## **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)

OMB No_1545~0047	
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711115	
LUUJ	
V A	_
🔌 Open to Public 🦠	٠,

Department of the Treasury Internal Revenue Service

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

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Open	to Put	lic,	· ·

1 A	or t	ле 2	UUS calendar year, or tax year deginning JUL 1, 2005	and en	aing JUN 30	<u>, 200</u>	0
. B a	Check	k if cable	Please C Name of organization			D Employe	er identification number
_	 ⊐Ad	dres				21_	6057978
\ 		ange ange	type Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		ne number
<u> </u>	init	ange tial	See Specific 4949 TEALTOWN ROAD		Noonvalle		-831- <u>1</u> 711
F	Teir	al	Instruc- tions City or town, state or country, and ZIP + 4			F Accounting	
	ΠAπ	urn nende um				Other (spec	
	'∏Ao	plica	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trus</li> </ul>	ts	H and Lare not appli		section 527 organizations.
			must attach a completed Schedule A (Form 990 or 990-EZ).	ł	H(a) is this a group re		<u> </u>
G V	Neb	site:	▶N/A	Į	H(b) If "Yes," enter nu		
			tion type (check only one) ► X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or	527	H(c) Are all affiliates in	ncluded?	N/A Yes No
K	Chec	k he	re 🕨 🔲 if the organization's gross receipts are normally not more than \$25,000. T	The	(If "No," attach a <b>H(d)</b> Is this a separate		d by an or-
			ion need not file a return with the IRS; but if the organization chooses to file a return, b	oe	ganization cover	ed by a gro	oup ruling? Yes X No
5	sure	to fi	e a complete return. Some states require a complete return.		I Group Exemption	Number l	N/A
				1			ization is not required to attach
	_		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 2,694,78		Sch. B (Form 99	0, 990-EZ,	or 990-PF).
Pa	<u>art</u>		Revenue, Expenses, and Changes in Net Assets or Fund	Bala	nces	list	<del></del>
	'	1	Contributions, gifts, grants, and similar amounts received:				
		а	Direct public support	1a	1,783,9	44.	8
	l	þ	Indirect public support	1b			\ .w     .w
		Ç	Government contributions (grants)	1c			
		d	Total (add lines 1a through 1c) (cash \$1, 783, 944. noncash \$			) 1	<del></del>
	)	2	Program service revenue including government fees and contracts (from Part VII, line	e 93)		2	<del></del>
:	1	3	Membership dues and assessments			3	<del></del>
i j	1	4	Interest on savings and temporary cash investments			4	
,	i i	5	Dividends and interest from securities	_ 1	72 5	5	
2	] •	6 a	Gross rents SEE STATEMENT 1	6a	13,51	<u> </u>	
E F	}		Less; rental expenses	6b_	<del></del>		-v2
<b>-</b>	] .	C	Net rental income or (loss) (subtract line 6b from line 6a)			) 7	<del></del>
WULC T Revenue	)	7	Other investment income (describe  Gross amount from sales of assets other  (A) Securities	·T	(B) Other	1	
3₽	'	оа	than inventory	8a	(B) Other 113, 20	72	
<b>25</b>	}	h	Less; cost or other basis and sales expenses	86	12,5		
	}	C	Gain or (loss) (attach schedule)	8c	100,69	422 (33.0	73 73
		ď	Net gain or (loss) (combine line 8c, columns (A) and (B))	- 00	STMT		100,692.
	, ا	9	Special events and activities (attach schedule). If any amount is from gaming, check	here 🖿			<u> </u>
	`	a	Gross revenue (not including \$ 0 _ of contributions				
	l		reported on line 1a)	9a	159,2	1 % 5.5. 1	
	}	b	Less: direct expenses other than fundraising expenses	9b	47,50		
	1	C	Net income or (loss) from special events (subtract line 9b from line 9a)	EE ,	STATEMENT :		111,771.
	10	0 a	Gross sales of inventory, less returns and allowances	10a	135,43		
	ļ	b	Less: cost of goods sold	10b	71,59	91.	
		C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from	n line 1	loa) STMT		
	1.	1	Other revenue (from Part VII, line 103)	GEI	VED	1	1
	12	2	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	
u)	13	3	Program services (from line 44, column (B))	11 D	2006	13	<del></del>
Se	14	4	Management and general (from line 44, column (C))	I o	2000 E	14	
Expenses	18	5	Fundraising (from line 44, column (D))	==:	\ \	15	
ŭ	16		· · · · · · · · · · · · · · · · · · ·	DEL	V, UT	16	
	17		Total expenses (add lines 16 and 44, column (A))			17	<del></del>
্ৰ	18		Excess or (deficit) for the year (subtract line 17 from line 12)			18	
Net Assets	19		Net assets or fund balances at beginning of year (from line 73, column (A))		CONSTRUCTOR	19	4 0 7 0 0 0
~~	20		Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year (combine lines 18, 19, and 20)	EE S	STATEMENT !		
5230 02-03				uatic -			
02-03	3-06		LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instr	uctions	i.	(<	- (Form 990 (2005)

13-15) 44	2,376	,833.	1,688	,159.	381,	909.	306	,765.
Joint Costs. Check ▶ ☐ If you are following SC	P 98-2.							
Are any joint costs from a combined educational campaign a	and fundraising so	licitation repo	rted in (B) Pro	ogram servic	ces?	▶□	Yes X	No
If "Yes," enter (i) the aggregate amount of these joint costs 5	SN/A_	; (ii	) the amount a	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	
							Form 9	90 (2005)

623,569.

43g

SEE STATEMENT 7

SEE STATEMENT 6

44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 453,307.

140,607.

29,655.

### 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.

Wh	nat is the organization's prima	ary exempt purpose? ► SEF	E STATEMENT 8	Program Service Expenses
clie	ents served, publications issu	ued, etc. Discuss achievements t	nents in a clear and concise manner. State the number of that are not measurable. (Section 501(c)(3) and (4) also enter the amount of grants and allocations to others)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
_	CINCINNATI NAT NATURAL AND AG	TURE CENTER PRESE	ERVES 1,500 ACRES OF MADE AVAILABLE FOR PERSONAL EDUCATION PROGRAMS.	
<u></u>	(Grants and allocations	\$ )	If this amount includes foreign grants, check here	1,688,159.
	(Grants and allocations	\$ )	If this amount includes foreign grants, check here	
С				
d	(Grants and allocations	\$ )	If this amount includes foreign grants, check here	
е	(Grants and allocations Other program services (att		If this amount includes foreign grants, check here	
-	(Grants and allocations	\$ ) Expenses (should equal line 44,	if this amount includes foreign grants, check here	1,688,159.
<u>.</u>	rotal of Program Service t	Expenses (should equal line 44,	Column (D), 1 rogram services)	Form <b>990</b> (2005)

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Form 990 (2005)

	instructions.)		_	
a	Total revenue, gains, and other support per audited financial statements		а	4,032,663.
b	Amounts included on line a but not on Part I, line 12:		1.3	`` <u> </u>
1	Net unrealized gains on investments	<u>1 1,350,3</u>	90.	
2	Donated services and use of facilities	2		
3	Recoveries of prior year grants			
4	Other (specify). DIRECT EXPENSES b	4 119,0	<u>91.</u>	
	Add lines b1 through b4		Ь	1,469,481.
C	Subtract line <b>b</b> from line a		c	2,563,182.
d	Amounts included on Part I, line 12, but not on line a:		د مدار مرازی	1
1	Investment expenses not included on Part I, line 6b	1		
2	Other (specify):	2	-Ar	
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12) Add lines c and d		<b>▶</b>   e	2,563,182.
		<del></del>		1 3/303/1010
Pa	art IV-B Reconciliation of Expenses per Audited Financial Statements W	ith Expenses	per Re	turn
Pa a	art IV-B Reconciliation of Expenses per Audited Financial Statements W  Total expenses and losses per audited financial statements	ith Expenses	per Re	turn 2,495,924.
- / -	art IV-B Reconciliation of Expenses per Audited Financial Statements W	ith Expenses		turn
- / -	Total expenses and losses per audited financial statements Wart IV-B Reconciliation of Expenses per Audited Financial Statements  Amounts included on line a but not on Part I, line 17:	ith Expenses		turn
- / -	Total expenses and losses per audited financial statements Wart IV-B Reconciliation of Expenses per Audited Financial Statements  Amounts included on line a but not on Part I, line 17:	1		turn
- / -	Total expenses and losses per audited financial statements  Amounts included on line a but not on Part I, line 17:  Donated services and use of facilities  Pnor year adjustments reported on Part I, line 20  Losses reported on Part I, line 20	1 2 3	a (%)	turn
- / -	Total expenses and losses per audited financial statements  Amounts included on line a but not on Part I, line 17:  Donated services and use of facilities  Pnor year adjustments reported on Part I, line 20	1 2 3	a (%)	turn 2,495,924.
- / -	Total expenses and losses per audited financial statements  Amounts included on line a but not on Part I, line 17:  Donated services and use of facilities  Pnor year adjustments reported on Part I, line 20  Losses reported on Part I, line 20	1 2 3	<b>a</b> (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	turn 2,495,924.
- / -	Total expenses and losses per audited financial statements  Amounts included on line a but not on Part I, line 17:  Donated services and use of facilities  Prior year adjustments reported on Part I, line 20  Losses reported on Part I, line 20  Other (specify) COGS INCLUDED IN PART I	1 2 3	91.	turn 2,495,924.
a b 1 2 3 4	Total expenses and losses per audited financial statements  Amounts included on line a but not on Part I, line 17:  Donated services and use of facilities  Pnor year adjustments reported on Part I, line 20  Losses reported on Part I, line 20  Other (specify): COGS INCLUDED IN PART I  Add lines b1 through b4	1 2 3	91.	turn 2,495,924.
a b 1 2 3 4	Total expenses and losses per audited financial statements  Amounts included on line a but not on Part I, line 17:  Donated services and use of facilities  Prior year adjustments reported on Part I, line 20  Losses reported on Part I, line 20  Other (specify): COGS INCLUDED IN PART I  Add lines b1 through b4  Subtract line b from line a  Amounts included on Part I, line 17, but not on line a:	1 2 3	91.	turn 2,495,924.
a b 1 2 3 4	Total expenses and losses per audited financial statements  Amounts included on line a but not on Part I, line 17:  Donated services and use of facilities  Prior year adjustments reported on Part I, line 20  Losses reported on Part I, line 20  Other (specify) COGS INCLUDED IN PART I  Add lines b1 through b4  Subtract line b from line a  Amounts included on Part I, line 17, but not on line a:  Investment expenses not included on Part I, line 6b	1   2   3   4   119,0	91.	turn 2,495,924.
a b 1 2 3 4	Total expenses and losses per audited financial statements Amounts included on line a but not on Part I, line 17:  Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify) COGS INCLUDED IN PART I  Add lines b1 through b4 Subtract line b from line a Amounts included on Part I, line 17, but not on line a: Investment expenses not included on Part I, line 6b	1   2   3   4   119,0	91.	119,091. 2,376,833.
a b 1 2 3 4 c d 1 2	Total expenses and losses per audited financial statements  Amounts included on line a but not on Part I, line 17:  Donated services and use of facilities  Prior year adjustments reported on Part I, line 20  Losses reported on Part I, line 20  Other (specify): COGS INCLUDED IN PART I  Add lines b1 through b4  Subtract line b from line a  Amounts included on Part I, line 17, but not on line a:  Investment expenses not included on Part I, line 6b  Other (specify).	1 2 3 4 119,0	91. b	119,091. 2,376,833. 0. 2,376,833.

or key employee at any time during the year even if they were not compensated ) (See the instructions.)

(B) Title and average hours (C) Compensation (D) Contributions to (E) Expense

(A) Name and address	per week devoted to position	(If not paid, enter	(D) Contributions to employee benefit plans & deferred compensation plans	account and other allowances
WILLIAM H. HOPPLE	PRESIDENT/EXE	CUTIVE DI	R.	
4949 TEALTOWN ROAD	·			
MILFORD, OH 45150	40.00	98,198.	4,910.	0.
SEE ATTACHED LISTING		20,72303		<u>~</u>
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	990 (2005) CINCINNATI NATURE CEN	TER		31-60579	<del>}</del> 78		age 6
Pa	t V-A   Current Officers, Directors, Trustees, and K	ey Employees (continu	ied)		لــــا	Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bu	siness at board		सेंड्र 3. 	13,734 13,723	335
	meetings	• • • •	▶	<u>19</u>	55 Y		\$3.35 L
b	Are any officers, directors, trustees, or key employees listed in Form				1		50 B
	listed in Schedule A, Part I, or highest compensated professional ar					がある	2 7 W
	Part II-A or II-B, related to each other through family or business relation individuals and explains the relationship(s)	ationships? If "Yes," attach	a statement that		<u> </u>	T. E.	الأستون
	the individuals and explains the relationship(s)	• •			75b	(%%)*\$	X
C	Do any officers, directors, trustees, or key employees listed in Form						
	listed in Schedule A, Part I, or highest compensated professional ar Part II-A or II-B, receive compensation from any other organizations,	•		' 138			
	organization through common supervision or common control?	wiletier tax exempt or tax	able, that are rela-	i"	75c	and the second	Tallian T
	Note. Related organizations include section 509(a)(3) supporting or	 ganizations	•	·	730	77.5	2.033
	If "Yes," attach a statement that identifies the individuals, explains the relation	•	and the other organ	uzation(s), and			
	describes the compensation arrangements, including amounts paid to each						
ď	Does the organization have a written conflict of interest policy?				75d	X	a a re
Pa	t V-B Former Officers, Directors, Trustees, and Ke			pensation o	r Ot	her	
	Benefits (If any former officer, director, trustee, or key e	mployee received compens	sation or other ber	efits (described	belo	w) du	ng
	the year, list that person below and enter the amount of co	mpensation or other benef	fits in the appropri	<del>, , , , , , , , , , , , , , , , , , , </del>			<u> </u>
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit	, ,-	E) Expe	
	NONE	<u> </u>		plans & deferred compensation plans	1 - 10 -	r allow	
				}	}		
					1		
		<u> </u>	<u> </u>	<u> </u>	┿		
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Pa	t VI Other Information (See the instructions.)	<del></del>	<u> </u>	<u> </u>	<del></del>	Yes	No
76	Did the organization engage in any activity not previously reported t	o the IRS2 if "Ves " attach	a detailed	F	37		M. r
70	description of each activity	o the mornines, attach	a detailed	13	76	. Atte	X
77	Were any changes made in the organizing or governing documents	but not reported to the IRS	32	<u> </u>	77		X
•	If "Yes," attach a conformed copy of the changes.	at hat ropolited to the fire	•	F			
78 a	Did the organization have unrelated business gross income of \$1,00	00 or more during the year	covered by this ret		78a	2007717-80	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?				78b		
79	Was there a liquidation, dissolution, termination, or substantial cont	raction during the year? If "	· 'Yes," attach a sta		79		X
80 a	Is the organization related (other than by association with a statewing			F-	X		
	membership, governing bodies, trustees, officers, etc., to any other	•		T .	80a		X
b	If "Yes," enter the name of the organization▶ N/A	_			-, ]	¥ 381	1876 8 4 1876 8 4
		and check whether it is	exempt or	nonexempt	, <del> </del>		ت ٿري م
81 a	Enter direct or indirect political expenditures. (See line 81 instruction	ns.)	81a	0.	·		[-]-
<u>b</u>	Did the organization file Form 1120-POL for this year?	<del></del>	<del></del>		81b	000	X
52316	1/02-03-08				Form	990 (	2005)

		1-6057	<u>978</u>		age 7
	rt VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at sub-	ostantially		ļ	}
	less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this	ľ	`. `.\.\.\.	1.65	14 . T.
	amount as revenue in Part I or as an expense in Part II.		Timate St.	2.23	
	(See instructions in Part III.)	/A		}	Ì
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	.	83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	ł	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts w	ere not			
	tax deductible?	[/A,	84b		<u> </u>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	I/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	I/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received	/ed a	"东湾	1. 18 j	
	waiver for proxy tax owed for the prior year.				
C		I/A			
d		I/A			
е		I/A		#3	100
f		/A	Çışı		
a		I/A	85g	42,	1641327
h		′ t	000		<del>                                     </del>
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			ļ	
		/A	85h		}
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	'A	03H	ब्रुक्र्य	1,285-1,3
00		/A			
		I/A	**	\$ 7. ·	
D 07		/A			
87	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
b	· · · · · · · · · · · · · · · · · · ·	/A	\$ ** \$ **		
00	•	,			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partners	· .		* * * * * * * * * * * * * * * * * * *	
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3	•	A	***	* 3. ·
00 -	If "Yes," complete Part IX	. }	88	24,	X
вэ а	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	<u>,                                    </u>			
	section 4911 ▶ <u>0 · ;</u> section 4912 ▶	<u> </u>	'allinge''.	, Tuinfi	
B	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		j		
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	ľ			7.7
	If "Yes," attach a statement explaining each transaction	Ĺ	89b		· A
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	_			^
	sections 4912, 4955, and 4958	<b>&gt;</b>			<u> </u>
	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<b>-</b>			0.
90 a	List the states with which a copy of this return is filed ►NONE				
b		/5133	0.3.4	4 =	33
91 a				<u>-17</u>	<u> 11</u>
		ZIP + 4 ▶ <u>4!</u>	515	<u> </u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		1	<b>V</b>	- No.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	٦		Yes	
	account)?	ļ	91b		X
	If "Yes," enter the name of the foreign country   N/A			<u>`</u> , , ,	l'v. J
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	l,		۱ ` . إ	
	and Financial Accounts.		]	٠ ۽	
C	At any time during the calendar year, did the organization maintain an office outside of the United States?		91c		X
	If "Yes," enter the name of the foreign country   N/A				
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here			<b>▶</b> [	
	and enter the amount of tax-exempt interest received or accrued during the tax year 92	1	N/	Α	
			Form	gan	(2005)

Sign Here Preparer's Paid signature Preparer's Firm's name (or SCHAEFER, HACKET Use Only 105 EAST FOURTH STREET self-employed), address, and CINCINNATI, OHIO 45202

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

Supplementary Information-(See separate instructions.)

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

2005

Employer identification number

CINCINNATI NATURE CENTER 31 6057978 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours (e) Expense account and other (a) Name and address of each employee paid (c) Compensation per week devoted to more than \$50,000 position allowances CONNIE BROCKMAN EDUCATIONAL DIRECTOR 4949 TEALTOWN RD. OH 45150 MILFORD 40.00 68,<u>441</u> 3,422 DIRECTOR OF FINANCE TOM PRICE 4949 TEALTOWN RD. MILFORD OH 45150 40.00 64,087 3,204 MARIHELEN BAUER MARKETING DIRECTOR 45150 4949 TEALTOWN RD. MILFORD 40.00 59,930 2,997 BILL CREASEY CHIEF NATURALIST 45150 4949 TEALTOWN RD MILFORD 40.00 51,777 2,589 DAVID HUNT ASST DIR. OF OPER. 4949 TEALTOWN RD. MILFORD OH 45150 40.00 2,421 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 Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services 0

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.
523121 02-03-06
NONE
Schedule A (Form 990 or 990-EZ) 2005

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

Schedule A (Form 990 or 990-EZ) 2005 CINCINNATI NATURE CENTER

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
_	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	1	ا الأيرية	~43 E
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	1	30.30m24 4602
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	48	1,13	減額
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known		3	3000
	to all parts of the general community it serves?	31	******* in 1	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	3 44 53 4		
				100 K
32	Does the organization maintain the following:		SAVA I.A.	
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.)	3.7	\$ \( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ins.
				1
33	Does the organization discriminate by race in any way with respect to:		# 3	
а	Students' rights or privileges?	33a		_
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
ħ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	- 10%	, ,	
			100	
		_	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	77 B	. 3	
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		

523141 02-03-06

Schedule A (Form 990 or 990-EZ) 2005

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

Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

0.

Total lobbying expenditures (Add lines c through h.)

Exempt Organizations (See page 12 of the		riciationships with Nonchar	ILADIE		
51 Did the reporting organization directly or indirectly engage in an		organization described in section			
501(c) of the Code (other than section 501(c)(3) organizations)	•	=			
a Transfers from the reporting organization to a noncharitable exe	empt organization of:			Yes	No
(i) Cash		•	51a(i)		X
(ii) Other assets .			a(ii)		X
b Other transactions:			1	Ì	!
(i) Sales or exchanges of assets with a noncharitable exempt			b(i)		X
(ii) Purchases of assets from a noncharitable exempt organiza	tion		b(ii)		X
<ul><li>(iii) Rental of facilities, equipment, or other assets</li><li>(iv) Reimbursement arrangements</li></ul>	•		b(iii) b(iv)		X
(v) Loans or loan guarantees			b(v)		X
(vi) Performance of services or membership or fundraising sol	icitations		b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or pa			C		X
d If the answer to any of the above is "Yes," complete the following		lways show the fair market value of the	•		
goods, other assets, or services given by the reporting organiza	ition. If the organization received	less than fair market value in any			
transaction or sharing arrangement, show in column (d) the val	ue of the goods, other assets, or	services received:	1	A\N	
(a) (b)	c)	(d)			
Line no. Amount involved Name of noncharitab	le exempt organization	Description of transfers, transactions, and	snaring arr	angem	ients
	<del></del>				
	<del></del>	<del> </del>			
<del></del>					
	<del></del>				
52 a Is the organization directly or indirectly affiliated with, or related	to one or more tay-evernat orga	Prizations described in section 501(a) of the			
Code (other than section 501(c)(3)) or in section 527?	to, one of more tax except orga	anizations described in section 50 (c) of the	Yes	X	] No
b if "Yes," complete the following schedule: N/	'A	,			,
	(b) Type of organization	(c) Description of relations			
(a) Name of organization	Type of organization	Description of relations	ship		
	<del></del>				
<del></del>			<del></del>		
		<del> </del>			
		ļ			
				_	

Schedule A (Form 990 or 990-EZ) 2005

# CINCINNATI NATURE CENTER Schedule B Attachment

Last Name	Primary Addressee	Address 1	Address 2	City, State	Zip	Gift Amount
	<del></del>	<del></del>	<del></del>			\$125,000 00
						\$100,000 00
						\$50,315 35 \$50,000 00
						\$45,000 00
						\$25,000 00
						\$25,000 00
						\$25,000 00 \$25,000 00
						\$25,000 00
						\$25,000 00
						\$25,000 00 \$25,000 00
						\$25,000 00
						\$25,000 00
						\$25,000 00 \$20,000 00
						\$20,000 00
						\$20,000 00
						\$15,000 00 \$15,000 00
						\$13,000 00
						\$12,500 00
						\$10,000 00 \$10,000 00
						\$10,000.00
						\$10,000 00
						\$10,000.00
						\$10,000 00 \$10,000 00
						\$10,000 00
						\$10,000 00
						\$10,000 00 \$9,000 00
						\$8,089 84
						\$7,694 <i>7</i> 3
						\$7,614 76 \$7,614 76
						\$7,500 00
						\$7,001 49
						\$7,001 49 \$5,000 00
						\$5,000 00
						\$5,000 00
						\$5,000 00 \$5,000 00
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						\$5,000 00 \$5,000 00
						\$5,000 00
						\$5,000 00
						<u>\$5,000.00</u>

\$1,022,332,42

FORM 990 RENTAL INCOME		STATEMENT 1
. KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
•	1 2	73,507.
TOTAL TO FORM 990, PART I, LINE 6A		73,507.

FORM 990 GAI	N (LOSS) FRO	M SALE OF OT	HER ASSETS	STA	TEMENT 2
DESCRIPTION		DAT ACQUI			- <del>-</del> -
DISPOSAL OF LIVESTOCK		<del></del>		PURCH	IASED
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	3,202.	22,842.	0.	17,123.	-2,517.
DESCRIPTION		DAT ACQUI			
SALE OF LAND		<del></del>	<del></del>	PURCH	ASED
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	110,000.	6,791.	0.	0.	103,209.
DESCRIPTION		DAT ACQUI			
DISPOSAL OF BUILDING			<del></del>	PURCH	IASED
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	14,000.	0.	14,000.	0.
TO FM 990, PART I, LN	8 113,202.	43,633.	0.	31,123.	100,692.
FORM 990	SPECIAL E	VENTS AND AC	TIVITIES	STA	TEMENT 3
DESCRIPTION OF EVENT	GROSS RECEIPT	CONTRIBUT S INCLUDED		DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	159,27	1.	159,271.	47,500.	111,771.
TO FM 990, PART I, LIN	E 9 159,27	1.	159,271.	47,500.	111,771.

FORM	1 990 INCOME AND COST OF GOINCLUDED ON PART I,		STATEMENT 4
INCO	)ME		
2.	GROSS RECEIPTS	. 135,428	135,428
5.	COST OF GOODS SOLD (LINE 13)		63,837
7. 8. 9. 10.	INVENTORY AT BEGINNING OF YEAR	71,591	71,591
	INVENTORY AT END OF YEAR	•	71,591

FORM 990 OTHER C	HANGES IN NET A	ASSETS OR FUND	BALANCES	STATEMENT	5
DESCRIPTION				AMOUNT	
UNREALIZED GAIN			•	1,350,3	90.
TOTAL TO FORM 990, PART	I, LINE 20			1,350,3	90.
FORM 990	ОТНЕ	REXPENSES		STATEMENT	6
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	NG
UTILITIES PROPERTY OVERHEAD LAND MANAGEMENT MARKETING AND	92,420. 73,478. 532.	85,027. 66,865. 532.	1,848. 5,878.	5,5, 7:	45. 35.
DEVELOPMENT PROGRAM EXPENSES VOLUNTEERS AGRICULTURE EXPENSES	98,188. 189,113. 6,504. 4,384.	74,813. 189,113. 6,504. 4,384.		23,3	75.
EMPLOYEE DEVELOPMENT PROFESSIONAL	1,632.	2,222	1,632.		
SERVICES OFFICE EXPENSES OTHER INVESTMENT EXPENSE	43,547. 20,966. 16,797. 76,008.	18,887. 7,182.	24,660. 13,784. 16,797. 76,008.		
TOTAL TO FM 990, LN 43	623,569.	453,307.	140,607.	29,65	55.

FORM 990 OFFIC	CER COMPENSATIO PART II, LIN		<del></del>	STATEMENT	7
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS	
BILL HOPPLE	98,198.	4,910.		103,10	8.
A. PROGRAM SERVICES	64,811.	3,241.		68,05	52.
B. MANAGEMENT AND GENERAL	14,730.	737.		15,46	57.
C. FUNDRAISING	18,657.	932.		19,58	39.
TOTAL PROGRAM SERVICES	71111			68,05	52
TOTAL MANAGEMENT AND GENERA	AL			15,46	57.
TOTAL FUNDRAISING				19,58	39.
TOTAL OFFICER, ETC., COMPE	NSATION INCLUDE	D ON PARTS V	-A AND V-B	103,10	8 (
FORM 990 STATEMENT OF O	RGANIZATION'S P PART III		T PURPOSE	STATEMENT	{
EXPLANATION					
CINCINNATI NATURE CENTER PH LAND MADE AVAILABLE FOR PE					
FORM 990	OTHER SECURIT	IES		STATEMENT	9
				OTHER	

COST/FMV

**FMV** 

FMV

SECURITIES

13,906,935.

16,281,755.

2,374,820.

SECURITY DESCRIPTION

CORPORATE BONDS & NOTES

TO FORM 990, LINE 54, COL B

CORPORATE STOCKS

SCHEDULE A	OTHER INC	S	STATEMENT 1		
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
MISCELLANEOUS	5,733.	44,026.	67,023.	23,97	0.
TOTAL TO SCHEDULE A, LINE 22	5,733.	44,026.	67,023.	23,97	0.

## CINCINNATI NATURE CENTER 2005-2006 BOARD OF TRUSTEES WITH EMPLOYMENT

### **Board of Trustees:**

Angela R. Carl, Chair\*
Planning for Success

William H. Hopple III. President\* Cincinnati Nature Center

John R. Brooks, Treasurer\* Self Employed

Thomas J. Kirkwood. Secretary\*
Thompson Hine LLP

Michael A. Hirschfeld, Vice President\*
Graydon Head & Ritchey LLP

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Frost Brown Todd LLC

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Virginia Scheer, At Large\*
Retired. Cincinnati Country Day School

Jamie Burchenal
UBS Financial Services

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Rowley Elliston Retired. Indian Hill High School

Brian E. Heekin Self Employed

Emmy Hobson Self Employed

Deborah M. Krehbiel Community Volunteer Gates M. Moss

Retired. Procter & Gamble Co.

Patti Niehoff
Self Employed

Carol Scallan
Community Volunteer

\*Denotes Member of Executive Committee

	<u>2006</u>
Land	\$ 2,689,248
Land improvements	702,058
Buildings and improvements	4,865,494
Equipment	1,040,289
Less accumulated depreciation	3,235,030
	\$ 6,062,059