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# SCANNED FEB 0 3 2011

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) 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 \$500,000 and total assets less than \$1,250,000 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.

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or th	e 2009 calend	ar year,	or tax year beginning	October 1	, 2009, and	ending	Septemb	er 30	, 20	10
<b>B</b> 0	heck r	neck if applicable Please C Name of organization					D Employer identification number				
	\ddres	ss change use IRS label or Friends of the National Conservation Trai			aining Center				55-07	769860	
=		change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tel						E Telephone	numb	er	
	nitial re Fermini		type. See	P.O. Box 1452				3	04-8	76-6162	
=		ed return	Specific	City or town, state or country, and ZIP + 4				F Group Ex	amnt	ion	
=		tion pending	instruc- tions.	Shepherdstown WV 25443				Number	•	1017	
=			omani	rations and 4947(a)(1) nonexempt charita	hla truete muset	attach	G Accou			Cash 🗌 Ad	conual
	- 50	CBON 301(C)(3)	_	npleted Schedule A (Form 990 or 990-EZ		attaur		(specify) ▶	ٺ	I Casii L. A	Joidai
			-		<u> </u>	-	<b>.</b>	<del></del>	0,00	nızatıon is no	
	Vahe	ite:▶ www	friends	ofnete.org						dule B (Form 9	
				nly one) — ☐ 501(c) ( 3 ) ◀ (insert no )	☐ 4947(a)(1) or	527	1	Z, or 990-PF)		ane D (i Oilli s	550,
	Check			zation is not a section 509(a)(3) supporting o			<u> </u>	<del></del>		than \$25,000	
	-		_	turn is not required, but if the organization	•	•	•	•		11a11 \$25,000	^
				e 9 to determine gross receipts; if \$500,000 or					\$		
_	art I			enses, and Changes in Net Asse					_	r Part I.)	
	1			ts, grants, and similar amounts receive				1	1		27,818
	2		-	evenue including government fees and				. 2	1		
	3			s and assessments				3	T		1,889
	4	Investmen	•					. 4			1
	5			m sale of assets other than inventory		5a					
				er basis and sales expenses		5b			1		
	(			n sale of assets other than inventory (S			5a)	5c	1		0
9	6	•		tivities (complete applicable parts of Schedule G).			•		1		
Revenue		Gross revi	enue (na	et including \$ of	contributions	• •		_			
ě		reported o	n line	7 F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F ( ) F (		6a					
	i i			nses other than fundralsing expenses		6b		$\neg \neg$			
	1	Net incom	Por (lo	ss from special events and activities (S	Subtract line 6t	from line	6a) .	6c			0
	7.	Gross sale	S of inv	ventory, less returns and allowances .		7a	, .		1		
	1			ds sold		7b			ĺ		
				Simon sales of inventory (Subtract lir	ne 7b from line			7c			0
	8	Other reve				,		) 8			0
	9		-	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 .			<del></del> -	. ▶ 9			29,708
	10			r amounts paid (attach schedule)				10	1		37,766
	11							11	1		0
တ္တ	12	Salanes, o	ther co	mpensation, and employee benefits .				12	1		0
Ľ.	13	Professional fees and other payments to independent contractors						13		1	13,626
Expenses	14	Occupancy, rent, utilities, and maintenance						14			0
ũ	15	Printing, p	ublicati	ons, postage, and shipping				15			476
	16	Other expenses (describe Dought baseball caps with NCTC Friends slogan						) 16			236
_	17			Add lines 10 through 16				. ▶ 17			52,104
g	18			for the year (Subtract line 17 from line				18		-2	22,396
set	19	Net assets	s or fur	nd balances at beginning of year (from	n line 27, colu	mn (A)) (m	iust agree	with			
As		end-of-yea	ar figure	e reported on prior year's return)				19			42,133
Net Assets	20	Other cha	nges in	net assets or fund balances (attach ex	planation) .			20			
_	21			d balances at end of year. Combine lin			<u>.</u>				19,737
Р	art i	Balanc	e She	ets. If Total assets on line 25, column (	B) are \$1,250,0	000 or mo			ad c	f Form 990-	·EZ.
				(See the instructions for Part II.)			(A) Beg	inning of year	<u> </u>	(B) End of year	ar
22		_		ivestments				42,133	_		19,737
23		and and buil-	•						23		0
24		Other assets (	•						24		0
25								42,133	_		19,737
26		Total liabilitie				)			26	-	0
27				palances (line 27 of column (B) must a		21)	_	42,133	_		19,737
Ear	Daine	and Ant and De		k Reduction Act Notice see the senarate	a instructions		Cat No. 10	C 4 C 1		990LF7	(2000)

Par	Statement of Program Service Accom	plishments (See the instri	uctions for Part III	1.)		Expenses			
What is the organization's primary exempt purpose? To help the NCTC promote conservation						(Required for section 501(c)(3) and 501(c)(4)			
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise								
manı	ner, describe the services provided, the number of	of persons benefited, and c	ther relevant info	mation for		izations and section a)(1) trusts, optional			
each	program title.	'	for ot						
28	Scholarships awarded to people to allow them to att	s than							
	\$5000 per scholarship								
	(Grants \$ 24,507) If this amount	includes foreign grants, che	ack here	▶ □	28a	24,507			
29	Honorariums provided to speakers who gave conser			dents who	206				
29	attend the summer conservation session. All speak								
	attend the Summer Conservation session. An opean		por tark						
	/O			00-	10,800				
00	(Grants \$ 10,800) If this amount To contractor who produced a DVD on the lives of ea	includes foreign grants, che		ed to local	29a	10,000			
30	schools and the public, Now working on a DVD to a					li .			
		dvance the conservation and	wilderness interes	LS 01					
	children.		I. b			40.000			
		includes foreign grants, che	eck nere	. ▶ ⊔	30a	12,236			
31	Other program services (attach schedule)	to the second se			اما				
20		includes foreign grants, che		<u>. ▶ ⊔</u>	31a	4,561			
	Total program service expenses (add lines 28a t			<del>-</del>	32	52,104			
Par	List of Officers, Directors, Trustees, and Key								
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and			
		devoted to position	enter -0)	deferred comper	sation	other allowances			
	na Printz, 884 Lost Road,	President - 8 hours				_			
	Insburg WV 25443		0		0	0			
	dell Ogden, 481 Uvilla Road	Vice President - 2 hrs							
<del></del>	er's Ferry, WV 25425		0	<u> </u>		0			
	z Printz, 884 Lost Road,	Secretary - 2 hrs							
	insburg WV 25403		0		0	0			
	e Kerfoot, 2001 Winebrenner Rd,	Treasurer - 4 hrs			_	_			
	oherdstown WV 25443		0		0	0			
	Alegret, 44 Barksdale Court	Membership Chair - 3 hrs							
	les Town WV 25414		0		0	0			
	Henry, 320 Old Martinsburg Road	Board Member - 1/2 hr							
	pherdstown WV 25443		. 0		0	0			
Stev	e Hatleberg, 20400 Highview Court	Board Member - 1 hr							
	erstown, MD 21740		0		0	0			
	t Olcott, Po Box 1162	Board Member - 1 hr							
	pherdstown WV 25443		0		0	0			
	cy Streeter, 63 Hackberry Circle	Board Member - 1 hr							
Shep	pherdstown WV 25443		0		0	0			
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Part '	Other Information (Note the statement requirements in the instructions for Part V.)			
•			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	33		<b>✓</b>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<b>√</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			1
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			1
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   0			
39	Section 501(c)(7) organizations. Enter:			!
а	Initiation fees and capital contributions included on line 9		1	1
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			,
	section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		<u> </u>
·	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		<b>7</b>
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Anne Kerfoot Telephone no. ▶	04-87	6-616	2
	Located at ▶ 2001 Winebrenner Road, Shepherdstown, WV ZIP + 4 ▶	254	143	
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		Yes	No
	account)?	42b	L	<b>✓</b>
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	•	1
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	45		1
		, 990	LE7	(2000)

Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charita itable trusts m	able trusts only. A ust answer question	II sections 46	on 49b
46	Did the organization engage in direct or indirect				Y	es No
	candidates for public office? If "Yes," complete	•			46	1
47	Did the organization engage in lobbying activitie	•			47	<b>√</b>
48	Is the organization a school as described in section		•		48	<b>√</b> .
49a	Did the organization make any transfers to an ex		<del>-</del>		49a	<b>→</b>
b	If "Yes," was the related organization a section !				49b	
50	Complete this table for the organization's five hemployees) who each received more than \$100,					
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	on (d) Contributions to employee benefit plans &	(e) E	opense unt and
	than \$100,000	devoted to position		deferred compensation	other at	lowances
No on	e received any money. We all volunteer	-			ł	
	· · · · · · · · · · · · · · · · · · ·		<u> </u> -		ļ	
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				<del>-  </del>	-	
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		-				
51	Complete this table for the organization's five \$100,000 of compensation from the organization			actors who each rec	eived m	ore than
	(a) Name and address of each independent contractor	r paid more than \$100,000	(b)	Type of service	(c) Comp	ensation
None						
					_	
d	Total number of other independent contractors	each receiving over \$100,0	00			
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration					
Sign Here	Anne L Kafoot Signature of officer August 1 KEO FOO:			Date	A 4	Δ1 (
	Type or print name and title	<u> </u>		JANUARY 1	4	VII
Paid Proper	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (See in	structions)
Prepar Use Or	yours if self-employed),	•		EIN ►		
	address, and ZIP + 4			Phone no ▶	1	<del></del>
May tr	ne IRS discuss this return with the preparer show	n above? See instructions	· · · · · ·	▶ <u>L</u>		<u></u> No EZ (2009)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public inspection

Employer identification number

F	148	FUDS OF THE	- NATIONAL	CONSERVATION	TRAIL	UINGC	ENTER	L	55-	07699	360		
	art 1	Reason for	<b>Public Charit</b>	y Status (All organiza	ations mus	t complete	this part.)	) See instr	uctions.				
The	orga	nization is not a priva	te foundation beca	use it is: (For lines 1 thr	ough 11, d	heck only	one box.)						
1	Ò	A church, convention	n of churches, or a	association of churches	described	ın <b>section</b>	170(b)(1)(	(A)(i).					
2		A school described i	in section 170(b)(	1)(A)(ii). (Attach Schedu	ile E)								
3	$\overline{\Box}$	A hospital or a coop	erative hospital se	rvice organization descri	ibed in <b>se</b>	ction 170(b	)(1)(A)(iii	).					
4	$\overline{\Box}$	A medical research	organization opera	ted in conjunction with a	a hospital	described i	n section	170(b)(1)	( <b>A)</b> (iii). En	ter the hos	pıtal's n	ame,	
	_	city, and state		·									
5	П		rated for the benef	fit of a college or univers	sity owned	or operate	d by a go	vernmenta	I unit desc	ribed in			
	_	section 170(b)(1)(A)			-		_						
6	П		· ·	r governmental unit desc	cribed in s	ection 170	(b)(1)(A)(	v).					
7	X		-	a substantial part of its					the gener	al public			
		described in section	•			_			_				
8	П			n 170(b)(1)(A)(vi). (Com	plete Part	II )							
9	П			(1) more than 33 1/3%			ontribution	ns, membe	rship fees,	and gross	;		
	_			empt functions - subject									
				and unrelated business									
				e 30, 1975. See <b>section</b>									
10				ed exclusively to test for				(a)(4).					
11		An organization orga	anized and operate	ed exclusively for the be	nefit of, to	perform th	e function	s of, or to	carry out t	he			
		purposes of one or	more publicly supp	oorted organizations des	cribed in	section 509	(a)(1) or s	section 509	3(a)(2) Se	e section			
		509(a)(3). Check the	box that describe	es the type of supporting	organizat	on and co	mplete line	es 11e thre	ough 11h.				
		a 🗌 Type I	ь 🗌 Тур	e∥ c [	] Type III	-Functiona	illy integra	ted	d	Type I	II-Othe	ī	
	• 🗌	By checking this box	x, I certify that the	organization is not contr	olled direc	tly or indire	ectly by on	ne or more	disqualifie	ed			
		persons other than t	oundation manage	ers and other than one o	or more pu	iblicly supp	orted orga	anizations	described	ın section			
		509(a)(1) or section	509(a)(2)										
1	ļ.	If the organization re	eceived a written d	letermination from the IR	S that it is	a Type I, T	Type II, or	Type III su	upporting				
		•											🛚
!	3	Since August 17, 20	06, has the organi	zation accepted any gift	or contrib	ution from	any of the	,					
		following persons?											
				y controls, either alone o								Yes	No
				dy of the supported orga							11g(i)		
				cribed in (i) above?							11g(ii)		
				on described in (i) or (ii)		• • • • •		• • • • •	• • • • •		11g(iii)		
_	h		·	t the supported organiz					1				
	(i) I	lame of supported organization	(a) EIN	(iii) Type of organization (described on lines 1-9	1 ' '	organization sted in your		ou notify		ls the tion in col.		Amount support	of
				above or IRC section		document?	the organization in col. (i) of your		(i) organized in the		зирроп		
			(see instructions) support? U.S.?					T					
					Yes	No	Yes	No	Yes	No			
			ŀ					}					
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redule A (Form 990 or 990-EZ) 2009						Page 2
art II Support Schedule for Or	ganizations De	escribed in Se	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)	
(Complete only if you checked the			• •			
ection A. Public Support		·				
endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cifts assets contributions and						
Gifts, grants, contributions, and membership fees received. (Do not	i '			ļ		
include any "unusual grants.")	1.677	30,845	20.522	64.319	29 709	147,071
•	,			,		
Tax revenues levied for the organization's benefit and either paid to or expended on						
its behalf	Ð	6	6 -	0	0	b
The value of services or facilities furnished by a governmental unit to the						
organization without charge	0	6	D	D	O	<b>も</b>
Total. Add lines 1 through 3	1677	30 545	10.512	64 319	29 708	147,071
The portion of total contributions by each	# <	77 7		1 3 30	7.5 <sub>w</sub>	117
person (other than a governmental unit or	Section of the sectio					
publicly supported organization) included			. 4			
on line 1 that exceeds 2% of the amount	in a m	- ; - <b>3</b> · ·		X-y		
shown on line 11, column (f)	F	3.4274 <b>3</b> .190				10,000
Public support. Subtract line 5 from In 4	-:			1 .25	·	137,071
ection B. Total Support	<u> </u>	r		<del>*************************************</del>		
endar year (or fiscal year beginning in)	(a) 2005	(ь) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 4	1 1 1	30. 345	20,522	64.319	29.709	147,071
Gross income from interest, dividends,	1,677	701-11-	20,70	1 4 7 - 1 - 1	21/12	
payments received on securities loans,		į		İ		
rents, royalties and income from similar sources	Ð	0	0	0	1	1
Net income from unrelated business activities, whether or not the business is					İ	
regularly carried on	(€	l o	0	0	D	D
• ,						
Other income. Do not include gain or loss from the sale of capital assets		İ				
(Explain in Part IV.)	0	0	0	D	0	ひ
Total support. Add lines 7 through 10	··\$. \\ 70		g metro	rocald room in	N Y RES	147,072
Gross receipts from related activities, etc. (	see instructions)		· · · · · · · · · ·		12	<del>D</del>
First five years. If the Form 990 is for the		second third fou	irth or fifth tax vea	r as a section 501	(c)(3)	
organization, check this box and stop her	e					▶ 🔲
ection C. Computation of Public St						
Public support percentage for 2009 (line 6	, column (f) divide	d by line 11, colum	nn (f))		14	93 %
Public support percentage from 2008 Sch						%
3 1/3% support test - 2009. If the organi						
and stop here. The organization qualifies						▶ ☑
33 1/3% support test - 2008. If the organi	zation did not che	ck a box on line 13	3 or 16a, and line	15 is 33 1/3% or m	ore, check this	
box and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			≻ <b>▶</b> 🛛
1 10%-facts-and-circumstances test - 20	09. If the organiza	tion did not check	a box on line 13, 1	16a, or 16b, and lir	ne 14 is 10% or	
more, and if the organization meets the "fa	cts-and-circumsta	ances" test, check	this box and <b>stop</b>	here. Explain in P	art IV how the	
organization meets the "facts-and-circums	stances" test. The	organızation qualifi	es as a publicly su	upported organizat	ion	▶ 🗌
10%-facts-and-circumstances test - 20	<b>08.</b> If the organiza	tion did not check	a box on line 13,	16a, 16b, or 17a, a	nd line 15 is 10% o	or
more, and if the organization meets the "fa						
organization meets the "facts-and-circums						
Private foundation. If the organization did	I not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee instructions	▶ 🗍

## SCHEDULE FOR LINE 31 – OTHER PROGRAM SERVICES

Contribution to the Great Dismal Swamp Coalition	500
Contribution to American Conservation Film Festival	500
Thank-you gifts for Friends members, advisors & contributors	371
Annual wine-tasting celebration for Friends of NCTC members	214
Web site administration for Friends of NCTC members	1,121
Furniture given to NCTC in honor of departed employee	1,088
Professional fees, printing, publications, postage, mail box	<u>767</u>
TOTAL	4,561

# SCHEDULE FOR LINE 10 - GRANTS & SIMILAR AMOUNTS PAID

Amount of scholarships awarded for NCTC conservation classes	24,507
Amount paid for speakers about conservation at public meetings	10,800
Contribution to the Great Dismal Swamp Coalition	500
Contribution to American Conservation Film Festival	500
Thank-you gifts for Friends members, advisors & contributors	371
Furniture given to NCTC in honor of departed employee	1088
TOTAL	37,766