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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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)

OMB No 1545-1150

**2008**Open to Public  
Inspection

▶ Sponsoring 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.

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

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>NATIONAL CONFERENCE ON CITIZENSHIP</b>		<b>D</b> Employer identification number <b>52-0698385</b>
		Number and street (or P O box, if mail is not delivered to street address)		<b>E</b> Telephone number
		<b>1875 K STREET, NW</b>		<b>202-331-2098</b>
		City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20006</b>		<b>F</b> Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**G** Accounting method ☐ Cash ☒ Accrual  
Other (specify) ▶

**I** Website ▶ **WWW.NCOC.NET****H** Check ☐ if the organization is not**J** Organization type (check only one) — ☒ 501(c) ( 3 ) ◀ (Insert no ) ☐ 4947(a)(1) or ☐ 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **511,730.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>210,002.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>14,126.</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>		
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ <b>SEE STATEMENT 4</b> )	<b>8</b>	<b>287,602.</b>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>511,730.</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>233,163.</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>439,517.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>34,519.</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )	<b>16</b>	<b>227,324.</b>
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>934,523.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-422,793.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>1,699,767.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 5</b>	<b>20</b>	<b>-287,934.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>989,040.</b>

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>433,594.</b>	<b>235,423.</b>
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ <b>SEE STATEMENT 2</b> )	<b>1,294,707.</b>	<b>865,750.</b>
<b>25</b> <b>Total assets</b>	<b>1,728,301.</b>	<b>1,101,173.</b>
<b>26</b> <b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 3</b> )	<b>28,534.</b>	<b>112,133.</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>1,699,767.</b>	<b>989,040.</b>

832171 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)What is the organization's primary exempt purpose? SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

**28 AMERICA'S CIVIC HEALTH INDEX - AN ANNUAL SURVEY AND REPORT ON THE STATE OF CIVIC ENGAGEMENT AND COMMUNITY SERVICE NATIONWIDE.**(Grants \$ ) If this amount includes foreign grants, check here ☐**28a** 591,896.**29 SEE STATEMENT 7**(Grants \$ ) If this amount includes foreign grants, check here ☐**29a** 138,132.**30 STATE CIVIC HEALTH INDEXES - ANNUAL SURVEYS AND REPORTS THAT ARE FOCUSED ON THE STATE OF CIVIC ENGAGEMENT IN SPECIFIC STATES AND TERRITORIES OF THE UNITED STATES.**(Grants \$ ) If this amount includes foreign grants, check here ☐**30a** 15,922.**31 Other program services (attach schedule)**(Grants \$ ) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)****32** 745,950.**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID B. SMITH	EXECUTIVE DIRECTOR			
ALL REACHED IN C/O ORG.'S ADDRESS	40.00	112,692.	0.	3,478.
MICHAEL WEISER	CHAIRMAN			
	5.00	0.	0.	0.
A.G. NEWMYER, III	TREASURER			
	4.00	0.	0.	0.
NORMA BARFIELD	DIRECTOR			
	1.00	0.	0.	0.
BARRY BYRD	DIRECTOR			
	2.00	0.	0.	0.
PHILIP DUNCAN	DIRECTOR			
	1.00	0.	0.	0.
ERIC FEDERING	DIRECTOR			
	2.00	0.	0.	0.
THOMAS GOTTSCHALK	DIRECTOR			
	2.00	0.	0.	0.
MARTIN KRALL	DIRECTOR			
	2.00	0.	0.	0.
DENNIS MCGINN	DIRECTOR			
	2.00	0.	0.	0.
WILLIAM FENIMORE	DIRECTOR			
	1.00	0.	0.	0.
JOHH REEDER	DIRECTOR			
	1.00	0.	0.	0.
BENJAMIN SORENSEN	DIRECTOR			
	1.00	0.	0.	0.
THOMAS SUSMAN	DIRECTOR			
	2.00	0.	0.	0.
CRAIG TURK	DIRECTOR			
	1.00	0.	0.	0.
JOCELY WHITE	DIRECTOR			
	1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b N/A</span>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b N/A</span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">0.</span> , section 4912 <span style="float:right">0.</span> , section 4955 <span style="float:right">0.</span>		
b	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		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <span style="float:right">▶ DC</span>		
42a	The books are in care of <span style="float:right">▶ THE ORGANIZATION</span> Telephone no <span style="float:right">▶ 202-331-2098</span> Located at <span style="float:right">▶ 1875 K STREET, NW, WASHINGTON, DC</span> ZIP + 4 <span style="float:right">▶ 20006</span>		
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)?	Yes	No
	If "Yes," enter the name of the foreign country <span style="float:right">▶</span>		X
	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 U.S.?		X
	If "Yes," enter the name of the foreign country <span style="float:right">▶</span>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

**Part VI 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.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 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?
- 50 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000				

- 51 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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
CIVIC ENTERPRISES 1828 L ST, 11TH FLOOR, WASHINGTON, DC 20036	STRATEGIC CONSULTING	140,291.
Total number of other independent contractors each receiving over \$100,000		0

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.

**Sign Here** Signature of officer: DAVID B SMITH Date: 4/19/2010

Type or print name and title: EXECUTIVE DIRECTOR

**Paid Preparer's Use Only** Preparer's signature: [Signature] Date: 4/15/10 Check if self-employed: ☐ Preparer's Identifying Number (See instr.): EIN

Firm's name (or yours if self-employed), address, and ZIP + 4: GELMAN, ROSENBERG & FREEDMAN  
4550 MONTGOMERY AVE., SUITE 650 NORTH  
BETHESDA, MARYLAND 20814-2930

Phone no: (301) 951-9090

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2008)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

# 2008

**Open to Public Inspection**

Name of the organization

NATIONAL CONFERENCE ON CITIZENSHIP

Employer identification number	
--------------------------------	--

52-0698385

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) (see instructions)
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The organization is not a private foundation because it is (Please check only **one** organization )

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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 exempt 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).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

**Part II 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**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	302,500.	573,100.	361,516.	784,495.	210,002.	2,231,613.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	302,500.	573,100.	361,516.	784,495.	210,002.	2,231,613.
<b>5</b> 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)						1,293,827.
<b>6 Public Support.</b> Subtract line 5 from line 4						937,786.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	302,500.	573,100.	361,516.	784,495.	210,002.	2,231,613.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	377,331.	337,990.	272,985.	342,234.	301,226.	1,631,766.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					502.	502.
<b>11 Total support.</b> Add lines 7 through 10						3,863,881.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	24.27	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	21.96	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> 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						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions).

THE NATIONAL CONFERENCE ON CITIZENSHIP (NCOC) QUALIFIES AS A PUBLIC CHARITY UNDER THE "FACTS AND CIRCUMSTANCES" TEST OF SECTION 1.170A-9(E)(3) OF THE TREASURY REGULATIONS, BASED UPON THE FOLLOWING:

1. ITS SUPPORT, AS REPORTED ON FORM 990, IS 24.27%, THEREBY MEETING THE REQUIREMENT OF TREAS. REG. SECTION 1.170A-9(E)(3)(I). (PUBLIC SUPPORT IN EXCESS OF 10%.)

2. IT IS ORGANIZED AND OPERATED SO AS TO ATTRACT NEW AND ADDITIONAL PUBLIC AND GOVERNMENTAL FUNDING ON A CONTINUOUS BASIS, THEREBY MEETING THE REQUIREMENT OF SECTION 1.170A-9 (E) (3) (II).

A. ANTICIPATED FUNDING FROM A VARIETY OF NEW FOUNDATION SOURCES AS PART OF THE EXPANSION OF OUR CIVIC HEALTH INDEX TO INCLUDE INDIVIDUAL STATE SPONSORS.

B. ANTICIPATED FUNDING FROM A VARIETY OF NEW INDIVIDUAL DONORS AS PART OF A REINVIGORATED FUNDRAISING EFFORT.

C. ANTICIPATED FUNDING FROM GOVERNMENT SOURCES AS A RESULT OF THE NEWLY ENACTED SERVE AMERICA ACT, IN WHICH NCOC IS A SPECIFICALLY NAMED PARTNER ORGANIZATION.

D. MOVED TO NEW OFFICES THAT ARE EXPECTED TO RAISE THE ORGANIZATION'S PUBLIC PROFILE, ALLOW ROOM FOR GROWTH IN STAFF, AND A MORE ROBUST ORGANIZATION.

3. NCOC'S PUBLIC SUPPORT, AT 24.27% IS SIGNIFICANTLY MORE THAN DOUBLE THE 10% MINIMUM REQUIRED BY THE "FACTS AND CIRCUMSTANCES" TEST, THEREBY MEETING THE REQUIREMENT OF TREASURY REG. SECTION 1.170A-9(E)(3)(III).

4. NCOC HAS RECEIVED SUPPORT FROM A REPRESENTATIVE NUMBER OF PERSONS AND

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

ENTITIES RATHER THAN RECEIVING ALL OR MOST OF ITS SUPPORT FROM THE MEMBER OF A SINGLE FAMILY, OR FROM A SINGLE DONOR. ACCORDINGLY, NCOC MEETS THE REQUIREMENTS OF TREASURY REG. SECTION 1.170A-9(E)(3)(IV). EXAMPLES OF THESE SOURCES INCLUDE:

- A. THE BILL & MELINDA GATES FOUNDATION (U.S. PRIVATE FOUNDATION)
- B. THE STEPHEN CASE FOUNDATION (U.S. PRIVATE FOUNDATION)
- C. JOHN S. AND JAMES L. KNIGHT FOUNDATION (U.S. PRIVATE FOUNDATION)
- D. MCCORMICK FOUNDATION (U.S. PRIVATE FOUNDATION)
- E. SURDNA FOUNDATION (U.S. PRIVATE FOUNDATION)
- F. THE MIAMI UNIVERSITY OF OHIO (U.S. SCHOOL)
- G. THE UNIVERSITY OF NEW HAMPSHIRE (U.S. SCHOOL)
- H. CIRCLE (U.S. EXEMPT ORGANIZATION)
- I. CALIFORNIA FORWARD (U.S. EXEMPT ORGANIZATION)

MOREOVER, NCOC IS VERY MUCH ACCOUNTABLE TO THESE AND OTHER DONORS IN TERMS OF HOW IT EXPENDS GRANT FUNDS, I.E., NCOC IS REQUIRED TO COMPLY WITH BUDGETS AND PRODUCE REPORTS ARTICULATING THE RESULTS PRODUCED FROM THE UTILIZATION OF GRANT FUNDS.

5. NCOC CONDUCTS RESEARCH AND MAKES THE RESULTS OF ITS RESEARCH DIRECTLY AVAILABLE TO AND FOR THE BENEFIT OF NONPROFIT ORGANIZATIONS. ITS REPORTS ARE WIDELY AVAILABLE TO THE PUBLIC THROUGH A VARIETY OF MEDIA, OR BY REQUEST.

IN SUM, NCOC RESPECTFULLY SUBMITS THAT IT SATISFIES THE "FACTS AND CIRCUMSTANCES" PUBLIC SUPPORT TEST AND IS ENTITLED TO MAINTAIN ITS STATUS AS A PUBLIC CHARITY UNDER SECTION 509(A)(1) AND SECTION 170(B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED.

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
EVENT EXPENSE		119,203.	
BOARD EXPENSES		12,350.	
DEPRECIATION EXPENSE		3,682.	
OFFICE EXPENSES		6,367.	
WEBSITE		37,708.	
SUPPLIES		6,357.	
TELEPHONE		7,104.	
OTHER EXPENSE		2,843.	
TRAVEL AND ENTERTAINMENT		23,522.	
INVESTMENT EXPENSE		8,188.	
TOTAL TO FORM 990-EZ, LINE 16		227,324.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	42,000.	22,600.	
GRANTS RECEIVABLE	374,110.	25,000.	
INVESTMENTS	878,597.	809,782.	
OTHER DEPRECIABLE ASSETS	0.	8,368.	
TOTAL TO FORM 990-EZ, LINE 24	1,294,707.	865,750.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	28,534.	112,133.	
TOTAL TO FORM 990-EZ, LINE 26	28,534.	112,133.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	4
DESCRIPTION		AMOUNT	
BROADCAST LICENSE FEE ROYALTIES		287,100.	
MISCELLANEOUS		502.	
TOTAL TO FORM 990-EZ, LINE 8		287,602.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		-287,934.	
TOTAL TO FORM 990-EZ, LINE 20		-287,934.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

990-EZ PG 2

STATEMENT 7

ANNUAL NATIONAL CONFERENCE ON CITIZENSHIP - AN ANNUAL CONFERENCE WHICH  
CONVENES LEADERS OF GOVERNMENT, NONPROFIT, CORPORATE SECTORS TO ADDRESS AND  
DISCUSS CURRENT ISSUES IN CIVIC ENGAGEMENT.

TO ANNUALLY HOLD A NATIONAL CONFERENCE ON CITIZENSHIP, TO ASSIST IN THE DEVELOPMENT OF MORE DYNAMIC PROCEDURES FOR MAKING CITIZENSHIP MORE EFFECTIVE, AND TO INDICATE WAYS AND MEANS BY WHICH VARIOUS ORGANIZATIONS MAY CONTRIBUTE TO A MORE PROGRESSIVE CITIZENRY.