

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)

2005

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 2005 calendar year, or tax year beginning **10/1/2005**, 2005, and ending **9/30/2006**, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization EARTH ACTION PARTNERSHIP INC	D Employer identification number 34 : 1608580
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 434 W Fifth Street	E Telephone number (330) 874-4632
		City or town, state or country, and ZIP + 4 Zoar, OH 44697	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

G Website: ▶ www.eapartners.org

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

K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **22,177**

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).

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

		(A) Securities	(B) Other		
Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	16,802		
	b Indirect public support	1b	0		
	c Government contributions (grants)	1c	0		
	d Total (add lines 1a through 1c) (cash \$ 16,802 noncash \$ 0)				1d 16,802
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2 0
	3 Membership dues and assessments				3 1,275
	4 Interest on savings and temporary cash investments				4 0
	5 Dividends and interest from securities				5 0
	6a Gross rents	6a	1,100		
	b Less: rental expenses	6b	3,428		
	c Net rental income or (loss) (subtract line 6b from line 6a)				6c -2,328
7 Other investment income (describe ▶)				7 0	
8a Gross amount from sales of assets other than inventory		0	3,000		
	b Less: cost or other basis and sales expenses	0	3,000		
	c Gain or (loss) (attach schedule) Stmt 1	0	0		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d 0
9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>	a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a	0		
	b Less: direct expenses other than fundraising expenses	9b	0		
	c Net income or (loss) from special events (subtract line 9b from line 9a)				9c 0
10a Gross sales of inventory, less returns and allowances		10a	0		
	b Less: cost of goods sold	10b	0		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c 0
11 Other revenue (from Part VII, line 103)				11 0	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 15,749	
Expenses	13 Program services (from line 44, column (B))			13 16,547	
	14 Management and general (from line 44, column (C))			14 1,781	
	15 Fundraising (from line 44, column (D))			15 0	
	16 Payments to affiliates (attach schedule)			16 0	
	17 Total expenses (add lines 16 and 44, column (A))			17 18,328	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18 -2,579	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 283,100	
	20 Other changes in net assets or fund balances (attach explanation)			20 0	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 280,521	

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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	0	0	
23	Specific assistance to individuals (attach schedule)	23	0	0	
24	Benefits paid to or for members (attach schedule)	24	0	0	
25	Compensation of officers, directors, etc.	25	400	400	0
26	Other salaries and wages	26	0	0	0
27	Pension plan contributions	27	0	0	0
28	Other employee benefits	28	0	0	0
29	Payroll taxes	29	31	31	0
30	Professional fundraising fees	30	0	0	0
31	Accounting fees	31	2,561	2,305	256
32	Legal fees	32	36	0	36
33	Supplies	33	3,546	3,546	0
34	Telephone	34	651	651	0
35	Postage and shipping	35	395	395	0
36	Occupancy	36	0	0	0
37	Equipment rental and maintenance	37	478	478	0
38	Printing and publications	38	0	0	0
39	Travel	39	429	429	0
40	Conferences, conventions, and meetings	40	0	0	0
41	Interest	41	6,166	5,549	617
42	Depreciation, depletion, etc. (attach schedule)	42	0	0	0
43	Other expenses not covered above (itemize):				
a	See Statement 3	43a	3,635	2,763	872
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	18,328	16,547	1,781

Stmt 2

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 (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? ► **Nature education at 82-acre wetland, includes natu**
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 See Statement 4
.....
.....
.....
.....
(Grants and allocations \$) If this amount includes foreign grants, check here ►

b
.....
.....
.....
(Grants and allocations \$) If this amount includes foreign grants, check here ►

c
.....
.....
.....
(Grants and allocations \$) If this amount includes foreign grants, check here ►

d
.....
.....
.....
(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ► **16,547**

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing		3,078	45	91
	46 Savings and temporary cash investments		0	46	0
	47a Accounts receivable	47a	0		
	b Less: allowance for doubtful accounts	47b	0	47c	0
	48a Pledges receivable	48a	0		
	b Less: allowance for doubtful accounts	48b	0	48c	0
	49 Grants receivable		0	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51a Other notes and loans receivable (attach schedule)	51a	0		
	b Less: allowance for doubtful accounts	51b	0	51c	0
	52 Inventories for sale or use		0	52	0
	53 Prepaid expenses and deferred charges		0	53	0
	54 Investments—securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55a Investments—land, buildings, and equipment: basis	55a	0		
	b Less: accumulated depreciation (attach schedule)	55b	0	55c	0
56 Investments—other (attach schedule)		0	56	0	
57a Land, buildings, and equipment: basis	57a	343,902			
b Less: accumulated depreciation (attach schedule) Stmnt 5	57b	0	57c	343,902	
58 Other assets (describe ▶)		0	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58.		350,552	59	343,993	
Liabilities	60 Accounts payable and accrued expenses		1,264	60	138
	61 Grants payable		0	61	0
	62 Deferred revenue		0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64a Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b Mortgages and other notes payable (attach schedule) Stmnt 6		66,188	64b	63,334
	65 Other liabilities (describe ▶)		0	65	0
66 Total liabilities. Add lines 60 through 65		67,452	66	63,472	
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		282,697	67	280,521
	68 Temporarily restricted		403	68	0
	69 Permanently restricted		0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		283,100	73	280,521
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		350,552	74	343,993

Part VI Other Information <i>(continued)</i>		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?		<input checked="" type="checkbox"/>
	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?		
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members	85c	
	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?	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?	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	0
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	0
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	88	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
	b 501(c)(3) and 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	<input checked="" type="checkbox"/>
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed ▶ OH		
	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	1
91a	The books are in care of ▶ Pamela Feagler Telephone no. ▶ 330-874-4632 Located at ▶ 434 W Fifth St, Zoar, OH ZIP + 4 ▶ 44697		
	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	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
	c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	<input checked="" type="checkbox"/>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		<input type="checkbox"/>

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					1,275
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					-2,328
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 _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	-\$1,053
105 Total (add line 104, columns (B), (D), and (E))					-1,053

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 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).
▼	See Statement 8

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
	%			
	%			
	%			
	%			

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).

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

Please Sign Here

Signature of officer: Pamela Feagler, Executive Director Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

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

Name of the organization

EARTH ACTION PARTNERSHIP INC

Employer identification number

34 : 1608580

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
None				
Total number of other employees paid over \$50,000 . ▶		0		

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 ▶		0

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 ▶		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.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3
Provide the following information about the supported organizations. (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	15,054	19,014	30,146	386,506	450,720
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,908	480	815	1,630	5,833
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	2,915	8,781	12,737	0	24,433
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	976	659	691	2,326
23 Total of lines 15 through 22	20,877	29,251	44,357	388,827	483,312
24 Line 23 minus line 17	17,969	28,771	43,542	387,197	477,479
25 Enter 1% of line 23	209	293	444	3,888	

Stmt 9

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	9,550
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	0
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	477,479
d Add: Amounts from column (e) for lines: 18 <u>24,433</u> 19 <u>0</u> 22 <u>2,326</u> 26b <u>0</u> ▶	26d	26,759
e Public support (line 26c minus line 26d total) ▶	26e	450,720
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	94 %

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:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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 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.

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)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	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?		
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.		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
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—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	41	
	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				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 of the instructions.)

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

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

Statement 1

Form: 990

Page: 1

Part: I

Question: 8

EARTH ACTION PARTNERSHIP INC**34-1608580**

Sales of Assets Other than Inventory

Noninventory Asset

Description:	1992 Ford F250 Pickup Truck		
Sold To:	Juanita Witham		
Sales Price:	\$500.00	Date Sold:	04/21/2006
Expense of Sale:	\$500.00	Date acquired:	10/31/2001
Cost or value when acquired:	\$5,000.00	How acquired:	
Depreciation since acquisition:	\$5,000.00		Purchase
Net Sale:	\$0.00		

Noninventory Asset

Description:	.7 acre land-locked parcel		
Sold To:	Jason Wahl		
Sales Price:	\$2,500.00	Date Sold:	06/05/2006
Expense of Sale:	\$2,500.00	Date acquired:	06/01/2000
Cost or value when acquired:	\$15,000.00	How acquired:	
Depreciation since acquisition:	\$15,000.00		Gift
Net Sale:	\$0.00		

Statement 2

Form: 990

Page: 2

Part: II

Question: 25

EARTH ACTION PARTNERSHIP INC**34-1608580****Compensation Detail**

Description	Total:	Pgm Services	Mgt and General	Fundraising
Pamela Feagler				
Compensation	\$400.00	\$400.00	\$0.00	\$0.00
Benefits	\$0.00	\$0.00	\$0.00	\$0.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$400.00	\$400.00	\$0.00	\$0.00
Total:	\$400.00	\$400.00	\$0.00	\$0.00

Statement 3

Form: 990

Page: 2

Part: II

Question: 43

EARTH ACTION PARTNERSHIP INC

34-1608580

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundraising
General Insurance	\$2,983.00	\$2,685.00	\$298.00	\$0.00
License & Fees	\$308.00	\$0.00	\$308.00	\$0.00
Penalties	\$246.00	\$0.00	\$246.00	\$0.00
Workers Comp	\$20.00	\$0.00	\$20.00	\$0.00
Visa Finance Charge	\$78.00	\$78.00	\$0.00	\$0.00
Total:	\$3,635.00	\$2,763.00	\$872.00	\$0.00

Statement 4

Form: 990

Page: 3

Part: III

Question:

EARTH ACTION PARTNERSHIP INC

34-1608580

Program Services

Achievement	Pgm. Svc. Exp.
Wetlands Conservation: Coordinated plantings of native trees and wildflowers to improve the wetland habitat. Also began program to eradicate invasive plant species so native colonies can be established. Continued to maintain existing trails and cleared new trails for public access around the wetland. Began a series of tree care workshops teaching the public about basic tree biology, proper planting and pruning techniques, and identifying hazardous trees for removal. Wetland is open year round for use as a hiking and biking trailhead to the Ohio and Erie Canal Towpath, for migratory bird observations, and self-guided tours of arboretum trees. Ohio Division of Wildlife bands wood ducks each year and monitors the nesting activity of a bald eagle pair. Created educational program that interprets the historical use of the wetland as a vital part of the Society of Zoar Separatists (1817 - 1898. (300 participants)	\$16,547.00
Grants and Allocations:	\$0.00 This amount includes foreign grants:
	Total: \$16,547.00

Statement 5

Form: 990

Page: 4

Part: IV

Question: 57

EARTH ACTION PARTNERSHIP INC

34-1608580

Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Land	\$343,902.00	\$0.00	\$343,902.00
Total:	\$343,902.00	\$0.00	\$343,902.00

Statement 6

Form: 990

Page: 4

Part: IV

Question: 64b

EARTH ACTION PARTNERSHIP INC**34-1608580****Mortgages and Other Notes Payable**

Type:	Non-Mortgage
Lender's Name:	Linda Myers
Original Amount:	\$110,000.00
Balance Due:	\$63,334.00
Date of Note:	02/02/1998
Maturity Date:	02/02/2018
Repayment Terms:	monthly
Interest Rate:	9.5
Security Provided by Borrower:	none
Purpose of Loan:	Acquire 82-acre wetland for enviro mission
Description of Consideration:	82-acre wetland basin along Tuscarawas River
FMV of Consideration:	\$219,901.00
Relationship:	not related

Total Due:	\$63,334.00
-------------------	--------------------

Statement 7

Form: 990

Page: 5

Part: V

Question:

EARTH ACTION PARTNERSHIP INC**34-1608580****Officers, Directors, Trustees, and Key Employees**

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Pamela Feagler 4904 Ridge Ave SE Canton, OH 44707 United States	Exec Director/CEO	40	\$400.00	\$0.00	\$0.00
Compensation Explanation: Except for listed compensation, Exec Dir works as a volunteer.					
Lola Lewis 2205 Reiser Ave New Philadelphia, OH 44663 United States	President	0	\$0.00	\$0.00	\$0.00
Bill Merdich 230 Walnut St Leetonia, OH 44431 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Scott White 4862 Earls court Cir NW Canton, OH 44718 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Fern Dews 1440 Mt Pleasant NW Canton, OH 44721 United States	Board Member	0	\$0.00	\$0.00	\$0.00
Bill Dews 1440 Mt Pleasant NW Canton, OH 44721 United States	Board Member	0	\$0.00	\$0.00	\$0.00
TOTALS			\$400.00	\$0.00	\$0.00

Statement 8

Form: 990

Page: 8

Part: VIII

Question:

EARTH ACTION PARTNERSHIP INC

34-1608580

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
97 a	Rental expenses relate to utility costs, property tax, and building maintainance associated with the duplex that houses both the office of Earth Action Partnership and one tenant. Rental income used to pay monthly mortgage to acquire wetland in support of our mission.
94	Annual memberships in support of our mission: To inspire people of all ages to embrace environmental awareness by leading hands-on educational programs where people can discover, learn from, and enjoy a natural wetland ecosystem.

Statement 9
Form: Schedule A
Page: 3
Part: IV-A
Question: 22

EARTH ACTION PARTNERSHIP INC
34-1608580

Other Income				
Description	2004	2003	2002	2001
Other Income	\$0.00	\$976.00	\$659.00	\$691.00
Total:	\$0.00	\$976.00	\$659.00	\$691.00