

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)

2002

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 2002 calendar year, or tax year period beginning JUL 1, 2002 and ending JUN 30, 2003

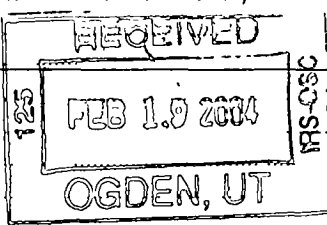
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: CINCINNATI NATURE CENTER. D Employer identification number: 31-6057978. E Telephone number: (513) 831-1711. F Accounting method: Cash, Accrual (checked).

G Web site: N/A. J Organization type: 501(c)(03). K Check here if the organization's gross receipts are normally not more than \$25,000. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes (checked). H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes (checked). I Enter 4-digit GEN.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 6,131,172. 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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents, b Less rental expenses, c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sale of assets other than inventory, b Less cost or other basis and sales expenses, c Gain or (loss), d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, less returns and allowances, b Less cost of goods sold, c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



MAR 1 '04 FW MED

**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 Page 2

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
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 89,078.	0.	89,078.	0.
26 Other salaries and wages	26 1,274,864.	1,028,700.	97,988.	148,176.
27 Pension plan contributions	27 57,691.	43,646.	7,777.	6,268.
28 Other employee benefits	28 116,990.	88,470.	15,792.	12,728.
29 Payroll taxes	29 106,543.	80,577.	14,378.	11,588.
30 Professional fundraising fees	30			
31 Accounting fees	31 13,814.		13,814.	
32 Legal fees	32 4,836.		4,836.	
33 Supplies	33 19,404.	8,966.		10,438.
34 Telephone	34 39,038.	37,783.	798.	457.
35 Postage and shipping	35 3,777.		3,777.	
36 Occupancy	36 63,975.	61,918.	1,308.	749.
37 Equipment rental and maintenance	37 75,572.	73,142.	1,545.	885.
38 Printing and publications	38 53,298.	31,635.		21,663.
39 Travel	39 3,140.	3,039.	64.	37.
40 Conferences, conventions, and meetings	40 5,220.	5,220.		
41 Interest	41 7,695.		7,695.	
42 Depreciation, depletion, etc (attach schedule)	42 292,613.	283,204.	5,982.	3,427.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 7	43e 738,357.	406,429.	237,980.	93,948.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,965,905.	2,152,729.	502,812.	310,364.

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 \$ \_\_\_\_\_, (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**

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
SEE STATEMENT 1	
a CINCINNATI NATURE CENTER PRESERVES 1,500 ACRES OF NATURAL AND AGRICULTURAL LAND MADE AVAILABLE FOR PERSONAL EXPERIENCES AND ENVIRONMENTAL EDUCATION PROGRAMS. (Grants and allocations \$ _____)	2,152,729.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,152,729.

**Part IV Balance Sheets**

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	1,147,669.	45	598,090.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	104,755.		
	47 b Less allowance for doubtful accounts		47c	104,755.
	48 a Pledges receivable			
	48 b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	51 b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	85,499.	52	82,123.
	53 Prepaid expenses and deferred charges	20,458.	53	22,174.
	54 Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	14,715,979.	54	13,791,413.
	55 a Investments - land, buildings, and equipment basis			
55 b Less accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment basis	11,462,059.			
57 b Less accumulated depreciation	2,539,464.	57c	8,922,595.	
58 Other assets (describe <b>DEPOSIT -- WORKERS COMP</b> )	1,000.	58	1,000.	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>24,836,110.</b>	<b>59</b>	<b>23,522,150.</b>	
Liabilities	60 Accounts payable and accrued expenses	188,414.	60	173,449.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable	101,907.	64b	89,245.
	65 Other liabilities (describe <b>PROGRAM DEPOSITS</b> )	18,720.	65	4,790.
<b>66 Total liabilities (add lines 60 through 65)</b>	<b>309,041.</b>	<b>66</b>	<b>267,484.</b>	
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	22,143,056.	67	20,903,028.
	68 Temporarily restricted	730,723.	68	698,348.
	69 Permanently restricted	1,653,290.	69	1,653,290.
	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	
<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>	<b>24,527,069.</b>	<b>73</b>	<b>23,254,666.</b>	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	<b>24,836,110.</b>	<b>74</b>	<b>23,522,150.</b>	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

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

Table with 5 rows (a-e) and 2 columns. Row a: Total revenue, gains, and other support per audited financial statements: 1,834,234. Row b: Amounts included on line a but not on line 12, Form 990. (1) Net unrealized gains on investments: \$44,145. (2) Donated services and use of facilities: \$. (3) Recoveries of prior year grants: \$. (4) Other (specify) STMT 9: \$140,732. Row c: Line a minus line b: 1,649,357. Row d: Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990: \$. (2) Other (specify): \$. Row e: Total revenue per line 12, Form 990 (line c plus line d): 1,649,357.

Table with 5 rows (a-e) and 2 columns. Row a: Total expenses and losses per audited financial statements: 3,106,637. Row b: Amounts included on line a but not on line 17, Form 990. (1) Donated services and use of facilities: \$. (2) Prior year adjustments reported on line 20, Form 990: \$. (3) Losses reported on line 20, Form 990: \$. (4) Other (specify) STMT 10: \$140,732. Row c: Line a minus line b: 2,965,905. Row d: Amounts included on line 17, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990: \$. (2) Other (specify): \$. Row e: Total expenses per line 17, Form 990 (line c plus line d): 2,965,905.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

Table with 5 columns: (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. Row 1: WILLIAM H. HOPPLE, 4949 TEALTOWN ROAD, MILFORD, OH 45150, SEE ATTACHED LIST, PRESIDENT/EXECUTIVE DIR., 40, 89,078., 4,454., 4,500. Row 2: 0., 0., 0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule Yes No

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions <b>81a</b> 0.		
b	Did the organization file Form 1120-POL for this year?		X
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) <b>82b</b> N/A		
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? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	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 <b>85c</b> N/A		
d	Section 162(e) lobbying and political expenditures <b>85d</b> N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 <b>86a</b> N/A		
b	Gross receipts, included on line 12, for public use of club facilities <b>86b</b> N/A		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders <b>87a</b> N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>87b</b> N/A		
88	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
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <b>0.</b> , section 4912 <b>0.</b> , section 4955 <b>0.</b>		
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 <b>0.</b>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <b>0.</b>		
90 a	List the states with which a copy of this return is filed <b>OHIO</b>		
b	Number of employees employed in the pay period that includes March 12, 2002 <b>90b</b> 52		
91	The books are in care of <b>SHIRLEY MCINTOSH</b> Telephone no <b>(513) 831-1711</b>		
	Located at <b>4949 TEALTOWN ROAD, MILFORD OH</b> ZIP + 4 <b>45150</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 31 of 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 WORKSHOPS & PROGRAMS					338,979.
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					
96 Dividends and interest from securities			14	381,596.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	29,764.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<241,966.>	
101 Net income or (loss) from special events			01	57,616.	
102 Gross profit or (loss) from sales of inventory					49,198.
103 Other revenue:					
a VENDING MACHINES			03	3,806.	
b MISCELLANEOUS			01	5,601.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0.	236,417.	388,177.
105 Total (add line 104, columns (B), (D), and (E))					624,594.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of 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	WORKSHOPS AND PROGRAMS TO EDUCATE THE PUBLIC REGARDING ENVIRONMENTAL PROBLEMS AND SOLUTIONS.
102	THE SALE OF BOOKS AND OTHER ITEMS RELATED TO NATURE EDUCATES THE PUBLIC REGARDING WILDLIFE AND ENVIRONMENTAL RELATED ISSUES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of 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**

- (a) Did the organization, during the year, receive any funds, directly or indirectly,
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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 furnished to preparer.

Signature of officer: *[Signature]* Date: \_\_\_\_\_

Paid Preparer's Use Only: Preparer's signature: *[Signature]* CPA

Firm's name (or yours if self-employed), address, and ZIP + 4: RIPPE & KINGSTON CO PSC  
1077 CELESTIAL STREET  
CINCINNATI, OHIO 4520

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization: **CINCINNATI NATURE CENTER**  
Employer identification number: **31 6057978**

**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
MARIEHELEN M. BAUER ----- 4949 TEALTOWN RD., MILFORD, OH 45150	MKT DIRECTOR 40	58,606.	2,930.	0.
CONNIE BROCKMAN ----- 4949 TEALTOWN RD., MILFORD, OH 45150	EDUC DIRECTOR 40	52,138.	2,607.	0.
LOUIS T. GRANNAN JR. ----- 4949 TEALTOWN RD., MILFORD, OH 45150	OPER DIRECTOR 40	53,954.	2,698.	0.
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II 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
HUMPERT WOLNITZEK ARCHITECTS, PSC ----- 501 MAIN ST, SUITE 250, COVINGTON, KY 41011-1329	ARCHITECT SERVICES	95,473.
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**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) 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.		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities? SEE STATEMENT 13	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

- 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,977,308.	982,909.	1,061,971.	2,040,167.	6,062,355.
16 Membership fees received					
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	498,423.	418,455.	529,642.	641,737.	2,088,257.
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	459,976.	191,561.	581,831.	436,526.	1,669,894.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	23,970.	11,838.	SEE STATEMENT 11 19,211.	5,242.	60,261.
23 Total of lines 15 through 22	2,959,677.	1,604,763.	2,192,655.	3,123,672.	9,880,767.
24 Line 23 minus line 17	2,461,254.	1,186,308.	1,663,013.	2,481,935.	7,792,510.
25 Enter 1% of line 23	29,597.	16,048.	21,927.	31,237.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 155,850.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 7,792,510.
d Add Amounts from column (e) for lines 18 1,669,894. 19 _____ 22 60,261. 26b _____					26d 1,730,155.
e Public support (line 26c minus line 26d total)					26e 6,062,355.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 77.7972%
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: N/A	(2001)	(2000)	(1999)	(1998)	
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 11, 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: N/A	(2001)	(2000)	(1999)	(1998)	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions )  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		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 )		
<hr/>			
<hr/>			
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
<hr/>			
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? 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 9 of the instructions )

N/A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -	41	
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	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 of the instructions )

N/A

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

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

- a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash (ii) Other assets b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. All 'No' cells are marked with an 'X'.

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

N/A

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3) or in section 527)?

Yes No (X) No

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

## FOOTNOTES

STATEMENT 1

CINCINNATI NATURE CENTER PRESERVES 1,500 ACRES OF NATURAL AND AGRICULTURAL LAND MADE AVAILABLE FOR PERSONAL EXPERIENCES AND ENVIRONMENTAL EDUCATION PROGRAMS.

FORM 990 RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	1	29,764.
TOTAL TO FORM 990, PART I, LINE 6A		29,764.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	4,099,117.	4,341,083.	0.	<241,966.>
TO FORM 990, PART I, LINE 8	4,099,117.	4,341,083.	0.	<241,966.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	90,314.		90,314.	32,698.	57,616.
TO FM 990, PART I, LINE 9	90,314.		90,314.	32,698.	57,616.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 5

INCOME

1. GROSS RECEIPTS . . . . .	157,232	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		157,232
4. COST OF GOODS SOLD (LINE 13) . . . . .	108,034	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		49,198

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	85,499	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	104,658	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		190,157
12. INVENTORY AT END OF YEAR . . . . .	82,123	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		108,034

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
DESCRIPTION		AMOUNT	
UNREALIZED GAIN		44,145.	
TOTAL TO FORM 990, PART I, LINE 20		44,145.	

FORM 990	OTHER EXPENSES			STATEMENT	7
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROFESSIONAL SERVICES	65,715.	19,651.	15,375.	30,689.	
EMPLOYEE TRAINING DUES AND SUBSCRIPTIONS	4,235.		4,235.		
OFFICE SUPPLIES	20,456.	7,695.	12,761.		
OTHER EXPENSES	23,267.		23,267.		
UTILITIES	67,835.	65,653.	1,387.	795.	
EXHIBITS AND ART SHOWS	3,032.	1,800.		1,232.	
ADVERTISING	51,186.	30,382.		20,804.	
EDUCATION	14,606.	14,606.			
MEMBERSHIP PROGRAM	61,868.	36,722.		25,146.	
VENDING MACHINES	217,890.	217,890.			
FUNDRAISERS	1,570.	1,570.			
PUBLIC RELATIONS	14,299.	1,009.		13,290.	
BANK AND OTHER CHARGES	4,900.	2,908.		1,992.	
VOLUNTEER UNCOLLECTIBLE PLEDGES	6,038.		6,038.		
INVESTMENT FEES	6,543.	6,543.			
	114,719.		114,719.		
	57,943.		57,943.		
TOTAL TO FM 990, LN 43	738,357.	406,429.	237,980.	93,948.	

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS				11622529.	11,622,529.
CORPORATE BONDS & NOTES				2,168,884.	2,168,884.
TO 990, LN 54 COL B				13791413.	13,791,413.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
DIRECT EXPENSES	140,732.
TOTAL TO FORM 990, PART IV-A	140,732.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
EXPENSES IN PART I	140,732.
TOTAL TO FORM 990, PART IV-B	140,732.

SCHEDULE A	OTHER INCOME	STATEMENT	11
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DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	23,970.	11,838.	19,211.	5,242.
TOTAL TO SCHEDULE A, LINE 22	23,970.	11,838.	19,211.	5,242.



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SCHEDULE B

STATEMENT 12

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2,100 SH. OF GILLETTE CO., COMMON  
800 SH. OF CHIRON CORP., COMMON  
500 SH. OF NATIONWIDE FINANCIAL SERVICES, INC., CLASS A  
900 SH. OF SCHERING PLOUGH CORP., COMMON  
800 SH. OF PARTNERRE LTD., COMMON  
400 SH. OF SCHLUMBERGER LTD., COMMON

Cincinnati Nature Center  
Attachment to Return of Organization Exempt from Income Tax, Form 990  
For the year ended June 30, 2003

**Schedule A, Part III, line 2c**

Tom Anthony is a partner with Frost Brown Todd. Cincinnati Nature Center (CNC) received legal council services from the firm during the year. CNC was charged and paid for these services.

Kent P. Friel and Garth N. Jay both worked for Lee, Hecht, Harrison during the fiscal year of this report. CNC engaged the company for out placement services for several employees being laid off. CNC was charged and paid for these services.

Anne Gehring is employed by Fifth Third Bank. The investment and trust department of Fifth Third Bank manages a portion of CNC's investment portfolio. CNC was charged and paid for these services.

Barbara J. Stonebraker was employed by Cincinnati Bell during a portion of this financial year. Cincinnati Bell provides phone and data services to CNC. CNC was charged and paid for these services.

All trustees sign a Conflict of Interest Declaration each year declaring any services rendered to CNC by the trustee or his/her employer.

Cincinnati Nature Center  
 990 Workpaper Preparation  
 List of Officers, Directors, and Trustees  
 Fiscal Year 2003

Name	Address	Title	Time Devoted Per Week	Compensation	Contributions	Expense
					to Employee Benefit Plan	Account and Other Allowances
Thomas D. Anthony	4949 Tealtown Road Milford, OH 45160	Trustee	2	\$0	\$0	\$0
Black, Jr., Mrs. Robert L.	4949 Tealtown Road Milford, OH 45160	Honorary Trustee	0.5	\$0	\$0	\$0
Bobonick, Steven M.	4949 Tealtown Road Milford, OH 45160	Vice President	2	\$0	\$0	\$0
Boothe, James W.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Brooks, John R.	4949 Tealtown Road Milford, OH 45160	Treasurer	2	\$0	\$0	\$0
Carl, Angela R.	4949 Tealtown Road Milford, OH 45160	At Large	2	\$0	\$0	\$0
Ebel, Gregory L.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Eckstein, Herman	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Ferguson, William H.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Fowler, Thaddeus W.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Friel, Kent P.	4949 Tealtown Road Milford, OH 45160	Chairman	3	\$0	\$0	\$0
Gehring, Arne L.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Halley, Louise A.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Hartman, Cathenna	4949 Tealtown Road Milford, OH 45160	Secretary	2	\$0	\$0	\$0
Hausler, Len A.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Head, Louise	4949 Tealtown Road Milford, OH 45160	Honorary Trustee	2	\$0	\$0	\$0
Heekin, Brian E.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Hirschfeld, Michael A.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Hopple, William H.	4949 Tealtown Road Milford, OH 45160	President / Executive Director	40	\$89,078	\$4,454	\$4,500
Jay, Garth N.	4949 Tealtown Road Milford, OH 45160	Vice President	2	\$0	\$0	\$0
Kirkwood, Thomas J.	4949 Tealtown Road Milford, OH 45160	Vice Chair	3	\$0	\$0	\$0
Krehbiel, Deborah M.	4949 Tealtown Road Milford, OH 45160	Trustee	2	\$0	\$0	\$0
Maslowski, Karl H.	4949 Tealtown Road Milford, OH 45160	Honorary Trustee	0	\$0	\$0	\$0
McGruder, Jul T.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Mongelluzzo, John	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Moss, Gates M.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Oliver, Richard D.	4949 Tealtown Road Milford, OH 45160	Trustee	2	\$0	\$0	\$0
Rounding, Ruth	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Scheer, Virginia	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Smith, Kim R.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Stonebraker, Barbara J.	4949 Tealtown Road Milford, OH 45160	Vice President	2	\$0	\$0	\$0
Stotts, Jane	4949 Tealtown Road Milford, OH 45160	Trustee	2	\$0	\$0	\$0
Tysoe, Arnelgh	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0
Wulsh, Drausin F.	4949 Tealtown Road Milford, OH 45160	Trustee	1	\$0	\$0	\$0

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only**

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	CINCINNATI NATURE CENTER	31-6057978
	Number, street, and room or suite no. If a P.O. box, see instructions	
File by the due date for filing your return See instructions	4949 TEALTOWN ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
	MILFORD, OH 45150-9752	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until FEBRUARY 17, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning JUL 1, 2002, and ending JUN 30, 2003

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

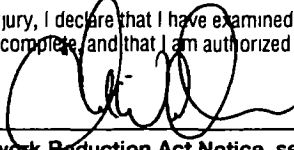
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶  Title ▶ CPA Date ▶ 11/4/03

LHA For Paperwork Reduction Act Notice, see instruction NIPPE & KINGSTON CO., PSC  
ROOKWOOD BLDG.- 1077 CELESTIAL ST.  
CINCINNATI, OHIO 45202  
ID. NO. 81-1192250