

Form **990-EZ**

Short Form 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)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2006
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning January 1, 2006, and ending December 31, 20 06

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Ethiopian Orthodox Tewahdo Church Social Services		D Employer identification number 20 3525591
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1060 Mt. Vernon Avenue #18		E Telephone number (614) 252-5362
		City or town, state or country, and ZIP + 4 Columbus, Ohio 43203		F Group Exemption Number . . . ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual Other (specify) ▶

I Website: ▶
J Organization type (check only one)— 501(c) (3) ◀ (insert no) 4947(a)(1) or 527
H Check ▶ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ if the organization is not a section 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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

		1	26672
		2	43937
		3	
		4	
Revenue	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8 Other revenue (describe ▶)	8		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	70609	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	42135
	13 Professional fees and other payments to independent contractors	13	9673
	14 Occupancy, rent, utilities, and maintenance	14	4479
	15 Printing, publications, postage, and shipping	15	421
	16 Other expenses (describe ▶ Supplies, Travel, Miscellaneous)	16	6098
	17 Total expenses (add lines 10 through 16)	17	62806
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	7803
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16020
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	23823

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

		(See page 51 of the instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	16020	22	23823	
23	Land and buildings	0	23	0	
24	Other assets (describe ▶)	0	24	0	
25	Total assets	0	25	0	
26	Total liabilities (describe ▶)	0	26	0	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	16020	27	23823	

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
What is the organization's primary exempt purpose? Educational and social services			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Jump-Start: We provide a preschool program for 25 k-12 students		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	14,924
29	After-School : We provide a preschool preparation program for 15 children, ages 4 to 6		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	15,030
30	Tewahdo families project : provide parenting class for 18 families and after school for 18 students		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	20,832
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	50,786

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of 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	(E) Expense account and other allowances
Seleshi Asfaw, 8318 Bedlington Dr Reynoldsburg, Ohio 43068	24hrs/week Executive Director	26,632	0	0
Mequanent Berihun, 2361 N. High Street Columbus, OH 43202	Board Chair 2hrs/week	0	0	0
Alemayehu Retta, 6930 Tanya Terrace Reynoldsburg, Ohio 43068	Treasurer 2hrs/week	0	0	0
Kidest Kifle, 1185 Tannic St. Blacklick, Oh 43004	1hr/week	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		0	
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 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 (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 an explanation . . .

	Yes	No
40b		✓
40c		
40d		
40e		✓

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

d Enter amount of tax on line 40c 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? . . .

41 List the states with which a copy of this return is filed. ▶ _____

42a The books are in care of ▶ _____ Telephone no. ▶ (____)_____
 Located at ▶ _____ ZIP + 4 ▶ _____

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)? . . .

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ **43**

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.

▶ *Surya* Signature of officer Date 15/10/2007

▶ Seeshi ASFAW, Executive Director 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 ▶ _____ EIN ▶ _____ Phone no ▶ () _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Ethiopian Orthodox Tewahdo Church Social Services

Employer identification number

20 3525591

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 . ▶

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 ▶

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 ▶

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

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

b Lending of money or other extension of credit?

2b

c Furnishing of goods, services, or facilities?

2c

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

2d

e Transfer of any part of its income or assets?

2e

3a 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.)

3a

b Did the organization have a section 403(b) annuity plan for its employees?

3b

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

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year ► 0

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► 0

f 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

g 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 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?		(e) Amount of support
			Yes	No	
Total					

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	25000				25000
16 Membership fees received	0				0
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	0				0
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	0				0
19 Net income from unrelated business activities not included in line 18.	0				0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0				0
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	0				0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0				0
23 Total of lines 15 through 22	25000				25000
24 Line 23 minus line 17	25000				25000
25 Enter 1% of line 23	250				
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 500
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 0
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 25000
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d 0
e Public support (line 26c minus line 26d total) ▶					26e 25000
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 100 %
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) _____ (2004) _____ (2003) _____ (2002) _____					
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) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total _____ and line 27b total _____ ▶					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %
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.					

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
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	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.) ----- -----		
34a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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	

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

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	0												
38	Total lobbying expenditures (add lines 36 and 37)	38	0												
39	Other exempt purpose expenditures	39	0												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0												
41	Lobbying nontaxable amount. Enter the amount from the following table— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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	41	0
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														
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	0												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	0												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	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) 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.)

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

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title	
28 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 28a	
29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 29a	
30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 30a	
31 Other program services (attach schedule) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 31a	
32 Total program service expenses (add lines 28a through 31a) _____ 32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of 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	(E) Expense account and other allowances
Firezer Nega, 2997 Barclay SQ. Apt. # A Columbus, Ohio 43209	Vice Chair 1hrs/week	0	0	0
Getachew Assefa, 3505 E. Livingston Ave. #109 Columbus, Ohio 43227	Board of Director 1hrs/week	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	

EOTC-Social Services
Income & Expense
 January through December 2006

Type	Date	Num	Name	Source Name	Memo	Amount	Balance
Ordinary Income/Expense							
Income							
CBI Payments							
Deposit	2/18/2006		CBI		Third Payment	5,000.00	5,000.00
Deposit	5/2/2006		CBI		Technical Assistan. .	172.00	5,172.00
Deposit	7/24/2006		CBI		Last Payment of C. .	5,000.00	10,172.00
Total CBI Payments						10,172.00	10,172.00
CHAI Payments							
Deposit	6/20/2006	19163	General Adm.		Mini Grant for New .	1,500.00	1,500.00
Total CHAI Payments						1,500.00	1,500.00
FCD-JFS Payments							
Deposit	5/10/2006	1029 .	FCJFS		Tewahdo Family Pr. .	11,437.80	11,437.80
Deposit	6/28/2006	1031. .	FCJFS		Teahdo Families pr.	1,039.80	12,477.60
Deposit	10/27/2006	1035...	FCJFS		Last Payment	12,477.60	24,955.20
Deposit	12/20/2006	1037	FCJFS2		Enrollment payment	18,982.00	43,937.20
Total FCD-JFS Payments						43,937.20	43,937.20
OCF Payments							
Deposit	10/30/2006	5435	Ohio Childre...		Jump Start 2nd ye...	15,000.00	15,000.00
Total OCF Payments						15,000.00	15,000.00
Total Income						70,609.20	70,609.20
Expense							
A Payroll Expenses							
Employee net salary							
Check	3/31/2006	10001	CBI	Employee Pa ..	March Payrol 2006	282.65	282.65
Check	3/31/2006	10001	Ohio Childre...	Employee Pa...	March Payrol 2006	626.83	909.48
Check	3/31/2006	10002	CBI	Employee Pa ..	March Payrol 2006	371.56	1,281.04
Check	3/31/2006	10002	Ohio Childre.	Employee Pa ..	March Payrol 2006	183.30	1,464.34
Check	4/30/2006	10003	CBI	Employee Pa...	April Payrol 2006	282.65	1,746.99
Check	4/30/2006	10003	Ohio Childre..	Employee Pa...	April Payrol 2006	626.83	2,373.82
Check	4/30/2006	10004	CBI	Employee Pa .	April Payrol 2006	371.56	2,745.38
Check	4/30/2006	10004	Ohio Childre. .	Employee Pa	April Payrol 2006	183.30	2,928.68
Check	5/31/2006	10005	CBI	Employee Pa.	May Payroll	239.78	3,168.46
Check	5/31/2006	10005	Ohio Childre. .	Employee Pa	May Payroll	531.74	3,700.20
Check	5/31/2006	10005	FCJFS	Employee Pa .	February Payroll	850.94	4,551.14
Check	5/31/2006	10006	CBI	Employee Pa.	May Payroll	325.90	4,877.04
Check	5/31/2006	10006	Ohio Childre .	Employee Pa..	May Payroll	160.78	5,037.82
Check	5/31/2006	10006	FCJFS	Employee Pa .	February Payroll	451.91	5,489.73
Check	5/31/2006	10006	FCJFS	Employee Pa .	March Payroll	451.91	5,941.64
Check	5/31/2006	10006	FCJFS	Employee Pa .	April Payroll	451.91	6,393.55
Check	5/31/2006	10006	FCJFS	Employee Pa .	May Payroll	451.92	6,845.47
Check	5/31/2006	10005	FCJFS	Employee Pa .	March Payroll	850.94	7,696.41
Check	5/31/2006	10005	FCJFS	Employee Pa .	April Payroll	850.94	8,547.35
Check	5/31/2006	10005	FCJFS	Employee Pa ..	May payroll	850.95	9,398.30
Check	6/29/2006	10007	CBI	Employee Pa	June Payment	282.65	9,680.95
Check	6/29/2006	10007	Ohio Childre..	Employee Pa .	June payment	626.83	10,307.78
Check	6/29/2006	10008	CBI	Employee Pa	June Payment	371.56	10,679.34
Check	6/29/2006	10008	Ohio Childre .	Employee Pa	June Payment	183.30	10,862.64
Check	7/31/2006	10009	CBI	Seleshi Asafw	July Payment	282.65	11,145.29
Check	7/31/2006	10009	Ohio Childre	Seleshi Asafw	July Payment	626.83	11,772.12
Check	7/31/2006	10010	CBI	Seleshi Kebede	July Payment	371.56	12,143.68
Check	7/31/2006	10010	Ohio Childre...	Seleshi Kebede	July Payment	183.30	12,326.98
Check	8/28/2006	10011	CBI	Seleshi Asafw	Payroll payment Au .	282.65	12,609.63
Check	8/28/2006	10011	Ohio Childre. .	Seleshi Asafw	Payroll payment Au..	626.83	13,236.46
Check	8/28/2006	10012	CBI	Seleshi Kebede	Payroll payment Au.	371.56	13,608.02
Check	8/28/2006	10012	Ohio Childre	Seleshi Kebede	Payroll payment Au	183.30	13,791.32
Check	9/29/2006	10013	CBI	Seleshi Asafw	Payroll Payment S .	282.65	14,073.97
Check	9/29/2006	10013	Ohio Childre .	Seleshi Asafw	Payroll Payment S. .	626.83	14,700.80
Check	9/29/2006	10014	CBI	Seleshi Kebede	Payroll payment Se .	371.56	15,072.36
Check	9/29/2006	10014	Ohio Childre .	Seleshi Kebede	Payroll payment Se .	183.30	15,255.66
Check	10/23/2006	10015	FCJFS	Seleshi Asafw	Payroll for June, Ju .	2,851.94	18,107.60
Check	10/23/2006	10016	FCJFS	Seleshi Kebede	Payroll fro June, Ju .	1,430.32	19,537.92

EOTC-Social Services Income & Expense January through December 2006

Type	Date	Num	Name	Source Name	Memo	Amount	Balance
Check	11/30/2006	10017	FCJFS2	Seleshi Asafw	September pay fro.	1,378.15	20,916.07
Check	11/30/2006	10018	Ohio Childre..	Seleshi Asafw	October pay from ..	331.39	21,247.46
Check	11/30/2006	10018	FCJFS2	Seleshi Asafw	Octobe pay from C.	1,656.92	22,904.38
Check	11/30/2006	10019	Ohio Childre...	Seleshi Asafw	November payment .	331.39	23,235.77
Check	11/30/2006	10019	FCJFS2	Seleshi Asafw	November payment. .	1,656.92	24,892.69
Check	11/30/2006	10020	FCJFS2	Seleshi Kebede	September paymen. .	948.77	25,841.46
Check	11/30/2006	10021	Ohio Childre .	Seleshi Kebede	October payment fr...	286.49	26,127.95
Check	11/30/2006	10021	FCJFS2	Seleshi Kebede	October payment fr...	1,145.95	27,273.90
Check	11/30/2006	10022	Ohio Childre.	Seleshi Kebede	November payment .	286.49	27,560.39
Check	11/30/2006	10022	FCJFS2	Seleshi Kebede	November payment...	1,145.95	28,706.34
Check	12/30/2006	10023	FCJFS2	Seleshi Asafw	December Payroll	1,352.47	30,058.81
Check	12/30/2006	10023	Ohio Childre .	Seleshi Asafw	December Payroll	270.49	30,329.30
Check	12/30/2006	10024	Ohio Childre	Seleshi Kebede	December Payroll	232.92	30,562.22
Check	12/30/2006	10024	FCJFS2	Seleshi Kebede	December Payroll	931.67	31,493.89
Total Employee net salary						31,493.89	31,493.89
Employee Tax withholding							
Check	3/31/2006	PR33 ..	CBI	Paychex	March Withholding	112.79	112.79
Check	3/31/2006	PR33	Ohio Childre. .	Paychex	March Withholding	114.87	227.66
Check	4/30/2006	PR43	CBI	Paychex	April withholding	112.79	340.45
Check	4/30/2006	PR43 .	Ohio Childre .	Paychex	April withholding	114.87	455.32
Check	5/31/2006	PR53	CBI	Paychex	May withholding	201.32	656.64
Check	5/31/2006	PR53 .	Ohio Childre. .	Paychex	May withholding	232.48	889.12
Check	5/31/2006	PR53...	FCJFS	Paychex	May withholding	1,784.58	2,673.70
Check	6/29/2006	PR63 .	CBI	Paychex	June Employe Wth...	112.79	2,786.49
Check	6/29/2006	PR63.	Ohio Childre...	Paychex	June Employee wrt. .	114.87	2,901.36
Check	7/31/2006	PR73	CBI	Paychex	Employee withholdi. .	112.79	3,014.15
Check	7/31/2006	PR73 .	Ohio Childre.	Paychex	Employee withholdi. .	114.87	3,129.02
Check	8/28/2006	PR83 .	CBI	Paychex	Employee withholdi	112.79	3,241.81
Check	8/28/2006	PR83 .	Ohio Childre.	Paychex	Employee withholding	114.87	3,356.68
Check	9/29/2006	PR93 .	CBI	Paychex	Payroll withholding	112.79	3,469.47
Check	9/29/2006	PR93...	Ohio Childre. .	Paychex	Payroll withholding	114.87	3,584.34
Check	10/23/2006	PR10. .	FCJFS	Paychex	June, July, August .	1,201.74	4,786.08
Check	11/30/2006	PR11.	FCJFS2	Paychex	September Employe .	473.08	5,259.16
Check	11/30/2006	PR11. .	Ohio Childre	Paychex	October Employee .	157.13	5,416.29
Check	11/30/2006	PR11.	FCJFS2	Paychex	October	697.12	6,113.41
Check	11/30/2006	PR11. .	Ohio Childre .	Paychex	November	157.13	6,270.54
Check	11/30/2006	PR11	FCJFS2	Paychex	November	697.12	6,967.66
Check	12/30/2006	PR12...	Ohio Childre..	Paychex	December Payroll ..	116.59	7,084.25
Check	12/30/2006	PR12. .	FCJFS2	Paychex	December Payroll .	515.86	7,600.11
Total Employee Tax withholding						7,600.11	7,600.11
Total A Payroll Expenses						39,094.00	39,094.00
A Payroll Related Expenses							
Employer Payroll Taxes							
Check	3/31/2006	PR33...	CBI	Paychex	Employment Tax	58.67	58.67
Check	3/31/2006	PR33 .	Ohio Childre..	Paychex	Employment Tax	70.76	129.43
Check	4/30/2006	PR43 ..	CBI	Paychex	Employment Tax	58.67	188.10
Check	4/30/2006	PR43	Ohio Childre...	Paychex	Employment Tax	70.76	258.86
Check	5/31/2006	PR53	CBI	Paychex	May Paroll tax	58.68	317.54
Check	5/31/2006	PR53..	Ohio Childre. .	Paychex	May Payroll tax	70.76	388.30
Check	5/31/2006	PR53..	FCJFS	Paychex	May Payroll Tax	535.20	923.50
Check	6/29/2006	PR63.	CBI	Paychex	June Employer Tax	58.68	982.18
Check	6/29/2006	PR63.	Ohio Childre...	Paychex	June Employer Tax	70.75	1,052.93
Check	7/31/2006	PR73..	CBI	Paychex	Payroll Tax employer	58.68	1,111.61
Check	7/31/2006	PR73..	Ohio Childre .	Paychex	Payroll Tax employer	70.75	1,182.36
Check	8/28/2006	PR83.	CBI	Paychex	Empoyer tax August	58.68	1,241.04
Check	8/28/2006	PR83.	Ohio Childre	Paychex	Employer Tax August	70.75	1,311.79
Check	9/29/2006	PR93 ..	CBI	Paychex	Payroll taxes	58.68	1,370.47
Check	9/29/2006	PR93	Ohio Childre..	Paychex	Payroll Taxes	70.75	1,441.22
Check	10/23/2006	PR10 .	FCJFS	Paychex	June, July, August	419.51	1,860.73
Check	11/30/2006	PR11 .	FCJFS2	Paychex	Septembe payroll tax	214.20	2,074.93
Check	11/30/2006	PR11 .	Ohio Childre..	Paychex	October	59.29	2,134.22
Check	11/30/2006	PR11 ..	FCJFS2	Paychex	October	267.75	2,401.97
Check	11/30/2006	PR11..	Ohio Childre. .	Paychex	November	59.29	2,461.26
Check	11/30/2006	PR11 .	FCJFS2	Paychex	November	267.75	2,729.01

EOTC-Social Services Income & Expense January through December 2006

Type	Date	Num	Name	Source Name	Memo	Amount	Balance
Check	12/30/2006	PR12.	Ohio Childre.	Paychex	Decembe Employe .	47 43	2,776 44
Check	12/30/2006	PR12 ..	FCJFS2	Paychex	December Employo..	214.20	2,990.64
Total Employer Payroll Taxes						2,990.64	2,990 64
Worker's Comp							
Check	9/28/2006	1019	General Adm...	Seleshi Asafw	Work Comp Payme. .	50 82	50 82
Total Worker's Comp						50 82	50 82
Total A Payroll Related Expenses						3,041 46	3,041 46
Equipment							
FCD-JFS Equipment							
Check	5/27/2006	2087	FCJFS	Seleshi Kebede	Air Condtion	308 53	308.53
Total FCD-JFS Equipment						308.53	308.53
OCF Equipment							
Check	1/3/2006	2066	Ohio Childre	Wal-Mart	Speakers, Clock	65.71	65.71
Total OCF Equipment						65 71	65 71
Total Equipment						374.24	374 24
Miscellaneous							
Bank Charges							
Check	6/30/2006	NC1	General Adm	National City	Service Charge for ..	3 00	3 00
Check	7/31/2006	NC2	General Adm ..		Service Charge	3.00	6 00
Check	8/31/2006	NC3	General Adm ..	National City	Service Charge	3 00	9 00
Check	12/29/2006				Service Charge	6 00	15.00
Total Bank Charges						15 00	15.00
Licenses & Permits							
Check	3/31/2006	2084	CBI	BWC	Renewal BWC	25.14	25 14
Total Licenses & Permits						25.14	25 14
Miscellaneous - Other							
Check	9/30/2006	NC4	National City	National City	Service Charge	3 00	3 00
Check	10/31/2006	NC5	National City	National City	Service Charge	3.00	6.00
Total Miscellaneous - Other						6.00	6.00
Total Miscellaneous						46 14	46 14
Office Space							
Insurance							
Check	6/23/2006	1006	FCJFS	Ethiopian Ort.	Insurancce: Liability.	156 00	156 00
Check	10/29/2006	1035	FCJFS	Ethiopian Ort	June, July and Aug.	117.00	273 00
Total Insurance						273.00	273 00
Rent							
Check	2/1/2006	2072	CBI	Ethiopian Ort. .	October & Novemb .	100.00	100 00
Check	2/1/2006	2072	Ohio Childre...	Ethiopian Ort .	October & November	100.00	200 00
Check	6/23/2006	1006	FCJFS	Ethiopian Ort...	Rent for Feb, Marc .	288 00	488.00
Check	6/23/2006	2093	CBI	Ethiopian Ort.	Rent for December.	300 00	788 00
Check	6/23/2006	2093	Ohio Childre .	Ethiopian Ort..	Rent December-Ma..	300 00	1,088.00
Check	10/29/2006	1035	FCJFS	Ethiopian Ort..	June, July and Aug.	216 00	1,304 00
Check	10/29/2006	1034	CBI	Ethiopian Ort..	June to Sept 2006	200 00	1,504.00
Check	10/29/2006	1034	Ohio Childre ..	Ethiopian Ort. .	June to Sept. 2006	200 00	1,704 00
Total Rent						1,704 00	1,704 00

EOTC-Social Services Income & Expense January through December 2006

Type	Date	Num	Name	Source Name	Memo	Amount	Balance
Utilities							
Check	2/1/2006	2073	CBI	Ethiopian Ort.	October 2005-Febr..	250.00	250.00
Check	2/1/2006	2073	Ohio Childre..	Ethiopian Ort..	October 2005-Febr..	250.00	500.00
Check	6/23/2006	1006	FCJFS	Ethiopian Ort .	Utilities for Feb, Ap..	744.00	1,244.00
Check	6/23/2006	2093	CBI	Ethiopian Ort .	Utilities March, Apr. .	100.00	1,344.00
Check	6/23/2006	2093	Ohio Childre...	Ethiopian Ort...	Utilities March, Apri...	100.00	1,444.00
Check	10/29/2006	1035	FCJFS	Ethiopian Ort .	June, July and Aug...	558.00	2,002.00
Check	10/29/2006	1034	Ohio Childre. .	Ethiopian Ort	May to September	250.00	2,252.00
Check	10/29/2006	1034	CBI	Ethiopian Ort.	May to September	250.00	2,502.00
Total Utilities						2,502.00	2,502.00
Total Office Space						4,479.00	4,479.00
Professional Services							
Contractual Services							
Check	1/22/2006	2069	Ohio Childre...	Haftu-Direct ...	Office Furniture mo ..	130.00	130.00
Check	2/5/2006	2075	CBI	Seleshi Kebede	1099 Tax, Partitio .	70.00	200.00
Check	10/3/2006	1023	Ohio Childre	Columbus Cit .	Fire inspection	35.00	235.00
Check	10/29/2006	1033	General Adm .	Children's Hu ..	Tutoring match for . .	330.34	565.34
Total Contractual Services						565.34	565.34
Payrol Service							
Check	4/10/2006	PR33...	CBI	Paychex	March Payrol	57.31	57.31
Check	5/10/2006	PR43...	CBI	Paychex	April Payroll Payment	72.14	129.45
Check	6/12/2006	PR53...	CBI	Paychex	May Payroll Servic .	66.78	196.23
Check	7/10/2006	PR63 .	CBI	Paychex	June Payment for a .	84.54	280.77
Check	7/31/2006	PR63..	FCJFS	Paychex	2nd Qtr Report	7.42	288.19
Check	9/11/2006	PR73...	FCJFS	Paychex	July Payroll	61.52	349.71
Check	10/10/2006	PR93.	FCJFS	Paychex	August & Septemb	123.05	472.76
Check	11/10/2006	PR10 .	FCJFS	Paychex	October Payroll	62.93	535.69
Check	12/11/2006	PR11...	FCJFS2	Paychex	November payroll	62.78	598.47
Total Payrol Service						598.47	598.47
Start-up							
Check	1/2/2006	2061	CBI	Seleshi Asafw	December 2005 Co...	317.00	317.00
Check	1/2/2006	2061	Ohio Childre .	Seleshi Asafw	December 2005 Co. .	703.00	1,020.00
Check	1/2/2006	2062	CBI	Seleshi Kebede	December 2005, C	450.00	1,470.00
Check	1/2/2006	2062	Ohio Childre ..	Seleshi Kebede .	December 2005, C .	222.00	1,692.00
Check	2/1/2006	2070	CBI	Seleshi Asafw	January Consulting	317.00	2,009.00
Check	2/1/2006	2070	Ohio Childre ..	Seleshi Asafw	January Consulting	703.00	2,712.00
Check	2/1/2006	2071	CBI	Seleshi Kebede	January Consulting	450.00	3,162.00
Check	2/1/2006	2071	Ohio Childre	Seleshi Kebede	January Consulting	222.00	3,384.00
Check	3/1/2006	2076	CBI	Seleshi Kebede	February 2006 Co .	450.00	3,834.00
Check	3/1/2006	2076	Ohio Childre	Seleshi Kebede	Februar 2006 Cons	222.00	4,056.00
Check	3/1/2006	2077	CBI	Seleshi Asafw	February 2006 Con.	317.00	4,373.00
Check	3/1/2006	2077	Ohio Childre..	Seleshi Asafw	February 2006 Con...	703.00	5,076.00
Total Start-up						5,076.00	5,076.00
Tutor Expense							
Check	3/31/2006	2080	Ohio Childre .	Luladey Mulu .	Totor for March 2006	160.00	160.00
Check	3/31/2006	2082	CBI	Zerga Nisrane	Tutor for March 2006	128.00	288.00
Check	4/25/2006	2079	CBI	Kifle L. Kifle	March Tutor	128.00	416.00
Check	4/26/2006	2081	CBI	Gebremariam .	March Tutor	128.00	544.00
Check	6/1/2006	1002	FCJFS	Kifle L. Kifle	May Tutor Payment	72.00	616.00
Check	6/1/2006	1003	FCJFS	Zerga Nisrane	Tutor Payment for ..	144.00	760.00
Check	6/1/2006	2088	Ohio Childre .	Luladey Mulu ..	April and May Tutor. .	160.00	920.00
Check	6/1/2006	2089	CBI	Gebremariam	April and May Tutor. .	112.00	1,032.00
Check	6/1/2006	2090	CBI	Zerga Nisrane	April Tutor Payment	64.00	1,096.00
Check	6/1/2006	2091	CBI	Kifle L. Kifle	April Tutor	48.00	1,144.00
Check	8/6/2006	1010	CBI	Kifle L. Kifle	June, July Tutor pa .	96.00	1,240.00
Check	8/6/2006	1011	FCJFS	Kifle L. Kifle	Tutor payment for J .	72.00	1,312.00
Check	8/6/2006	1012	FCJFS	Zerga Nisrane	Tutoring payment f...	72.00	1,384.00
Check	8/6/2006	1013	CBI	Zerga Nisrane	Tutor payment for J .	32.00	1,416.00
Check	8/6/2006	1014	Ohio Childre. .	Luladey Mulu..	June, July Tutor Pa .	140.00	1,556.00
Check	10/29/2006	1028	FCJFS	Kifle L. Kifle	Septe, October Tut .	60.00	1,616.00
Check	10/29/2006	1030	FCJFS	Zerga Nisrane	Sept, October	492.00	2,108.00

EOTC-Social Services Income & Expense January through December 2006

Type	Date	Num	Name	Source Name	Memo	Amount	Balance
Check	10/29/2006	1025	FCJFS2	Teklehairmano.	Septem, October	144 00	2,252 00
Check	10/29/2006	1026	FCJFS2	Gebremeriam...	Sept, October	112 00	2,364 00
Check	10/29/2006	1027	Ohio Childre.	Luladey Mulu. .	Sept, October	80 00	2,444 00
Check	10/29/2006	1029	FCJFS2	Krifle L. Kifle	Sept, October	80 00	2,524.00
Check	12/30/2006	1043	Ohio Childre ..	Gebremanam. .	Tutoring for the mo	48.00	2,572 00
Check	12/30/2006	1044	Ohio Childre. .	Teklehairmano .	Tutoring for the mo	80.00	2,652 00
Check	12/30/2006	1045	Ohio Childre..	Luladey Mulu...	Tutoring for Novem .	144.00	2,796 00
Check	12/30/2006	1046	FCJFS2	Krifle L. Kifle	Tutoring for Novem..	195.00	2,991.00
Check	12/30/2006	1047	FCJFS2	Zerga Nisrane	Tutoring of Novem .	442.00	3,433 00
Total Tutor Expense						3,433.00	3,433 00
Total Professional Services						9,672.81	9,672 81
Supplies-Office							
Office Supplies							
Check	1/2/2006	2064	Ohio Childre .	Seleshi Kebede	Ink, Coil binding,M .	63.26	63 26
Check	1/3/2006	2065	CBI	Staples	Binders,Pens, penc .	409 53	472 79
Check	1/3/2006	2066	CBI	Wal-Mart	Calculator,Surge pr.	111.91	584.70
Check	2/5/2006	2074	Ohio Childre .	Mequanent B .	Printer Ink	53.35	638 05
Check	3/31/2006	2083	CBI	Seleshi Kebede	Petty Cash	100 00	738 05
Deposit	3/31/2006		CBI		To set up petty cash	-100.00	638 05
Check	5/4/2006	2085	FCJFS	Seleshi Asafw	Office Supplies for ..	99 16	737 21
Check	5/11/2006	2086	FCJFS	Seleshi Kebede	Office Supplies for ...	102.66	839.87
Check	5/19/2006	Cks1	FCJFS	National City	Payment for orderi ..	21.75	861 62
Check	6/18/2006	1005	General Adm. .	Seleshi Kebede	Reembursment for .	122 00	983.62
Check	6/18/2006	2092	FCJFS	Seleshi Kebede	Office Supplies and	81.81	1,065 43
Check	6/23/2006	1008	FCJFS	Seleshi Kebede	Ink Cartidge	101 21	1,166 64
Check	7/16/2006	2094	CBI	Seleshi Kebede	Reembursment offic .	110 45	1,277 09
Check	10/29/2006	1032	FCJFS	Seleshi Kebede	Mailing, Copying, o .	63 54	1,340 63
Check	11/11/2006	1039	FCJFS	Wal-Mart	Calculator, cleanin. .	128 87	1,469.50
Check	12/30/2006	1048	FCJFS2	Seleshi Kebede	Printer Inks,photo ...	225.11	1,694.61
Total Office Supplies						1,694 61	1,694.61
Printing & Copying							
Check	1/2/2006	2064	CBI	Seleshi Kebede	Copies & Printing	34.12	34.12
Check	1/18/2006	2068	CBI	Seleshi Kebede	Copy of forms, appl .	150 85	184 97
Check	2/5/2006	2075	CBI	Seleshi Kebede	Printing and Copying	22 86	207 83
Check	3/13/2006	2078	Ohio Childre..	Seleshi Kebede	Reembursment	34.21	242 04
Check	6/18/2006	2092	FCJFS	Seleshi Kebede	Printing and Copyin. .	68.38	310 42
Check	12/30/2006	1048	FCJFS2	Seleshi Kebede	Color and black pri ..	8.75	319.17
Total Printing & Copying						319.17	319 17
Total Supplies-Office						2,013.78	2,013 78
Supplies-Programs							
Printing & Copying							
Check	9/8/2006	1017	FCJFS	Seleshi Kebede	Program supplies c ..	5.47	5.47
Check	9/28/2006	1020	FCJFS	Seleshi Kebede	Prnting and copying	4.73	10 20
Check	12/30/2006	1048	FCJFS2	Seleshi Kebede	Copying books and. .	90 68	100.88
Total Printing & Copying						100.88	100.88
Program Supplies							
Check	1/3/2006	2067	Ohio Childre .	Mequanent B.	Softwares for Kids	245 48	245 48
Check	1/18/2006	2068	Ohio Childre. .	Seleshi Kebede	Text Boks(80), Alp. .	271 15	516 63
Check	2/5/2006	2075	Ohio Childre .	Seleshi Kebede	Books and Binding	38 78	555 41
Check	5/25/2006	01001	FCJFS	Seleshi Kebede	Tutorng Books for ...	151.03	706 44
Check	6/23/2006	1007	FCJFS	Seleshi Kebede	Summer brdge bo .	110 59	817 03
Check	8/6/2006	1015	CBI	Teklehairmano. .	Reimbursment for ...	262 50	1,079 53
Check	9/8/2006	1017	FCJFS	Seleshi Kebede	Program supplies, t. .	114 66	1,194.19
Check	9/28/2006	1020	FCJFS	Seleshi Kebede	Text books from k- .	90 73	1,284.92
Check	11/11/2006	1036	FCJFS	National Offic. .	Panel, Panel foot cl. .	847 92	2,132 84
Check	11/11/2006	1037	FCJFS	Staples	Overhead projector .	681.90	2,814 74

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 05/11/07
 Accrual Basis

EOTC-Social Services Income & Expense January through December 2006

Type	Date	Num	Name	Source Name	Merio	Amount	Balance
Check	11/11/2006	1038	FCJFS	Staples	Digital Camera, Pu	571 45	3,386 19
Check	11/11/2006	1040	FCJFS	sam's Club	K-6 text books	150 68	3,536 87
Total Program Supplies						3,536 87	3,536 87
Total Supplies-Programs						3,637 75	3,637 75
Travel							
Check	6/8/2006	1004	FCJFS	Seleshi Kebede	FC Mileage remburs .	52.00	52 00
Check	7/2/2006	1009	FCJFS	Seleshi Kebede	Milage reimbursme .	30 40	82.40
Check	8/6/2006	1016	FCJFS	Seleshi Kebede	July Milage reimburs .	7 20	89.60
Check	9/8/2006	1018	FCJFS	Seleshi Kebede	Mileage reemburs .	12 40	102 00
Check	9/28/2006	1021	FCJFS	Seleshi Kebede	September Mileage	15 60	117 60
Check	10/29/2006	1031	FCJFS	Seleshi Kebede	Mileage reebursment	41.60	159.20
Check	11/11/2006	1041	FCJFS	Seleshi Kebede	November Mileage . .	63.60	222 80
Check	11/11/2006	1042	FCJFS	Seleshi Asafw	February, March, .	224.00	446 80
Total Travel						446 80	446.80
Total Expense						62,805 98	62,805 98
Net Ordinary Income						7,803 22	7,803 22
Net Income						7,803.22	7,803.22