

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990-EZ**

Short Form
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)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

OMB No 1545-1150

Open to Public

		The organization may have to use a copy of this return to satisfy					mapaciion
_			and endi	ng JU	N 30,		<del></del>
R	heck if pplicable				D Employ	er identificatio	on number
	Address change	S Use IRS NATIONAL ENVIRONMENTAL TECHNOLOGY					
	Name change	print or INCUBATOR AT CENTRAL STATE UNIVERSITY	•		31~	-175083	7
一	Initial	Type   Number and street (or P.O. hox, if mail is not delivered to street address)		oom/suite	E Telepho	one number	
$\vdash$	_iretum ∏Termi	1 34				7-376-6	234
늗	⊒ation Amen	Instruc-					
늗	⊸ retum	)   '			•	Exemption	
	Applica pendin				Numbe		
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a compl	leted		-	od 🗓 Cash	Accrual
		Schedule A (Form 990 or 990-EZ).			specify) 🕨		
IV	Vebsit	e: ►NET INCUBATOR		H Check	$\triangleright$ $X$	if the organiza	ition is <b>not</b>
J C	)rganiz	zation type (check only one)— $X$ 501(c) ( 3 ) $\blacktriangleleft$ (insert no ) $4947(a)(1)$ or	527	required to	attach Sc	hedule B (Form 5	990, 990-EZ, or 990-PF)
KC	heck I	If the organization is not a section 509(a)(3) supporting organization and its gross rece	eipts are n	ormally not	t more than	1 \$25,000 A re	eturn is not
r	eauirea	d, but if the organization chooses to file a return, be sure to file a complete return		-			
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 inst	ead of Fo	rm 990-EZ	<b>•</b>	\$	14,748.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balar	nces (S	ee the instri		<del></del>	
E			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3,	
	1	Contributions, gifts, grants, and similar amounts received	• • •	•	· 1		9,998.
	2	Program service revenue including government fees and contracts	•		2		9,330.
	3	Membership dues and assessments	-	•	3	<u> </u>	
	4	Investment income	•		. 4		
	5a	Gross amount from sale of assets other than inventory . 5a					
	b	Less cost or other basis and sales expenses					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch	hedule)		. 5	С	
P	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from ga	aming, ch	eck here 🕨	· 🔲 📗		
evenue	a	Gross revenue (not including \$ of contributions	_				
<u> </u>	<b>5</b> -	reported on line 1) 6a					
-	) h	Less direct expenses other than fundraising expenses			<del></del>		
6	¥	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6	_	
F==				•	`   <del>"</del>	-	
=	1	Gross sales of inventory, less returns and allowances					
JUL		Less cost of goods sold			<del>-  </del> _		
	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7		4 750
ᇤ	8	Other revenue (describe RENT			)  _8		4,750.
Z	9	<b>Total revenue</b> . Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			<u>▶ 9</u>	<u>'</u>	14,748.
<b>IN SCANNED</b>	10	Grants and similar amounts paid (attach schedule)			11	0	
င်	11	Benefits paid to or for members			1	1	
Ŵ	12	Salaries, other compensation, and employee benefits	•		1:	2	
Su	13	Professional fees and other payments to independent contractors			1	3	
Expe	14	Occupancy, rent, utilities, and maintenance				4	
ш	15	Printing, publications, postage, and shipping			. 1	5	
	16	Other expenses (describe ► SEE S	TATE	MENT	1) 1	6	22,028.
	17	Total expenses. Add lines 10 through 16			<b>)</b> 1	7	22,028.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			. 1		-7,280.
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
SS		(must agree with end-of-year figure reported on prior year's return)			1	a l	12,734.
	211	Cities changes in net assets or fund balances (attach explanation)			. 2		
Š	际	Net assets or fund balances at end of year Combine lines 18 through 20	•	,	<b>▶</b> 2		5,454.
D.	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file	Form 000	) inctead of	Form 990-	<u>-                                    </u>	<u> </u>
				Beginning o			nd of year
-	MAY	8 2 LO10 (A)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			22	456.
22		h, savings, and investments		14,			430.
23		Bend buildings	<u> </u>			23	4 000
24		erassets to escribe ACCOUNTS RECEIVABLE		10		24	4,998.
25		al assets		12,	734.		5,454.
26		al liabilities (describe	<b>—</b>	10	0.		0.
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)	<u></u>	12,	734.		5,454.
12-1	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 9	990.			Form	990-EZ (2008)

NATIONAL ENVIRONMENTAL TECHNOLOGY

Forr	n 990-EZ (2008) INCUBATOR AT CENTRAL STAT	E UNIVERSITY		31-	17508	37 Page 2
P	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III )			penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	3				for 501(c)(3)
Des	cribe what was achieved in carrying out the organization's exempt purposes. In a	a clear and concise manner, de	scribe the services			ganizations and trusts; optional
	vided, the number of persons benefited, or other relevant information for each pr				for others	
28	PROVIDE FUNDS FOR THE OPERATION AND	OVERHEAD OF	THE			
	INCUBATOR.					
				_		
	(Grants \$ ) If this amount includes foreign of	rants, check here	. <b>&gt;</b>	Ш	28a	9,998.
29						
			<del></del>	_		
	(Grants \$ ) If this amount includes foreign of	rants, check here	<u></u>		29a	
30			<del></del>			
				<del></del> -	}	
	(Grants \$ ) If this amount includes foreign g	rants, check here	<u> </u>	لــــا	30a	
31	Other program services (attach schedule)	•				
	(Grants \$ ) If this amount includes foreign of	rants, check here		<u></u>	31a	0 000
	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	9,998.
P	art IV List of Officers, Directors, Trustees, and Key E	imployees. List each one ev	en if not compensated	1		or Part IV)
		(b) Title and average hours	(c) Compensation	, ,	ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		ofit plans &	account and
		position	-0)	d	eferred	other allowances
<del>-</del> -	1400 pp. 1400				pensation	
	OHN W. GARLAND, 1400 BRUSH ROW	CHAIR, NET BO		REC		
	OAD, WILBERFORCE, OH 45384-3002	0.00	0.		0.	0.
	R. CHARLES H. SHOWELL, JR., 1400	DEAN, COLLEGE		ESS		
	RUSH ROW ROAD, WILBERFORCE, OH	0.00	0.	-	0.	0.
<u>C</u> .	WILLIAM SWANK, 141 WALNUT RIDGE	OHIO FARM BUR			0	
	ANE, WESTERVILLE, OH 43081	0.00	0.		0.	0.
	ARTIN P. KRESS, 25001 GREAT	VICE PRESIDEN	. •			
	ORTHERN CORP CENTER, CLEVELAND, OH	0.00	0.	<del>  -</del>	0.	0.
	<del></del>	PRESIDENT AND			0	
	REET SUITE 1650, COLUMBUS, OH	0.00	0.	ļ	0.	0.
	ESMOND STUBBS, PH.D., 333 WEST	BATTELLE	•		0	
뜴	ROAD STREET, COLUMBUS, OH	0.00	0.	DEC	0.	0.
뜼	R. SUBRAMANIA SRITHARAN, 1400 BRUSH					
	OW ROAD, WILBERFORCE, OH 45384-3002	0.00 PROFESSOR MBA	0.		0.	0.
		0.00	PROGRAM 0.		0.	_
	RIVE, TIPP CITY, OH 45371	CHEIF ASSET M		1	CTIO	0.
	AXTON A. SINGLETARY, 4375 CHIDLAW DAD, WPAFB, OH 45433-5006	0.00	ANAGEMENT 0.	1	0.	0.
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Form **990-EZ** (2008)

Form 990-EZ (2008) INCUBATOR AT CENTRAL STATE UNIVERSITY

Pa	Trivial of the Information (Note the statement requirements in the instructions for Part VI.)		<del></del>	
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			İ
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			ĺ
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			ł
	tax requirements?	35a	L	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a	<u> </u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:			
	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 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 •			
ь	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or			
_	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
•	sections 4912, 4955, and 4958			
đ	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ŭ	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ► OH			
	The books are in care of ► NANCY BRIDGMAN  Telephone no ► 937-37	76-6	192	
72.0		1538		
h	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		Yes	No
	account)?	42b		X
	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.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	X
·	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. ▶	
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/I	4	
	and effect the amount of tax exempt interest received of accorded during the tax year.			
			Yes	No
ЛА	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.00	1
44	Form 990-EZ	44	1	X
AE	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	77	1	1
45		45	1	x
	completed instead of Form 990-EZ		 990-ЕZ	

Page 4

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. No 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes X office? If "Yes," complete Schedule C, Part I 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a X 49a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (D) Contributions (b) Title and average hours (c) Compensation to employee (E) Expense (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances NONE compensation ▶ Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None " NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 s return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, icen is based on all information of which preparer has any knowledge. Sign Here XECUTIVE PURECTO Paid Check if self-Preparer's employed 🍗 Use Only INC DUVALL SSOCTATES, EIN ▶ 301 W. FYRST STREET, SUITE 200 Phone ▶ if self-employed). 937-228-4272 DAYTON, OHIO 45402 X Yes May the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (2008)

Form 990-EZ (2008)

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

NATIONAL ENVIRONMENTAL TECHNOLOGY INCUBATOR AT CENTRAL STATE

**Employer identification number** 31-1750837

Pa	TT 1	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) (see insi	ructions)				
The	organ	ization is not a	private foundation l	because it is: (Please ch	eck only o	ne organız	ation.)						
1		A church, cor	nvention of churches	s, or association of churc	ches descr	ibed In se	ction 170	(b)(1)(A)(i).	•				
2		A school des	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
3				tal service organization o									
4		A medical res	search organization of	operated in conjunction	with a hos	pital descr	ıbed in <b>se</b>	ction 170	(b)(1)(A)(iii)	). Enter th	e hospital	s nam	ie,
		city, and state											
5	X	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	described	d in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	ite, or local governm	ent or governmental uni	t described	in section	n 170(b)(1	)(A)(v).					
7		An organizati	on that normally rec	erves a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	ribed i	n
		section 170(	b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from							from					
		activities rela	ted to its exempt fur	nctions - subject to certa	an exception	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	ınvest	ment
		income and t	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orgar	nization at	fter June 3	0, 197	<b>'</b> 5.
		See section	509(a)(2). (Complete	the Part III.)									
10		An organizati	on organized and or	perated exclusively to te	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	l). (see Inst	ructions)			
11		An organizati	ion organized and of	perated exclusively for the	he benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the p	ourposes o	f one	or
		more publicly	y supported organiza	ations described in secti	on 509(a)(1	1) or sectio	n 509(a)(2	2). See <b>sec</b>	tion 509(a	)(3). Chec	ck the box	that	
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
		a 🔲 Type	1 b	☐ Type II 💢	с 🗀 Тур	e III • Func	tionally int	tegrated		d []	Type III - 0	Other	
е		By checking	this box, I certify that	at the organization is not	controlled	directly o	r indirectly	by one o	more disc	qualified p	ersons oth	er tha	ın
		foundation m	nanagers and other t	han one or more publicl	y supporte	d organiza	tions des	cribed in s	ection 509	(a)(1) or s	ection 509	(a)(2).	
f		If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check th	nis box									لـــا
9	ı	Since Augus	t 17, 2006, has the o	organization accepted a	ny gift or co	ontribution	from any	of the follo	owing pers	ons?			
		(i) A perso	n who directly or ind	lirectly controls, either a	lone or tog	ether with	persons o	described	n (ii) and (i	ii) below,		Yes	No
		the gov	eming body of the s	upported organization?		-					11g(i)		ļ
			•	n described in (i) above?							11g(ii)	<u> </u>	
				ı person described in (i)			-		•		11g(iii)	<u> </u>	
ŀ	1	Provide the f	following information	about the organizations	s the organ	ızatıon sur	oports.						
			· <del>r · · · · · · · · · · · · · · · · · · </del>	1 · · · · · · · · · · · · · · · · · · ·					<del></del>	<del></del>			
(i	) Name	of supported	(ii) EIN	(iii) Type of	p, ,	organization		u notify the	(vi) Is organizatio	the	(vii) An	nount d	of
•		anization		organization (described on lines 1-9		sted in your document?		tion in col. r support?	(i) organize	ed in the	sup	port	
			}	above or IRC section		,			US				
	<u> </u>			(see instructions))	Yes	No	Yes	No	Yes	No			
			<del></del>		ļ	<u> </u>		ļ	<del> </del>		<del></del>		
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LH/	4 For	Privacy Act as	nd Paperwork Redu	iction Act Notice, see t	he Instruc	tions for I	Form 990.		Schedul	e A (Form	1 990 or 99	90-EZ	2008 (

832021 12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

## NATIONAL ENVIRONMENTAL TECHNOLOGY

Schedule A (Form 990 or 990-EZ) 2008 INCUBATOR AT CENTRAL STATE UNIVERSITY 31-1750837 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not 9,998. 9,998. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 9,998. 9,998. 4 Total. Add lines 1 · 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 9,998. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 20069,998 9,998. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 9,998. 11 Total support. Add lines 7 through 10 34,224. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 100.00 14 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f <u>%</u> 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization ▶Ш

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Section A. Public Support Calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(4, 2000	10/2000	(0, 200.	(0) = 000	() rotal
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to				1		
the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000			_			
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	···					
Calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income		}				
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)				,		
14 First five years. If the Form 990 is for t	he organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2008 (lin			column (f))		15	
16 Public support percentage from 2007	Schedule A, Par	t IV-A, line 27g			16	
Section D. Computation of Invest			, ,			
17 Investment income percentage for 200	8 (line 10c, colu	ımn (f) dıvided by li	ne 13, column (f))		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2008. If the c				e 15 is more than	33 1/3%, and line	
more than 33 1/3%, check this box an						▶□
<b>b 33 1/3% support tests - 2007.</b> If the co						and
• •	_					. —
line 18 is not more than 33 1/3%, chec	K this box and s	stop nere. The org	anization qualities	as a publicly sup	porteu organization	<b>-</b> -

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
ACCOUNTING FEES CONTRACT SERVICES DUES & SUBSCRIPTION ADVERTISING MISCELLANEOUS EXPENSE POSTAGE PRINTING SUPPLIES CONFERENCE CONTRIBUTION		1,650. 3,142. 295. 9,093. 6,292. 31. 67. 1,058. 50.
TOTAL TO FORM 990-EZ, LINE	16	22,028.

FORM 990-EZ	990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				2
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[	] YES	[X]	NO
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [	] YES	[X]	NO

990-EZ PG 2

STATEMENT

3

THE PRIMARY PURPOSE IS TO FACILITATE THE DEVELOPMENT OF SMALL ENVIRONMENTAL TECHNOLOGY COMPANIES BY PROVIDING THEM A LOW RENTAL OFFICE AND WORK SPACE AND TO PROVIDE AN EDUCATIONAL OPPORTUNITY TO STUDENTS ABOUT THE ENVIRONMENT AND CAREER INFORMATION IN THE ENVIRONMENTAL FIELD.

•				
Form 8	868 (Rev 4-2009)			Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo			ightharpoons X
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 8	868.	
<del></del>	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		<del></del> -	<del></del>
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co			
Туре	Name of Exempt Organization	Empl	oyer ident	ification number
print	MATIONAL ENVIRONMENTAL TECHNOLOGI	2	1 176	2027
File by	INCUBATOR AT CENTRAL STATE UNIVERSITY		1-175	
extende due dat filing the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IF	S use onl	·····
return :	Eee City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	k type of return to be filed (File a separate application for each return):  Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	= : :	rm 5227 rm 6069	Form 8870
STOF	! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	d Form 88	368.
	NANCY BRIDGMAN			
• Th	e books are in the care of > 1400 BRUSH ROW ROAD - WILBERFORCE, OH	453	84	
	lephone No. ► 937-376-6192 FAX No. ►		_	
	he organization does not have an office or place of business in the United States, check this box			<b>▶</b> □
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	s is fo	the whole	group, check this
box I				
4	I request an additional 3-month extension of time until MAY 15, 2010.			
5	For calendar year , or other tax year beginning JUL 1, 2008 , and ending	JUN	30,	2009
6	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in	accounting period
7	State in detail why you need the extension TAXPAYER HAS NOT RECEIVED ALL INFORMATION NECESSARY TO	CO	MPLET	E
	TAX RETURN.			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			
	previously with Form 8868.	8b	\$	
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			4-
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	N/A
	Signature and Verification			
Unde it is tr	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to thi ue, correct, and complete, and that I am authorized to prepare this form	e best o	f my knowl	edge and belief,
Siona	ture > Title >	Date	<u> </u>	
			For	m 8868 (Rev 4-2009)

823832 05-26-09