

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 7/1/2007, and ending 6/30/2008

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

Please use IRS label or print or type See Specific Instructions

C Name of organization: Mid-Ohio Foodbank, 1625 West Mound Street, Columbus OH 43223

D Employer identification number: 31-0865343, E Telephone number: (614)274-7770, F Accounting method: Accrual

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

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: www.midohiofoodbank.org

J Organization type (check only one): 501(c)(3)

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 40,512,741

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

RECEIVED NOV 12 2008 OGDEN UT

SCANNED DEC 02 2008

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

617 5

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	0	0		
<b>25 a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	273,631	43,781	191,541	38,309
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	2,026,634	1,405,386	475,536	145,712
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c				
<b>28</b>	Employee benefits not included on lines 25a - 27	693,434	436,863	201,096	55,475
<b>29</b>	Payroll taxes	192,518	121,287	55,830	15,401
<b>30</b>	Professional fundraising fees	0			
<b>31</b>	Accounting fees	0			
<b>32</b>	Legal fees	0			
<b>33</b>	Supplies	34,296	230	34,066	
<b>34</b>	Telephone	27,513	13,839	13,674	
<b>35</b>	Postage and shipping	0			
<b>36</b>	Occupancy	0			
<b>37</b>	Equipment rental and maintenance	225,318	225,318		
<b>38</b>	Printing and publications	50,144		50,144	
<b>39</b>	Travel	15,745		15,745	
<b>40</b>	Conferences, conventions, and meetings	0			
<b>41</b>	Interest	0			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	239,711	222,931	16,780	0
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	See attached statement	32,266,851	31,372,719	542,227	351,905
<b>b</b>		0	0	0	0
<b>c</b>		0	0	0	0
<b>d</b>		0	0	0	0
<b>e</b>		0	0	0	0
<b>f</b>		0	0	0	0
<b>g</b>		0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	36,045,795	33,842,354	1,596,639	606,802

**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 \$ 0, (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose? <b>► Distributes food and other groceries to help people in need</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<b>a</b> Mid-Ohio Foodbank distributes food and other groceries to help people in need in 20 central and eastern Ohio counties. The Foodbank provides more than 43,000 meals every day through a network of 535 food pantries, soup kitchens, shelters, after school programs and senior dining centers that assist low income people. (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	33,842,354
<b>b</b> (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>c</b> (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>d</b> (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>►</b>	33,842,354

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

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing	250	45	250	
	46	Savings and temporary cash investments	3,961,667	46	4,862,032	
	47 a	Accounts receivable	3,754,946			
		47a				
	b	Less: allowance for doubtful accounts	2,000	160,905	47c	3,752,946
		47b				
	48 a	Pledges receivable	0			
		48a				
	b	Less: allowance for doubtful accounts	0	0	48c	0
		48b				
	49	Grants receivable	0	49		
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51 a	Other notes and loans receivable (attach schedule)	0			
		51a				
	b	Less: allowance for doubtful accounts	0	0	51c	0
		51b				
	52	Inventories for sale or use	3,006,963	52	2,416,667	
	53	Prepaid expenses and deferred charges	35,654	53	26,566	
54 a	Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0	
b	Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0	
55 a	Investments—land, buildings, and equipment: basis	0				
	55a					
b	Less: accumulated depreciation (attach schedule)	0	0	55c	0	
	55b					
56	Investments—other (attach schedule)	0	56	0		
57 a	Land, buildings, and equipment: basis	10,714,163				
	57a					
b	Less: accumulated depreciation (attach schedule)	3,005,394	6,668,013	57c	7,708,769	
	57b					
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> See attached statement )	71,853	58	81,167		
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	13,905,305	59	18,848,397		
Liabilities	60	Accounts payable and accrued expenses	351,563	60	464,408	
	61	Grants payable		61		
	62	Deferred revenue	128,044	62	529,020	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0	
	64 a	Tax-exempt bond liabilities (attach schedule)	0	64a	0	
	b	Mortgages and other notes payable (attach schedule)	0	64b	0	
	65	Other liabilities (describe <input checked="" type="checkbox"/> National City Bank -Note Payable )	4,550,000	65	4,550,000	
66	<b>Total liabilities.</b> Add lines 60 through 65	5,029,607	66	5,543,428		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>					
	67	Unrestricted	7,838,632	67	7,993,322	
	68	Temporarily restricted	1,037,066	68	5,311,647	
	69	Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>					
	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	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	8,875,698	73	13,304,969	
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	13,905,305	74	18,848,397	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	40,621,921
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b>		
2	Donated services and use of facilities	<b>b2</b>	109,180	
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify): <u>Special Events - Direct Expenses</u>	<b>b4</b>	37,675	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	146,855
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	40,475,066
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	40,475,066

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	36,192,650
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>	109,180	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify): <u>Special Event - Direct Expenses</u>	<b>b4</b>	37,675	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	146,855
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	36,045,795
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	36,045,795

**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
Name <u>Matthew Habash</u> Str <u>1625 West Mound St</u> City <u>Columbus</u> ST <u>OH</u> ZIP <u>43223</u>	Title <u>President &amp; CEO</u> Hr/WK <u>40</u>	<u>161,063</u>	<u>29,099</u>	<u>0</u>
Name <u>Evelyn Behm</u> Str <u>1625 West Mound St</u> City <u>Columbus</u> ST <u>OH</u> ZIP <u>43223</u>	Title <u>Senior Vice Pres</u> Hr/WK <u>32</u>	<u>112,568</u>	<u>16,306</u>	<u>0</u>
Name <u>See Schedule 1</u> Str <u>Board Members</u> City ST ZIP	Title Hr/WK	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			

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

Table with 3 columns: Question, Yes, No. Rows include: 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings; 75 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?; 75 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?; 75 d Does the organization have a written conflict of interest policy?

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

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row is filled with 'None' and zeros.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 76 Did the organization make a change in its activities or methods of conducting activities?; 77 Were any changes made in the organizing or governing documents but not reported to the IRS?; 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?; 78 b If "Yes," has it filed a tax return on Form 990-T for this year?; 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?; 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?; 80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt; 81 a Enter direct and indirect political expenditures. (See line 81 instructions.); 81 b Did the organization file Form 1120-POL for this year?

**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
			109,180
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85 a</b>	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
<b>c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
<b>86 a</b>	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	N/A	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87 a</b>	501(c)(12) orgs Enter: a Gross income from members or shareholders	N/A	
<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 )	N/A	
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>89 a</b>	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> None ; section 4912 <input type="checkbox"/> None ; section 4955 <input type="checkbox"/> None		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
<b>c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> None		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> None		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>g</b>	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?	N/A	
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> OH		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions )		56
<b>91 a</b>	The books are in care of <input type="checkbox"/> Name Sharon Grunwell Telephone no. <input type="checkbox"/> (614)274-7770 Located at <input type="checkbox"/> 1625 W. Mound Street City Columbus ST OH ZIP + 4 <input type="checkbox"/> 43223		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/>		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information (continued)**

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States?  91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶ .....
- 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		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Shared Maintenance Fees					1,021,675
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					112,897
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					2,036
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a Miscellaneous					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	1,136,608
105 Total (add line 104, columns (B), (D), and (E))					1,136,608

**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)
▼	N/A

**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	%		0	0
	%		0	0
	%		0	0
	%		0	0

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

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

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

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

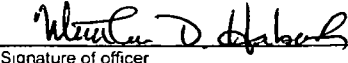
				Yes	No	
106	Did the reporting organization <b>make</b> any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a	----- -----					
b	----- -----					
c	----- -----					
<b>Totals</b>				0		

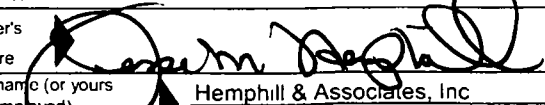
				Yes	No	
107	Did the reporting organization <b>receive</b> any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a	----- -----					
b	----- -----					
c	----- -----					
<b>Totals</b>				0		

				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?					

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

**Please Sign Here**


9/29/08  
 Signature of officer Date  
 Matthew D. Habash, President & CEO  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature  Date 9/25/08 Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4 Hemphill & Associates, Inc EIN 31-1345005  
471 E Broad St, Suite 1800, Columbus, Ohio 43215 Phone no (614) 461-6110

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

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

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

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization	Employer identification number 31-0865343
--------------------------	--

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 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
Lynda Hang, 1625 W. Mound St. Columbus, OH 43223	Vice Pres Development 40	80,159	20,079	
Sharon Grunwell, 1625 W. Mound St. Columbus, OH 43223	Director of Finance 32	74,464	9,108	
John Grunwell, 1625 W. Mound St. Columbus, OH 43223	Director of Technology 40	69,314	23,233	
Gary Childers, 1625 W. Mound St. Columbus, OH 43223	Director of Facilities 40	64,073	18,605	
William Lowry, 1625 W. Mound St. Columbus, OH 43223	Vice Pres. Services 40	63,798	18,281	
Total number of other employees paid over \$50,000 ▶	1			

**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
Rogers Krajnak Architects, Inc., 264 South Third Street Columbus, OH 43215	Architectural Design	595,354
Benefactors Counsel LLC, 1488 Grandview Avenue Columbus, OH 43212	Fundraising Consultation	72,320
Ologie, 447 East Main Street Columbus, OH 43215	Marketing	51,336
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

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

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

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

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

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

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28).	38,146,985	36,909,775	38,321,328	33,901,417	147,279,505
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	323,181	166,948	143,785	71,622	705,536
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
<b>23</b> Total of lines 15 through 22	38,470,166	37,076,723	38,465,113	33,973,039	147,985,041
<b>24</b> Line 23 minus line 17	38,470,166	37,076,723	38,465,113	33,973,039	147,985,041
<b>25</b> Enter 1% of line 23	384,702	370,767	384,651	339,730	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24				<b>26a</b> 2,959,701
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
c Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 147,985,041
d Add Amounts from column (e) for lines 18 <u>705,536</u> 19 _____ 22 _____ 26b _____					<b>26d</b> 705,536
e Public support (line 26c minus line 26d total)					<b>26e</b> 147,279,505
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 99.52%
<b>27 Organizations described on line 12:</b>	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> 0
d Add Line 27a total _____ and line 27b total _____					<b>27d</b> 0
e Public support (line 27c total minus line 27d total)					<b>27e</b> 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	<b>27f</b>				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.00%
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation		

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

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

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

**Limits on Lobbying Expenditures**

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				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 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

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

Yes	No	Amount
		0



Miscellaneous Statement Part V-A Question 75b

John Grunwell, Technology Director and Sharon Grunwell, Finance Director

-----  
-----  
-----  
-----  
-----

**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a</b> - Contributions to Donor Advised Funds . . . . .		
<b>Line 1b</b> - Direct public support		
1 Contributions . . . . .	8,566,734	1
2 Membership dues and assessments (contributions from the public) . . . . .		2
3 Commercial co-venture . . . . .		3
4 Special events contributions (Line 9 - Special Events) . . . . .	132,974	4
5		5
6		6
7		7
8		8
9		9
10 Total . . . . .	8,699,708	10 0
<b>Line 1c</b> - Indirect public support . . . . .	29,680,053	
<b>Line 1d</b> - Government contributions (grants) . . . . .	958,697	

**Line 9 (990) - Special Events and Activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Golf Outing	-----	-----	-----	
1a Number of special events	1	-----	-----	-----	
2 Gross receipts	172,685	-----	-----	-----	2 172,685
3 Less contributions	132,974	-----	-----	-----	3 132,974
4 Gross revenue	39,711	0	0	0	4 39,711
5 Less direct expenses	37,675	-----	-----	-----	5 37,675
6 Net income or (loss)	2,036	0	0	0	6 2,036

**Part II, Line 42 (990) - Depreciation, Depletion, etc.**

Description		239,711 (A) Total	222,931 (B) Program services	16,780 (C) Management and general	0 (D) Fundraising
1	Building	11,353	10,445	908	
2	Warehouse	63,123	58,073	5,050	
3	Leasehold Improvements	51,447	47,331	4,116	
4	Vehicles	21,008	19,327	1,681	
5	Machinery & Equipment	16,569	15,243	1,326	
6	Office Equipment	16,263	14,962	1,301	
7	prorate this amount	59,948	57,550	2,398	
8		0			
9		0			
10	Accumulated Depreciation Summary	0			
11		0			
12	Depreciation Expense \$ 239,711	0			
13	Less Disposals :	0			
14	Fork Lift ( 7,542)	0			
15	Truck (52,406)	0			
16	Total Accumulated Depreciation \$ 179,763	0			
17		0			
18		0			
19		0			
20		0			

**Part II, Line 43 (990) - Other Expenses**

32,266,851

31,372,719

542,227

351,905

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	CSFP Distribution	122,681	122,681		
2	Food	30,655,963	30,655,963		
3	Fundraising	351,905			351,905
4	Insurance - Property	4,964		4,964	
5	Insurance - Liability	17,444		17,444	
6	Membership Fees	44,451	43,195	1,256	
7	Miscellaneous Other Expenses	426,389		426,389	
8	Other Operation Feed Expenses	9,585		9,585	
9	Professional Fees	11,731		11,731	
10	Service Contract	0			
11	Staff Board Development & Marketing	106,532	56,134	50,398	
12	TANF Distribution	38,308	38,308		
13	Transportation	354,821	354,821		
14	Utilities	122,077	101,617	20,460	
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Part IV, Line 47 (990) - Accounts Receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	Accounts receivable	162,905	233,289	2,000	2,000
2	Accounts Receivable - Government	0	41,657		
3	Capital Campaign Pledges Receivable	0	1,900,000		
4	Capital Campaign Pledges Receivable	0	1,580,000		
5					
6					
7					
8					
9					
10					
11	Total accounts receivable	162,905	3,754,946	2,000	2,000

**Part IV, Line 57 (990) - Land, Buildings, and Equipment**

	Category or Item	Land (net of any amortization)	Buildings and Equipment	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Beginning Balance	Ending Balance
1	Building		X	351,954	140,971	152,324	210,983	199,630
2	Warehouse		X	1,956,832	666,414	729,537	1,290,418	1,227,295
3	Leasehold Improvements		X	770,967	607,771	659,218	163,196	111,749
4	Vehicles		X	795,483	485,643	506,651	190,212	288,832
5	Machinery & Equipment		X	826,662	735,461	752,030	60,313	74,632
6	Office Equipment		X	237,358	189,371	205,634	41,717	31,724
7	Construction Work in Process			4,725,707	0		3,661,974	4,725,707
8	Land	X		1,049,200	0		1,049,200	1,049,200
9							0	0
10							0	0
11							0	0
12							0	0
13							0	0
14							0	0
15							0	0
16							0	0
17							0	0
18							0	0
19							0	0
20							0	0
				10,714,163	2,825,631	3,005,394	6,668,013	7,708,769

**Part IV, Line 58 (990) - Other Assets**

71,853 81,167

Description		Beginning	End
1	Investments	15,277	71,853
2	Purchases	52,395	12,886
3	Dividends	1,071	4,144
4	Realized/Unrealized Gains/Losses	3,499	-6,742
5	Investment Management Fees	-389	-974
6			
7			
8			
9			
10			

**Part IV, Line 65 (990) - Other Liabilities**

4,550,000

4,550,000

		4,550,000	4,550,000
Description		Beginning	End
1	National City Bank -Note Payable	4,550,000	4,550,000
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Part IV-A, Line b(4) (990) - Reconciliation of Rev per Audited Financial Stmts**

		37,675
Other		Amount
1	Special Events - Direct Expenses	37,675
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Part IV-B, Line b(4) (990) - Reconciliation of Exp per Audited Financial Stmt**

37,675

Other		Amount
1	Special Event - Direct Expenses	37,675
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Part VI, Line 91a (990) - Books in Care of**

Name Sharon Grunwell			Phone Number (614)274-7770
Address 1625 W. Mound Street			Foreign Country
City, Town, or Post Office Columbus	State OH	Zip Code 43223	

**Part VII, Line 93 (990) - Program Service Revenue**

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a Shared Maintenance Fees					1,021,675
b					
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					
w					
x					
y					
z					

## SCHEDULE - 1

**Mid Ohio Foodbank  
EIN 31-0865343**

**2007 - IRS Form 990 Part V-A**

**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and average hours per week devoted to position	Compensation	Contributions to employees benefit plans & deferred compensation	Expense Account and other allowances
Connie Argus 1625 West Mound Street Columbus, Ohio 43223	Board Chair 0 - hours per week	None	None	None
Hal Wilson 1625 West Mound Street Columbus, Ohio 43223	Vice Chair 0 - hours per week	None	None	None
Robert W. Camp 1625 West Mound Street Columbus, Ohio 43223	Secretary/Treasurer 0 - hours per week	None	None	None
Phillip E. Mallott 1625 West Mound Street Columbus, Ohio 43223	Past Chair 0 - hours per week	None	None	None
Robert Bauer 1625 West Mound Street Columbus, Ohio 43223	Board Member 0 - hours per week	None	None	None

## SCHEDULE - 1

Mid Ohio Foodbank  
EIN 31-0865343

**2007- IRS Form 990 Part V-A**

**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and average hours per week devoted to position	Compensation	Contributions to employees benefit plans & deferred compensation	Expense Account and other allowances
Chad M Borton 1625 West Mound Street Columbus, Ohio 43223	Board Member 0-hours per week	None	None	None
D David Daniel 1625 West Mound Street Columbus, Ohio 43223	Board Member 0 - hours per week	None	None	None
Theresa Harris 1625 West Mound Street Columbus, Ohio 43223	Board Member 0- hours per week	None	None	None
David Kass 1625 West Mound Street Columbus, Ohio 43223	Board Member 0 - hours per week	None	None	None
Charles J Miller 1625 West Mound Street Columbus, Ohio 43223	Board Member 0 - hours per week	None	None	None

## SCHEDULE - 1

**Mid Ohio Foodbank  
EIN 31-0865343**

**2007- IRS Form 990 Part V-A**

**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and average hours per week devoted to position	Compensation	Contributions to employees benefit plans & deferred compensation	Expense Account and other allowances
Debbie J Mitchell 1625 West Mound Street Columbus, Ohio 43223	Board Member 0 - hours per week	None	None	None
Angela Pace 1625 West Mound Street Columbus, Ohio 43223	Board Member 0 - hours per week	None	None	None
Elizabeth Rice Stevens 1625 West Mound Street Columbus, Ohio 43223	Board Member 0-hours per week	None	None	None
Mark Stewart 1625 West Mound Street Columbus, Ohio 43223	Board Member 0-hours per week	None	None	None
Todd Williams 1625 West Mound Street Columbus, Ohio 43223	Board Member 0-hours per week	None	None	None