALTHY BLOOD SUGAR LEVELS TO REDUCE DIABETES RELATED COMPLICATIONS. TEACHES LIFE-STYLE MANAGEMENT SKILLS AND COPING STRATEGIES; PROVIDES PEER SUPPORT GROUP FOR YOUTH; EDUCATION AND SUPPORT FOR PARENTS AND FAMILIES.
94	MEMBERS RECEIVE A NEWSLETTER WITH INFORMATION REGARDING DIABETES TREATMENT, MANAGEMENT AND RESEARCH.
95, 96 & 100	LINE 95, 96, AND 100: WE HAVE A WRITTEN BOARD-APPROVED INVESTMENT POLICY WHICH EMPHASIZES PRUDENT OVERSIGHT OF PUBLIC FUNDS AND IS REVIEWED ANNUALLY. INVESTMENTS ARE HANDLED BY A PROFESSIONAL MONEY MANAGER AND MONITORED BY OUR VOLUNTER FINANCE COMMITTEE. A PORTION OF

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THE INVESTMENT INTEREST FROM UNRESTRICTED FUNDS IS USED TO SUPPORT OPERATING EXPENSES. ENDOWMENT INCLUDES RESTRICTED AND UNRESTRICTED FUNDS. THE AGENCY HAS A CONFLICT OF INTEREST POLICY SIGNED ANNUALLY BY THE BOARD OF DIRECTORS.

101 PLEASE SEE THE FOOTNOTE FOR SPECIAL EVENTS AND ACTIVITIES.

102 PLEASE SEE THE FOOTNOTE FOR COST OF GOODS SOLD.

103 MISCELLANEOUS REVENUE IS RECEIVED TO FURTHER THE PROGRAMS ASSOCIATED WITH THE MISSION.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 22
PART III, LINE 3A

EIGHT YOUTH SCHOLARSHIPS TOTALING $7,000 WERE AWARDED IN 2006. YOUTH SCHOLARSHIP AWARD CRITERA:
MUST HAVE DIABETES
DEMONSTRATES EXEMPLARY ADJUSTMENT TO LIVING WITH DIABETES
RESIDES IN CENTRAL OHIO
EXHIBITS DESIRE TO COMPLETE POST HIGH SCHOOL PROGRAM
DEMONSTRATES RECORD OF COMMUNITY SERVICE
INDICATES INTEREST IN PURSUING PERSONAL GROWTH
AGREES TO SERVE AS AN EXAMPLE TO OTHER YOUTH
ASSISTS WITH OUR YOUTH PROGRAMS/DISCUSSION GROUPS
VOLUNTEERS FOR OUR ORGANIZATION

SCHEDULE A OTHER INCOME STATEMENT 23

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS	719.	8,136.	29,985.	16,640.
TOTAL TO SCHEDULE A, LINE 22	719.	8,136.	29,985.	16,640.

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization 990

(Including Information on Listed Property)

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

OMB No. 1545-0172

2006

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CENTRAL OHIO DIABETES ASSOCIATION	FORM 990 PAGE 2	31-6054100

Part I **Election To Expense Certain Property Under Section 179** **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	21,447.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	40,049.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		1,488.	3 YRS.	MQ	200DB	620.
b	5-year property		11,998.	5 YRS.	MQ	200DB	600.
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (see instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	62,716.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
43 Amortization of costs that began before your 2006 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

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