Form **990** COPY FOR YOUR RECORDS

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ENVIRONMENTAL FUND FOR OHIO
DBA EARTH SHARE OF OHIO

Number and street (or P.O. box if mail is not delivered to street address): 3528 NORTH HIGH STREET
Room/suite: E

City or town, state or country, and ZIP + 4: COLUMBUS OH 43214-4090

D Employer identification number: 31-1428289

E Telephone number: 614-263-6367

F Accounting method: ☐ Cash ☒ Accrual ☐ 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).**

H and 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 ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

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

I Group Exemption Number ▶

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

G Website: ▶ WWW.EARTHSHAREOFOHIO.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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 793,466

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

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	160,593		
	c	Indirect public support (not included on line 1a)	1c	600,996		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	**Total** (add lines 1a through 1d) (cash $ 761,589 noncash $)			1e	761,589
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments SEE STATEMENT 1			3	1,750
	4	Interest on savings and temporary cash investments			4	1,557
	5	Dividends and interest from securities			5	
	6a	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	
	8a	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 ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10a	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	28,570
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	793,466
Expenses	13	Program services (from line 44, column (B))			13	735,069
	14	Management and general (from line 44, column (C))			14	23,483
	15	Fundraising (from line 44, column (D))			15	4,444
	16	Payments to affiliates (attach schedule) SEE STATEMENT 2			16	19,591
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	782,587
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	10,879
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	58,700
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	69,579

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here u ☐	22a				
22b Other grants and allocations (attach schedule) STMT 3 (cash $ 509,682 non-cash $) If this amount includes foreign grants, check here u ☐	22b	509,682	509,682		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c 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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	104,570	90,548	11,568	2,454
27 Pension plan contributions not included on lines 25a, b, and c	27	3,245	2,809	360	76
28 Employee benefits not included on lines 25a – 27	28	11,788	10,236	1,248	304
29 Payroll taxes	29	8,605	7,451	952	202
30 Professional fundraising fees	30				
31 Accounting fees	31	5,700	2,850	2,850	
32 Legal fees	32				
33 Supplies	33	2,906	1,405	1,501	
34 Telephone	34	3,598	3,331	227	40
35 Postage and shipping	35	2,963	2,406	172	385
36 Occupancy	36	10,802	9,371	1,161	270
37 Equipment rental and maintenance	37	254		254	
38 Printing and publications	38	544	446	98	
39 Travel	39	7,394	7,272	122	
40 Conferences, conventions, and meetings	40	692	692		
41 Interest	41	414	414		
42 Depreciation, depletion, etc. (attach schedule)	42	10,114	8,773	1,088	253
43 Other expenses not covered above (itemize): a SEE STATEMENT 4	43a	79,725	77,383	1,882	460
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	762,996	735,069	23,483	4,444

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? u ☐ **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 (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? u TO PROMOTE CHARITABLE GIVING 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.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SUPPORT OF PROGRAM SERVICES OF 75 CHARITY ORGANIZATIONS FOCUSED ON ENVIRONMENTAL AND CONSERVATION SERVICES. (Grants and allocations $ 509,682) If this amount includes foreign grants, check here u ☐	509,682
b INCREASED DEVELOPMENT AND MANAGED PARTNERSHIPS WITH 63 OHIO EMPLOYERS FOR THEIR CONDUCT OF ANNUAL COMMUNITY CHARITY SUPPORT DRIVES AND THAT BENEFITED ENVIRONMENTAL AND CONSERVATION NOT-FOR-PROFIT ORGANIZATIONS. (Grants and allocations $) If this amount includes foreign grants, check here u ☐	144,971
c ENHANCED EDUCATION OF OHIOANS ABOUT EFO'S BENEFICIARY CHARITIES' PROGRAM SERVICES VIA FEDERATION'S ANNUAL REPORT, BROCHURES, INTERNET, PRINT AND VOICE MEDIA, AND PRESENTATIONS. (Grants and allocations $) If this amount includes foreign grants, check here u ☐	67,910
d ADVANCEMENT OF PROFESSIONAL STANDARDS AND COLLABORATIVE NETWORKING AMONGST OHIO AND NATIONAL CHARITY ORGANIZATIONS (Grants and allocations $) If this amount includes foreign grants, check here u ☐	12,506
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here u ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) u	735,069

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.

Section	Line	Description	Sub-line	Sub-amount	(A) Beginning of year	Line	(B) End of year
Assets	45	Cash—non-interest-bearing				45	
	46	Savings and temporary cash investments			73,685	46	105,036
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a	387,991			
	b	Less: allowance for doubtful accounts	48b	17,868	308,855	48c	370,123
	49	Grants receivable			30,000	49	11,723
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			881	53	
	54a	Investments—publicly-traded securities u ☐ Cost ☐ FMV				54a	
	b	Investments—other securities (attach schedule) u ☐ Cost ☐ FMV				54b	
	55a	Investments—land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a	50,718			
	b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 5	57b	37,236	23,599	57c	13,482
	58	Other assets, including program-related investments (describe u SEE STATEMENT 6)			700	58	700
	59	**Total assets** (must equal line 74). Add lines 45 through 58			437,720	59	501,064
Liabilities	60	Accounts payable and accrued expenses			8,155	60	19,434
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe u SEE STATEMENT 7)			370,865	65	412,051
	66	**Total liabilities.** Add lines 60 through 65			379,020	66	431,485
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here u** [X] and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			58,700	67	69,579
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here u ☐ 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)			58,700	73	69,579
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			437,720	74	501,064

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	793,466
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	
c	Subtract line b from line a			c	793,466
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): SEE STATEMENT 8	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12). Add lines c and d			e	793,466

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

a	Total expenses and losses per audited financial statements			a	782,059
b	Amounts included on line a but not 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	
c	Subtract line b from line a			c	782,059
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): SEE STATEMENT 9	d2	528		
	Add lines d1 and d2			d	528
e	**Total expenses** (Part I, line 17). Add lines c and d			e	782,587

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
SEE STATEMENT 10				

DAA

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

				Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	u 14			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.		75c		X
d	Does the organization have a written conflict of interest policy?		75d	X	

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

				Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		76		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.		77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		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 contraction during the year? If "Yes," attach a statement		79		X
80a	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?		80a		X
b	If "Yes," enter the name of the organization u ... and check whether it is ☐ exempt **or** ☐ nonexempt				
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a 0			
b	Did the organization file **Form 1120-POL** for this year?		81b		X

Part VI Other Information (continued)

				Yes	No
82a	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?		82a		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			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		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	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	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			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
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	85h		
86	501(c)(7) orgs. Enter: **a** Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs. Enter: **a** Gross income from members or shareholders	87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b			
88a	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		88a		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	u	88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 u 0 ; section 4912 u 0 ; section 4955 u 0				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		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			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	u 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		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?		89g		X

90a List the states with which a copy of this return is filed u OH

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 2

91a The books are in care of u PAUL BINGLE Telephone no. u 614-263-6367

Located at u 3528 N HIGH ST COLUMBUS, OH ZIP + 4 u 43214-4090

			Yes	No
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)?	91b		X
	If "Yes," enter the name of the foreign country u			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country u			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041—**Check here u ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,750
95 Interest on savings and temporary cash investments			14		1,557
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OFFICE SUBLEASE			16	5,990	
c CONTRACTED SERVICES			25	22,580	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		28,570	3,307
105 **Total** (add line 104, columns (B), (D), and (E)) u					31,877

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. q	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).
94	THE BENEFICIARY DUES ARE AN INITIAL CHARGE WHICH ALLOWS
	THE BENEFICIARY TO PARTICIPATE IN THE DISTRIBUTION OF
	FUNDS RAISED IN WORKPLACE CAMPAIGNS.

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).

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

	Yes	No
106 Did the reporting organization **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.		X

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

	Yes	No
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.		X

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

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

Signature of officer: Paul Bingle — Date: 5.15.09

Type or print name and title: PAUL BINGLE CEO & EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Instr. X)
	5/15/09	☐	P00273672

Firm's name (or yours if self-employed), address, and ZIP + 4	
SCHIFFMAN, GROW & CO., P.C.	EIN ▶ 31-1148907
3821 NORTH HIGH STREET COLUMBUS, OH 43214	Phone no. ▶ 614-261-0600

DAA

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 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

2007

Name of the organization	**Employer identification number**
ENVIRONMENTAL FUND FOR OHIO DBA EARTH SHARE OF OHIO	31-1428289

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 empl. benefit plans & deferred comp.	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

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

		Line	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ________ (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d	Enter the total number of donor advised funds owned at the end of the tax year u	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year u	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts u	0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year u	0

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

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

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** ....

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(e)** Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	471,284	433,632	399,750	371,923	1,676,589
16 Membership fees received	2,250	4,500	4,500	1,250	12,500
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,091	2,246	1,229	651	6,217
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	475,625	440,378	405,479	373,824	1,695,306
24 Line 23 minus line 17	475,625	440,378	405,479	373,824	1,695,306
25 Enter 1% of line 23	4,756	4,404	4,055	3,738	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 33,906

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 120,864

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 1,695,306

d Add: Amounts from column (e) for lines: 18 6,217 19 ____ 22 ____ 26b 120,864 ▶ **26d** 127,081

e Public support (line 26c minus line 26d total) ▶ **26e** 1,568,225

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 92.5039 %

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

(2006) ____ (2005) ____ (2004) ____ (2003) ____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year: N/A

(2006) ____ (2005) ____ (2004) ____ (2003) ____

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶ **27c** ____

d Add: Line 27a total ____ and line 27b total ____ ▶ **27d** ____

e Public support (line 27c total minus line 27d total) ▶ **27e** ____

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** ____

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

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

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

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

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?	29		
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?	30		
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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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		

DAA

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Affiliated group totals	**(b)** To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**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**		
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**		

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

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

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) 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.)**			

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 14 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?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
(i)	Cash	51a(i)		X
(ii)	Other assets	a(ii)		X
b	Other transactions:			
(i)	Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii)	Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii)	Rental of facilities, equipment, or other assets	b(iii)		X
(iv)	Reimbursement arrangements	b(iv)		X
(v)	Loans or loan guarantees	b(v)		X
(vi)	Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		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:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a 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

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

DAA

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
BENEFICIARY ORGANIZATION DUES	$ 1,750
TOTAL	$ 1,750

Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	Date Acquired	Date Sold	Sale Price	How Rec'd / Cost & Expense	Whom Sold / Depr	Gain/ -Loss
FAX	7/17/95	6/30/08	$	PURCHASE $ 550	$ 550	$
COMPUTER & MONITOR	11/09/95	6/30/08		PURCHASE 1,859	1,859	
MEMORY UPGRADE	11/01/96	6/30/08		PURCHASE 210	210	
WP UPGRADE	11/01/96	6/30/08		PURCHASE 110	110	
COMPUTER PART	7/27/98	6/30/08		PURCHASE 160	160	
SYMANTEC ACT	11/02/95	6/30/08		PURCHASE 123	123	
SHOWBOOTH	8/01/96	6/30/08		PURCHASE 810	810	
COLOR PRINTER	12/23/98	6/30/08		PURCHASE 419	419	
COMPUTER	1/01/99	6/30/08		PURCHASE 2,098	2,098	
ADOBE'S PAGE MAKER	9/30/99	6/30/08		PURCHASE 425	425	
ADOBE'S ACROBAT 4.0	9/30/99	6/30/08		PURCHASE 226	226	
MS OFFICE SUITE	7/18/01	6/30/08		PURCHASE 479	479	
COREL WP SUITE 2002	1/05/02	6/30/08		PURCHASE 100	100	
TOTAL			$ 0	$ 7,569	$ 7,569	$ 0

Statement 2 - Form 990, Part I, Line 16 - Payments to Affiliates

Bus Name Address	Purpose	Amount
EARTH SHARE 7735 OLD GEORGETOWN RD BETHESDA MD 20814	AFFILIATION FEE	$ 19,591
TOTAL		$ 19,591

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name / Address / Description of Property	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl	Date of Gift
APPALACHIA OHIO ALLIANCE P.O. BOX 1151 LOGAN OH 43138			$ 6,528	$	$			
AUDUBON OHIO 692 N. HIGH ST COLUMBUS OH 43214			9,491					
BLACK SWAMP BIRD OBSERVATORY PO BOX 228 OAK HARBOR OH 43449			4,940					
BUCKEYE FOREST COUNCIL 1200 W. FIFTH AVE., #103 COLUMBUS OH 43212			998					
BUCKEYE TRAIL ASSN 66 WILSHIRE DR HEBRON OH 43025			20,684					
CLEAN FUELS OHIO 930 KINNEAR ROAD COLUMBUS OH 43212			7,391					
CLEVELAND MUSEUM OF NATURAL HISTORY 1 WADE OVAL CLEVELAND OH 44106			3,292					
CLINTONVILLE COMMUNITY FUND 408 E SCHREYER PL COLUMBUS OH 43214			485					
EARTH DAY COALITION 3606 BRIDGE AVE CLEVELAND OH 44113			4,764					

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift

Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
EARTHSHARE 7735 OLD GEORGETOWN RD. BETHESDA MD 20814	$ 204,152	$	$		
ELY CHAPMAN EDUCATION FDTN 403 SCAMMEL ST MARIETTA OH 45750	1,906				
ENVIRONMENTAL EDUCATION COUNCIL OF PO BOX 1004 LANCASTER OH 43130	1,478				
FRIENDS OF ALUM CREEK 2820 WATKINS ROAD COLUMBUS OH 43207	1,454				
FRIENDS OF BIG WALNUT CREEK 4991 JOHNSTOWN RD NEW ALBANY OH 43054	1,954				
FRIENDS OF MAGEE MARSH 13229 WEST STATE ROUTE 2 OAK HARBOR OH 43449	3,081				
FRIENDS OF THE LOWER OLENTANGY WATE 3528 N. HIGH STREET COLUMBUS OH 43214-4090	11,458				
GREAT LAKES UNITED 1300 ELMWOOD AVE BUFFALO NY 14222	565				
GREEN ENERGY OHIO 7870 OLENTANGY RIVER RD	16,322				

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name / Address		Relationship to Org		Class of Activity	Date of Gift
Description of Property	**Cash Contrib**	**NonCash Contrib**	**Book Value**	**BV Expl**	**FMV Expl**
COLUMBUS OH 43235					
	$	$	$		
IZAAK WALTON LEAGUE OF AMERICA, OH	5,821				
900 MORMAN RD					
HAMILTON OH 45013					
LAKE ERIE NATURE & SCIENCE CENTER	5,660				
28728 WOLF RD					
BAY VILLAGE OH 44140					
MOHICAN SCHOOL OF THE OUT-OF-DOORS	4,672				
5370 BUNKER HILL RD					
BUTLER OH 44822-8800					
NATURE CENTER AT SHAKER LAKES	3,760				
2600 SOUTH PARK BLVD.					
SHAKER HEIGHTS OH 44120					
OH LEAGUE OF CONSERVATION VOTERS	2,802				
1200 W FIFTH AVE					
COLUMBUS OH 43212					
OHIO & ERIE CANAL CORRIDOR COALITIO	7,535				
520 SOUTH MAIN ST.					
AKRON OH 44311					
OHIO BIRD SANCTUARY	9,018				
1421 LEXINGTON AVE					
MANSFIELD OH 44813					
OHIO ENVIRONMENTAL COUNCIL	16,048				
1207 GRANDVIEW AVE					
COLUMBUS OH 43215					
OHIO PARKS & RECREATION ASSN FOUNDA	1,695				

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name / Address / Description of Property	Relationship to Org	Class of Activity	Date of Gift	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
1069A WEST MAIN ST WESTERVILLE OH 43081				$	$	$		
OHIO RIVER FOUNDATION PO BOX 42460 CINCINNATI OH 45242				6,487				
OHIO TO ERIE TRAIL FUND PO BOX 21246 COLUMBUS OH 43221				27,655				
OHIO WILDLIFE CENTER 6131 COOK RD POWELL OH 43065				21,803				
OHIO WILDLIFE REHABILITATORS ASSOCI 1075 ROUTE 343 YELLOW SPRINGS OH 45387				8,046				
RAILS TO TRAILS CONSERVANCY, MIDWES 30 LIBERTY ST CANAL WINCHESTER OH 43110-1215				27,344				
RIVERS UNLIMITED 515 WYOMING AVE CINCINNATI OH 45215				7,732				
RURAL ACTION PO BOX 157 TRIMBLE OH 45782				4,915				
THE WILDS 14000 INTERNATIONAL RD. CUMBERLAND OH 43732				28,343				

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name / Address	Relationship to Org	Class of Activity	Date of Gift

Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
THREE VALLEY CONSERVATION TRUST PO BOX 234 OXFORD OH 45056	$ 1,873	$	$		
WESTERN LAKE ERIE ASSOCIATION 6565 BAYSHORE RD OREGON OH 43618	340				
WILDERNESS CENTER 9877 ALABAMA AVE SW WILMOT OH 44689	138				
WILDLIFE HAVEN 3659 STATE ROUTE 598 CRESTLINE OH 44827	15,805				
ZOAR WETLANDS ARBORETUM P.O. BOX 646 ZOAR OH 44697	1,247				
TOTAL	$ 509,682	$ 0	$ 0		

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	$	$	$	$
CONSULTANTS	2,210	1,775	435	
DUES AND FEES	1,733	1,383	350	
INSURANCE - LIABILITY	1,872	936	936	
MEALS	648	637	11	
SUBSCRIPTIONS	180	60	60	60
BOARD SUPPORT	119	29	90	
ADVERTISING	6,856	6,456		400
MISCELLANEOUS	35	35		
UNCOLLECTIBLE PLEDGE EXPENSE	66,072	66,072		
TOTAL	$ 79,725	$ 77,383	$ 1,882	$ 460

Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
OFFICE EQUIPMENT	$ 17,525	$ 13,962	$ 12,120	$ 9,566
SOFTWARE	33,223	13,498	31,870	20,942
FURNITURE & FIXTURES	7,538	7,227	6,728	6,728
TOTAL	$ 58,286	$ 34,687	$ 50,718	$ 37,236

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
RENT DEPOSIT	$ 700	$ 700
TOTAL	$ 700	$ 700

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
SUBLEASE SECURITY DEPOSIT	$ 300	$ 610
HUNTINGTON NOTE PAYABLE	7,668	
PAYABLE TO BENEFICIARY ORGANIZATIONS	359,639	398,827
ACCRUED AFFILIATION FEE	3,258	3,614
EARTHSHARE TECHNOLOGY LOAN		9,000
TOTAL	$ 370,865	$ 412,051

Statement 8 - Form 990, Part IV-B - Other Expenses included on Return

Description	Amount
BOOK / TAX DEPREC DIFFERENCE	$ 528
TOTAL	$ 528

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
PAUL BINGLE 3528 N. HIGH STREET COLUMBUS OH 43214-4090	CEO	45	60,205	0	0
RHONDA BORDER-BOOSE 3528 N. HIGH STREET COLUMBUS OH 43214-4090	DIRECTOR	2	0	0	0
PAM FEAGLER 3528 N. HIGH STREET COLUMBUS OH 43214-4090	DIRECTOR	2	0	0	0
MEGAN GABERELL 3528 N. HIGH STREET COLUMBUS OH 43214-4090	TREASURER	2	0	0	0
JIM GRAVELLE 3528 N. HIGH STREET COLUMBUS OH 43214-4090	DIRECTOR	2	0	0	0
ASHLEE HAMILTON MCGRANOR 3528 N. HIGH STREET	PRESIDENT	2	0	0	0

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
COLUMBUS OH 43214-4090					
FRANK MERRITT 3528 N. HIGH STREET COLUMBUS OH 43214-4090	DIRECTOR	2	0	0	0
IAN MESKE 3528 N. HIGH STREET COLUMBUS OH 43214-4090	DIRECTOR	2	0	0	0
JERRY RAMPELT 3528 N. HIGH STREET COLUMBUS OH 43214-4090	DIRECTOR	2	0	0	0
JANE SCHNELKER 3528 N. HIGH STREET COLUMBUS OH 43214-4090	DIRECTOR	2	0	0	0
MARY STEINMAUS 3528 N. HIGH STREET COLUMBUS OH 43214-4090	DIRECTOR	2	0	0	0
CHRISTIE VARGO 3528 N. HIGH STREET COLUMBUS OH 43214-4090	DIRECTOR	2	0	0	0

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
WENDY WHARFF 3528 N. HIGH STREET COLUMBUS OH 43214-4090	SECRETARY	2	0	0	0
BRIAN WILLIAMS 3528 N. HIGH STREET COLUMBUS OH 43214-4090	DIRECTOR	2	0	0	0

Form 990, Part I, Line 1b - Direct Public Support

Description		Cash		Noncash		Total
CONTRIBUTIONS	$	8,534	$		$	8,534
SPECIAL EVENTS		11,245				11,245
CONTRIBUTIONS FROM SCHEDULE B		140,814				140,814
TOTAL	$	160,593	$	0	$	160,593

Form 990, Part I, Line 1c - Indirect Public Support

Description		Cash		Noncash		Total
CAMPAIGN RESULTS	$		$		$	
2005 CAMPAIGN - DESIGNATED		-516				-516
2005 CAMPAIGN - UNDESIGNATED		255				255
2006 CAMPAIGN - DESIGNATED		17,586				17,586
UNDESIGNATED - 2006		2,164				2,164
CAMPAIGN 2007-DESIGNATED		432,669				432,669
CAMPAIGN 07 - UNDESIGNATED		144,520				144,520
2007 ADMINISTRATIVE		145,132				145,132
LESS CAMPAIGNS FROM SCH B		-562,638				-562,638
CONTRIBUTIONS FROM SCHEDULE B		421,824				421,824
TOTAL	$	600,996	$	0	$	600,996

Schedule A, Part IV-A, Line 26b - Excess Gifts

Donor Name	Total	Excess
EARTH SHARE NATIONAL	$ 41,676	$ 7,770
OTHER	30,046	
THE GEORGE GUND FOUNDATION	147,000	113,094
THE COLUMBUS FOUNDATION	15,000	
TOTAL	$ 233,722	$ 120,864