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GOVERNMENT COPY

Mirisola & Company
P.O. Box 1220
Westerville, Ohio 43086-7220
(740) 965-6853

May 9, 2008

The Salvation Army
Greater Columbus Area
966 E. Main Street
Columbus, OH 43215

Dear Sir:

Enclosed is the organization's 2006 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before May 15, 2008.

Mail to - Internal Revenue Service Center
Ogden, UT 84201-0027

A copy of the return is enclosed for your files. I suggest that you retain this copy indefinitely.

Thank you for your business,

Mirisola & Company

Mirisola & Company
P.O. Box 1220
Westerville, Ohio 43086-7220
(740) 965-6853

May 9, 2008

The Salvation Army
Greater Columbus Area
966 E. Main Street
Columbus, OH 43215

Dear Sir:

Enclosed are the original and one copy of the 2006 Exempt
Organization return, as follows...

2006 FORM 990

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Thank you for your business,

Mirisola & Company

Filing Instructions

Prepared for:

THE SALVATION ARMY
GREATER COLUMBUS AREA
966 E. MAIN STREET
COLUMBUS, OH 43215

Prepared by:

MIRISOLA & COMPANY
P.O. BOX 1220
WESTERVILLE, OH 43086-7220

2006 FORM 990

Please sign and mail on or before May 15, 2008.

Mail to - Internal Revenue Service Center
Ogden, UT 84201-0027

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)

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 2006 calendar year, or tax year beginning **OCT 1, 2006** and ending **SEP 30, 2007**

B Check if applicable: <input 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 THE SALVATION ARMY GREATER COLUMBUS AREA		D Employer identification number 13-5562351
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 966 E. MAIN STREET		E Telephone number 614-221-6561
		City or town, state or country, and ZIP + 4 COLUMBUS, OH 43215		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

Hand I are not applicable to section 527 organizations.

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

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

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

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

G Website: ▶ **WWW.SALVATIONARMY.ORG**

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

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

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7,059,701.**

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	4,508,928.		
	c Indirect public support (not included on line 1a)	1c	756,793.		
	d Government contributions (grants) (not included on line 1a)	1d	822,804.		
	e Total (add lines 1a through 1d) (cash \$ 4,809,985. noncash \$ 1,278,540.)	1e			6,088,525.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			317,449.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			567,568.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	8,212.			
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1		8,212.	
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			77,947.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			7,059,701.	
Expenses	13 Program services (from line 44, column (B))	13		5,748,357.	
	14 Management and general (from line 44, column (C))	14		1,188,388.	
	15 Fundraising (from line 44, column (D))	15		345,428.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			7,282,173.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		<222,472.>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		158,623.	
	20 Other changes in net assets or fund balances (attach explanation)	20		0.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			<63,849.>

**THE SALVATION ARMY
GREATER COLUMBUS AREA**

Form 990 (2006)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,209,125.	1,519,255.	618,676.	71,194.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	480,895.	346,430.	130,202.	4,263.
29 Payroll taxes	207,312.	142,325.	57,796.	7,191.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	177,572.	157,661.	19,185.	726.
34 Telephone	57,462.	46,800.	10,427.	235.
35 Postage and shipping	55,838.	4,288.	5,791.	45,759.
36 Occupancy	350,151.	234,830.	110,725.	4,596.
37 Equipment rental and maintenance	76,366.	41,808.	30,377.	4,181.
38 Printing and publications	199,934.	41,583.	35,129.	123,222.
39 Travel	174,537.	146,632.	27,412.	493.
40 Conferences, conventions, and meetings	78,387.	70,914.	3,301.	4,172.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	3,214,594.	2,995,831.	139,367.	79,396.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	7,282,173.	5,748,357.	1,188,388.	345,428.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

623011
01-23-07

Form 990 (2006)

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a CORPS OPERATIONS CONDUCT VARIOUS SOCIAL SERVICES WITHIN THEIR IMMEDIATE NEIGHBORHOOD AND ZIP CODE AREA	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	5,748,357.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) SEE STATEMENT 4	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	5,748,357.

Form 990 (2006)

**THE SALVATION ARMY
GREATER COLUMBUS AREA**

Form 990 (2006)

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Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	83,258.	45	892,617.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	686,198.			
	b Less: allowance for doubtful accounts				
			3,250,949.	47c	686,198.
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable	214,146.			
	b Less: allowance for doubtful accounts				
			107,210.	51c	214,146.
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		24,039.	53	98,682.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities	STMT 5 ▶ <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	6,827.	54b	7,349.
	55 a Investments - land, buildings, and equipment: basis				
	b Less: accumulated depreciation			55c	
56 Investments - other			56		
57 a Land, buildings, and equipment: basis					
b Less: accumulated depreciation			57c		
58 Other assets, including program-related investments (describe ▶ _____)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		3,472,283.	59	1,898,992.	
Liabilities	60 Accounts payable and accrued expenses	1,887,879.	60	870,898.	
	61 Grants payable		61		
	62 Deferred revenue	825,781.	62	591,943.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	600,000.	64b	500,000.	
	65 Other liabilities (describe ▶ _____)		65		
66 Total liabilities. Add lines 60 through 65		3,313,660.	66	1,962,841.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	158,623.	67	<63,849.>	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		158,623.	73	<63,849.>
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,472,283.	74	1,898,992.

Form 990 (2006)

THE SALVATION ARMY
GREATER COLUMBUS AREA

Form 990 (2006)

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

a	Total revenue, gains, and other support per audited financial statements	a	7,059,701.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	7,059,701.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	7,059,701.

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

a	Total expenses and losses per audited financial statements	a	7,282,173.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	7,282,173.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	7,282,173.

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
CRAIG MOHRE 220 MARKET STREET, ST 205 NEW ALBANY, OH 43054	CHAIR 5.00	0.	0.	0.
MARK D SWEPSTON 619 REYNOLDS AVENUE COLUMBUS, OH 43201	1ST VICE CHAIR 5.00	0.	0.	0.
DOUGLAS V. WYATT 21 E STATE ST., 7TH FLOOR COLUMBUS, OH 43215	2ND VICE CHAIR 5.00	0.	0.	0.
ROBERT WISEMAN 300 SPRUCE ST., STE 275 COLUMBUS, OH 43215	SECRETARY 5.00	0.	0.	0.
RICHARD R. MURPHEY III 1633 W. LANE AVE COLUMBUS, OH 43221	TREASURER 5.00	0.	0.	0.
JOANNE SCHORSTEN 3518 RIVERSIDE DRIVE, STE 101 COLUMBUS, OH 43221	IMMEDIATE PAST CHAIR 5.00	0.	0.	0.

Form 990 (2006)

**THE SALVATION ARMY
GREATER COLUMBUS AREA**

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Part VI Other Information <i>(continued)</i>		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
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.			
c	Dues, assessments, and similar amounts from members 85c <u>N/A</u>		
d	Section 162(e) lobbying and political expenditures 85d <u>N/A</u>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e <u>N/A</u>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <u>N/A</u>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a <u>N/A</u>		
b	Gross receipts, included on line 12, for public use of club facilities 86b <u>N/A</u>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a <u>N/A</u>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b <u>N/A</u>		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2006 90b <u>76</u>		
91 a	The books are in care of ▶ GEOFF BANFIELD Telephone no. ▶ <u>614-221-6561</u> Located at ▶ <u>966 EAST MAIN STREET, COLUMBUS, OH</u> ZIP + 4 ▶ <u>43205</u>		
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)?	X	
If "Yes," enter the name of the foreign country ▶ <u>N/A</u>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			

Form **990** (2006)

**THE SALVATION ARMY
GREATER COLUMBUS AREA**

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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CONFERENCE CENTER/CAMP					125,072.
b MEETING COLLECTIONS					192,377.
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					
96 Dividends and interest from securities		567,568.	14		
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					8,212.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					13,404.
b SPECIAL FUND RAISING					16,543.
c RENTAL-INTERCOMPANY					48,000.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		567,568.		0.	403,608.
105 Total (add line 104, columns (B), (D), and (E))					971,176.

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).
93A	PROGRAM FEES FROM OPERATING THE CONFERENCE CENTER AND CAMP
93B	MEETING COLLECTIONS AND CARTRIDGES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

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

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

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

Form **990** (2006)

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

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

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

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

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

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?

Yes	No

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	<div style="display: flex; justify-content: space-between;"> Signature of officer Date </div>																				
	Type or print name and title																				
Paid Preparer's Use Only	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Preparer's signature</td> <td style="width: 10%;">Date</td> <td style="width: 15%;">Check if self-employed <input checked="" type="checkbox"/></td> <td style="width: 35%;">Preparer's SSN or PTIN (See Gen. Inst. X)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">MIRISOLA & COMPANY</td> <td style="border-bottom: 1px solid black;">05/09/08</td> <td></td> <td style="border-bottom: 1px solid black;">277-70-6099</td> </tr> <tr> <td style="border-bottom: 1px solid black;">P.O. BOX 1220</td> <td colspan="3"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">WESTERVILLE, OH 43086-7220</td> <td style="border-bottom: 1px solid black;">EIN</td> <td colspan="2" style="border-bottom: 1px solid black;">31-1621273</td> </tr> <tr> <td></td> <td colspan="3" style="border-bottom: 1px solid black;">Phone no. 740-965-6853</td> </tr> </table>	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	MIRISOLA & COMPANY	05/09/08		277-70-6099	P.O. BOX 1220				WESTERVILLE, OH 43086-7220	EIN	31-1621273			Phone no. 740-965-6853		
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FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
WARCRY SALES	8,212.		8,212.		8,212.
TO FM 990, PART I, LINE 9	8,212.		8,212.		8,212.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ORGANIZATION MEMBERSHIPS	6,352.	3,314.	2,763.	275.
MISCELLANEOUS	6,982.	6,342.	640.	
SUPPORT SERVICE TO DHQ	555,334.	439,852.	87,677.	27,805.
FINANCIAL ASSISTANCE	2,170,823.	2,170,823.		
GRANTS AND AWARDS	5,192.	3,508.	1,684.	
PROFESSIONAL FEES	419,138.	321,219.	46,603.	51,316.
WORLD SERVICES	50,773.	50,773.		
TOTAL TO FM 990, LN 43	3,214,594.	2,995,831.	139,367.	79,396.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

THE SALVATION ARMY, FOUNDED IN 1865 IS A NOT-FOR-PROFIT INTERNATIONAL RELIGIOUS ORGANIZATION AND CHARITABLE MOVEMENT.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 4

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
THE FOLLOWING PROGRAM SERVICES ARE CONDUCTED THROUGH AREA SERVICES		
MUSIC COORDINATOR		
SPECIAL EVENTS		
SOCIAL SERVICES		
COMMODITY SENIOR FEEDING		
LEARNING CENTER		
CAREER ENHANCEMENT		
GOLDEN AGE		
DIRECT HOUSING		
CHRISTMAS ASSISTANCE		
HEART TO HEART		
RESIDENTIAL SUMMER CAMP		
CONFERENCE CENTER		
SPECIAL SERVICES		
EDUCATIONAL		
AEP DISASTER ASSISTANCE		
TOTAL TO FORM 990, PART III, LINE E		

FORM 990	OTHER SECURITIES	STATEMENT	5
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
SECURITY DEPOSITS	COST	7,349.
TO FORM 990, LINE 54B, COL B		7,349.