

**COMMITTEE ON NATURAL RESOURCES**  
**113<sup>th</sup> Congress Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

Subcommittee on Public Lands and Environmental Regulation legislative hearing on H.R. 1126 (**Bishop**), the  
“*Dwight D. Eisenhower Memorial Completion Act.*”  
Tuesday, March 19, 2013

For Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name: Justin Shubow
2. Name of Organization(s) You are Representing at the Hearing: The National Civic Art Society
3. Business Address: 904 Massachusetts Ave. NE, Washington, DC 20002
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

## For all Witnesses

**Name/Organization:** Justin Shubow/ The National Civic Art Society

**Title/Date of Hearing:** Subcommittee on Public Lands and Environmental Regulation legislative hearing on H.R. 1126 (**Bishop**), the “*Dwight D. Eisenhower Memorial Completion Act.*”

Tuesday, March 19, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

J.D., Yale Law School

M.A., University of Michigan Ph.D. Program in Philosophy

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Member of the New York and District of Columbia Bars

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have taught political philosophy at Yale College and the University of Michigan at Ann Arbor.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None.

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

I am the author of a 150-page report on the proposed Eisenhower Memorial. Titled “The Gehry Towers Over Eisenhower: The National Civic Art Society Report on the Eisenhower Memorial,” it is available at [www.eisenhowermemorial.net](http://www.eisenhowermemorial.net). On March 20, 2012, our organization testified before this Subcommittee on the Eisenhower Memorial. On June 1, 2012, on behalf of the National Civic Society, I testified before this Subcommittee on the Future of the National Mall.

## Witnesses Representing Organizations

**Name/Organization:** Justin Shubow/ The National Civic Art Society

**Title/Date of Hearing:** Subcommittee on Public Lands and Environmental Regulation legislative hearing on H.R. 1126 (**Bishop**), the “*Dwight D. Eisenhower Memorial Completion Act.*”  
Tuesday, March 19, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

Filed by the NCAS: a FOIA request to GSA 11-21-11

Filed by the NCAS: NCAS’ response to GSA re request for clarifications 1-19-12

Filed by NCAS: Our response to GSA re denial of request for fee waiver 3-14-12

Filed by the NCAS: a FOIA request to NPS 11-23-11

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Because of the minimal amount of income, for 2010 and 2011 the National Civic Art Society the so-called “postcard” forms. Our 2009 990 will be provided to the Subcommittee.



**Exempt Organizations Select Check**

[Exempt Organizations Select Check Home](#)

**990-N (e-Postcard) filer Information**

---

**Tax Period:**  
2010 (01/01/2010 - 12/31/2010)

**Employer Identification Number (EIN):**  
38-3686330

**Legal Name:**  
NATIONAL CMC ART SOCIETY

**Mailing Address:**  
904 MASSACHUSETTS AVENUE NE  
WASHINGTON, DC 200028228  
United States

**Doing Business As:**

**Gross receipts not greater than:**  
\$50,000

**Organization has terminated:**  
No

**Principal Officer's Name and Address:**  
JAMES MCCRERY  
900 MASSACHUSETTS AVENUE NE  
WASHINGTON, DC 20002  
United States

**Website URL:**

---

**Related 990-N (e-Postcard) Filings:**

If the organization has filed additional Forms 990-N (e-Postcards), link(s) to additional e-Postcard filings are displayed below. Click on the link(s) to see the information included in those filing(s).

No related filings available for this EIN.

[Return to Search Results](#) [Return to Search Page](#)

# Short Form Return of Organization Exempt From Income Tax

**2009**

Department of the Treasury  
Internal Revenue Service

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.

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning , 2009, and ending**

<b>B</b> Check if applicable: <input 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	<b>Please use IRS label or print or type See Specific Instructions.</b>	<b>C Name of organization</b> NATIONAL CIVIC ART SOCIETY		<b>D Employer identification number</b> 38-3686630
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 904 MASSACHUSETTS AVENUE, N.E.		<b>E Telephone number</b> ( 202 ) 548-2600
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20002-6228		<b>F Group Exemption Number</b> . . . ▶

• 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) ▶

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶

**J Tax-exempt status** (check only one) -  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

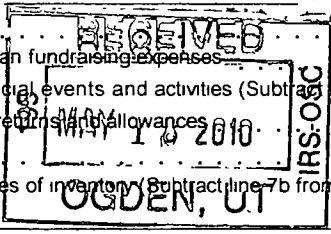
**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** . . . ▶ \$ 8,087.

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

<b>Part I</b> SCANNED JUN 30 2010	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	500.
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	7,581.
	<b>4</b>	Investment income . . . . .	<b>4</b>	6.
	<b>5 a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5 a</b>	
	<b>5 b</b>	Less cost or other basis and sales expenses . . . . .	<b>5 b</b>	
	<b>5 c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5 c</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>6 a</b>	Gross revenue (not including \$ of contributions reported on line 1) . . . . .	<b>6 a</b>	
<b>6 b</b>	Less direct expenses other than fundraising expenses . . . . .	<b>6 b</b>		
<b>6 c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6 c</b>		
<b>7 a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7 a</b>		
<b>7 b</b>	Less cost of goods sold . . . . .	<b>7 b</b>		
<b>7 c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7 c</b>		
<b>8</b>	Other revenue (describe ▶ ) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	8,087.	
<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>	0.
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	2,095.
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	459.
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	165.
	<b>16</b>	Other expenses (describe ▶ ) . . . . .	<b>16</b>	15,759.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	18,478.	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-10,391.
	<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>	25,741.
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	<b>21</b>	15,350.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . . ATCH 3	19,291.	5,750.
<b>23</b>	Land and buildings . . . . .		
<b>24</b>	Other assets (describe ▶ ) . . . . . ATCH 4	10,500.	13,650.
<b>25</b>	<b>Total assets</b> . . . . .	29,791.	19,400.
<b>26</b>	<b>Total liabilities</b> (describe ▶ ) . . . . . ATCH 5	4,050.	4,050.
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	25,741.	15,350.



Part III Statement of Program Service Accomplishments (See the instructions for Part III)

Expenses

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

What is the organization's primary exempt purpose? ATCH 6
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, and other relevant information for each program title

Table with 3 columns: Line number, Description of program service, and Expense amount. Includes rows 28 through 32 with descriptions like 'SPONSOR, ORGANIZE, AND CONDUCT EXHIBITIONS AND LECTURES' and 'Total program service expenses'.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Table with 5 columns: (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. Includes entry for ATTACHMENT 7.

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

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .
- 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .
- 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
  - a 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? . . . . .
  - b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .
- 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 . . . . .
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a
- b Did the organization file Form 1120-POL for this year? . . . . .
- 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 outstanding at the end of the period covered by this return? . . . . .
- b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . 38b 1,050.
- 39 Section 501(c)(7) organizations Enter
  - a Initiation fees and capital contributions included on line 9 . . . . . 39a
  - b Gross receipts, included on line 9, for public use of club facilities . . . . . 39b
- 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶
  - 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
  - c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on 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 . . . . . ▶
  - 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 . . . . . 40e
- 41 List the states with which a copy of this return is filed ▶ DC,
- 42a The organization's books are in care of ▶ DONALD R. SHEFF Telephone no ▶ 202-969-2444  
 Located at ▶ 904 MASSACHUSETTS AVENUE, NE WASHINGTON, DC ZIP + 4 ▶ 20002
  - 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)? . . . . . 42b
  - 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 U S ? . . . . . 42c
  - 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. . . . . ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43
- 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . 44
- 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

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37b		X
38a	X	
39a		
39b		
40b		X
40e		X
42b		X
42c		X
44		X
45		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47 X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 48 X
- 49b If "Yes," was the related organization a section 527 organization? 49a X
- 50 Complete this table for the organization's 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 "

(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				

f Total number of other employees paid over \$100,000 . . . . . NONE

- 51 Complete this table for the organization's 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
NONE		

d Total number of other independent contractors receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer by the taxpayer.

**Sign Here**

Signature of officer: *Andrew T. Oliva*

Type or print name and title: Andrew T. Oliva

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: CRAMER & OLIVER, LLC 6106 MACARTHUR BOULEVARD, SUITE 1000

May the IRS discuss this return with the preparer shown above? See instructions.



**Public Charity Status and Public Support**

Department of the Treasury  
Internal Revenue Service

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.

<b>Name of the organization</b> NATIONAL CIVIC ART SOCIETY	<b>Employer identification number</b> 38-3686630
---	---

**Part I Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 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)**.
- 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 Part III)
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 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?

	Yes	No
(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? .....	11g(i)	X
(ii) A family member of a person described in (i) above? .....	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	X

**h Provide the following information about the supported organization(s)**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	4,391	2,350	1,700	37,300	8,081	53,822
<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</b> Total Add lines 1 through 5 . . . . .	4,391	2,350	1,700	37,300	8,081	53,822
<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 \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8</b> Public support (Subtract line 7c from line 6) . . . . .						53,822

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6. . . . .	4,391	2,350	1,700	37,300	8,081	53,822
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .				30	6	36
<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 . . . . .				30	6	36
<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</b> Total support. (Add lines 9, 10c, 11, and 12) . . . . .	4,391	2,350	1,700	37,330	8,087	53,858
<b>14</b> 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. . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	99.93%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15. . . . .	<b>16</b>	99.50%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	.07%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

- 19a** 33 1/3% support tests - 2009. 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 - 2008. 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 explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

[Dashed lines for supplemental information]

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization: **NATIONAL CIVIC ART SOCIETY**  
Employer identification number: **38-3686630**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	CATESBY LEIGH (OPERATIONS)				X	3,000	3,000		X	
HOWARD SEGERMARK (OPERATIONS)		X	1,050	1,050		X		X		X
<b>Total</b> . . . . . ▶ \$				4,050						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	6.
TOTAL	<u>6.</u>

FORM 990EZ, PART I - OTHER EXPENSES

MISCELLANEOUS	258.
MEMBERSHIP DEVELOPMENT	10,089.
AUCTION	1,160.
WEBSITE EXPENSES	3,672.
OTHER PROGRAM EXPS	580.
TOTAL	<u>15,759.</u>

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	19,291.	5,750.
TOTALS	<u>19,291.</u>	<u>5,750.</u>



FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
VIDEO PRODUCTION WIP	10,500.	13,650.
TOTALS	<u>10,500.</u>	<u>13,650.</u>

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
DUE TO AFFILIATE	4,050.	4,050.
TOTALS	<u>4,050.</u>	<u>4,050.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO EDUCATE THE PUBLIC ABOUT CLASSICAL AND OTHER TRADITIONAL FORMS OF CIVIC ART, INCLUDING INSTITUTIONAL ARCHITECTURE, URBAN PLANNING, MEMORIAL DESIGN, AND FINE ART.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 7

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
MICHAEL CURTIS 904 MASSACHUSETTS AVENUE, N.E. WASHINGTON, DC 20002-6228	DIRECTOR <i>AS NEEDED</i>	0.	0.	0.
RONALD T. LYMAN 904 MASSACHUSETTS AVENUE, N.E. WASHINGTON, DC 20002-6228	DIRECTOR	0.	0.	0.
JAMES C. MCCRERY, II 904 MASSACHUSETTS AVENUE, N.E. WASHINGTON, DC 20002-6228	DIRECTOR	0.	0.	0.
HOWARD SEGERMARK 904 MASSACHUSETTS AVENUE, N.E. WASHINGTON, DC 20002-6228	DIRECTOR	0.	0.	0.
MILTON W. GRENFELL 904 MASSACHUSETTS AVENUE, N.E. WASHINGTON, DC 20002-6228	DIRECTOR	0.	0.	0.
ANDREW OLIVASTRO 904 MASSACHUSETTS AVENUE, N.E. WASHINGTON, DC 20002-6228	PRESIDENT	0.	0.	0.
ERIC WIND 904 MASSACHUSETTS AVENUE, N.E.	DIRECTOR	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 7 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
WASHINGTON, DC 20002-6228				
BRIDGETT WAGNER 904 MASSACHUSETTS AVENUE, N.E. WASHINGTON, DC 20002-6228	DIRECTOR <i>AS NEEDED</i> ↓	0.	0.	0.
JUBALL BIGGS 904 MASSACHUSETTS AVENUE, N.E. WASHINGTON, DC 20002-6228	DIRECTOR	0.	0.	0.
JAMES P. LUCIER JR 904 MASSACHUSETTS AVENUE, N.E. WASHINGTON, DC 20002-6228	DIRECTOR	0.	0.	0.
GRAND TOTALS		<u>0.</u>	<u>0.</u>	<u>0.</u>

# Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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 \$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 , 2008, and ending**

<b>B</b> Check if applicable: <input 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	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> NATIONAL CIVIC ART SOCIETY Number and street (or P O box, if mail is not delivered to street address) Room/suite 904 MASSACHUSETTS AVENUE, N.E. City or town, state or country, and ZIP + 4 WASHINGTON, DC 20002-6228	<b>D Employer identification number</b> 38-3686630 <b>E Telephone number</b> (202) 548-2600 <b>F Group Exemption Number</b> . . . ▶
--	--	--	---

• 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:** ▶

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

**H Check**  if the organization is not 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 . . . ▶ \$ 37,330.**

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

	1 Contributions, gifts, grants, and similar amounts received . . . . .			33,000.
	2 Program service revenue including government fees and contracts . . . . .	2		
	3 Membership dues and assessments . . . . .	3		4,300.
	4 Investment income . . . . . STMT 1	4		30.
	5 a Gross amount from sale of assets other than inventory . . . . . 5a			
	b Less cost or other basis and sales expenses . . . . . 5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . . 5c			
	6 Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here . . . . . <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . . 6a			
	b Less (direct) expenses other than fundraising expenses . . . . . 6b			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . 6c			
	7 a Gross sales of inventory, less returns and allowances . . . . . 7a			
	b Less cost of goods sold . . . . . 7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 7c			
	8 Other revenue (describe ▶ _____ ) . . . . . 8			
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶ 9			37,330.
	10 Grants and similar amounts paid (attach schedule) . . . . . 10			
	11 Benefits paid to or for members . . . . . 11			
	12 Salaries, other compensation, and employee benefits . . . . . 12			
	13 Professional fees and other payments to independent contractors . . . . . 13			135.
	14 Occupancy, rent, utilities, and maintenance . . . . . 14			642.
	15 Printing, publications, postage, and shipping . . . . . 15			1,456.
	16 Other expenses (describe ▶ _____ STMT 2 ) . . . . . 16			6,480.
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶ 17			8,713.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18			28,617.
	19 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) . . . . . 19			-2,876.
	20 Other changes in net assets or fund balances (attach explanation) . . . . . 20			
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶ 21			25,741.

RECEIVED  
MAY 03 2009  
338  
OGDEN, UT

SCANNED JUN 03 2009 Expenses Net Assets

**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	
22	Cash, savings, and investments . . . . . STMT 3	74.	22	19,291.			
23	Land and buildings . . . . .		23				
24	Other assets (describe ▶ _____ STMT 4 ) . . . . .	NONE	24	10,500.			
25	<b>Total assets</b> . . . . .	74.	25	29,791.			
26	<b>Total liabilities</b> (describe ▶ _____ STMT 5 ) . . . . .	2,950.	26	4,050.			
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	-2,876.	27	25,741.			

23

**Part III Statement of Program Service Accomplishments (See the instructions for Part III)**

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

What is the organization's primary exempt purpose? STMT 6  
 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

**28 SPONSOR, ORGANIZE, AND CONDUCT EXHIBITIONS AND LECTURES.**  
MAINTAIN A WEBSITE AND THE ONLINE PUBLICATION TO INFORM  
THE PUBLIC ABOUT THE ORGANIZATION AND ITS EFFORTS.  
 (Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

**28a** 6,794.

**29**  
 (Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

**29a**

**30**  
 (Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

**30a**

**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** 6,794.

**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
SEE STATEMENT 7		-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		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	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 Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>		
37b	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	
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		4,050
39	Section 501(c)(7) organizations Enter.		
39a	Initiation fees and capital contributions included on line 9		
39b	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; section 4912, section 4955		
40b	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
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Enter amount of tax on line 40c reimbursed by the organization		
40e	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. DC		
42a	The books are in care of DONALD R. SHEFF Telephone no 202-969-2444 Located at 904 MASSACHUSETTS AVENUE, NE WASHINGTON, DC ZIP + 4 20002		
42b	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)? 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.		X
42c	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.		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
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



**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.

- |   |     | Yes | No |
|---|-----|-----|----|
| 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 . . . . . | 46  |     | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | 47  |     | X  |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a |     | X  |
| b If "Yes," was the related organization(s) a section 527 organization? . . . . .   | 49b |     | X  |
- 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 "

(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 ▶		NONE		

- 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
NONE		
Total number of other independent contractors receiving over \$100,000 . . . . . ▶		NONE

Under penalties of perjury, I declare that I have examined this return and believe, it is true, correct, and complete Declaration of preparer (other than officer) or other person deemed to have prepared this return.

**Sign Here**

Signature of officer: *Howard Segermark*

Type or print name and title: **HOWARD SEGERMARK**

---

**Paid Preparer's Use Only**

Preparer's signature: *Peter J. Kramer*

Firm's name (or yours if self-employed), address, and ZIP + 4: **CRAMER & OLER, LLC**  
**6106 MACARTHUR BOULEVARD, SUITE 10**

May the IRS discuss this return with the preparer shown above? S

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

Open to Public Inspection

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.

<b>Name of the organization</b> NATIONAL CIVIC ART SOCIETY	<b>Employer identification number</b> 38-3686630
---	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

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 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 on or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 590(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 590(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? \_\_\_\_\_

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

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 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 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

**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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	13,375.	4,391.	2,350.	1,700.	37,300.	59,116.
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 . . . . .	591.					591.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1-5 . . . . .	13,966.	4,391.	2,350.	1,700.	37,300.	59,707.
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) . . . . .						59,707.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .	13,966.	4,391.	2,350.	1,700.	37,300.	59,707.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .					30.	30.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .					30.	30.
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) . . . . .						59,737.

14 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**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99.95%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	100.00%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.0%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	NONE%

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)

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
TOTALS						

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No 1545-0047

**2008**

**Open To Public Inspection**

Name of the organization **NATIONAL CIVIC ART SOCIETY** Employer identification number **38-3686630**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	CATESBY LEIGH (OPERATIONS)	X				3,000.	3,000.		X	
HOWARD SEGERMARK (OPERATIONS)	X		1,050.	1,050.		X		X		X
<b>Total</b>				▶ \$ 4,050.						

**Part III Grants or Assistance Benefitting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

FORM 990EZ, PART I - INVESTMENT INCOME  
=====

DESCRIPTION  
-----

AMOUNT  
-----

INTEREST INCOME

30.

TOTAL

-----  
30.  
=====

FORM 990EZ, PART I - OTHER EXPENSES  
=====

SUPPLIES	91.
ADMINISTRATIVE	191.
WEBSITE EXPS	2,255.
MEMBERSHIP DEVELOPMENT	3,943.
	-----
TOTAL	6,480.
	=====



FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	74.	19,291.
TOTALS	74.	19,291.
	=====	=====

FORM 990EZ, PART II - OTHER ASSETS  
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
VIDEO PRODUCTION WIP	NONE	10,500.
TOTALS	NONE	10,500.
	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES  
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
LOANS FROM OFFICERS, DIRECTORS, ETC.	2,000.	3,000.
DUE TO AFFILIATE	950.	1,050.
TOTALS	----- 2,950. =====	----- 4,050. =====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

TO EDUCATE THE PUBLIC ABOUT CLASSICAL AND OTHER TRADITIONAL FORMS OF  
CIVIC ART, INCLUDING INSTITUTIONAL ARCHITECTURE, URBAN PLANNING,  
MEMORIAL DESIGN, AND FINE ART.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION
-----	-----
MICHAEL CURTIS 6002 GROVE DRIVE ALEXANDRIA, VA 22307	DIRECTOR
RONALD T. LYMAN 30 HEALTH STREET BROOKLINE, MA 02445	TREASURER
JAMES C. MCCRERY, II 900 MASSACHUSETTS AVENUE, NE WASHINGTON, DC 20002	VICE PRESIDENT
HOWARD SEGERMARK 904 MASSACHUSETTS AVENUE, NE WASHINGTON, DC 20002	DIRECTOR
MILTON W. GRENFELL 910 17TH STREET WASHINGTON, DC 20006	DIRECTOR

GRAND TOTALS