



<b>Part III Statement of Program Service Accomplishments</b> (See page 42 of the instructions.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <b>See Statement 4</b>			
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.			
<b>28</b>	<b>CONSERVATION &amp; EDUCATION ON THE NATURAL RESOURCES AND SCENIC BEAUTY OF NORTH GEORGIA.</b>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>26,309</b>
<b>29</b>	<b>INVESTIGATION AND MITIGATION BANKING TO PROTECT LAND FOR LONG SWAMP CREEK WATERSHED.</b>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>2,500</b>
<b>30</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>28,809</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>See Statement 5</b>				

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)			Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		<b>X</b>
<b>34</b>	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	<b>34</b>		<b>X</b>
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, att. a statement explaining your reason for not reporting the income on Form 990-T.			
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>		<b>X</b>
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<b>36</b>		<b>X</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instr.	<b>37a</b>	<b>0</b>	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>37b</b>	<b>N/A</b>	
<b>38a</b>	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?	<b>38a</b>		<b>X</b>
<b>b</b>	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>		
<b>39</b>	501(c)(7) organizations. Enter:			
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>		
<b>40a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>			
<b>b</b>	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," attach an explanation.	<b>40b</b>		<b>X</b>
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			<b>0</b>
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization			<b>0</b>

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41** List the states with which a copy of this return is filed. ▶ **GA**
- 42a** The books are in care of ▶ **MTN CONSERVATION TRUST OF** Telephone no. ▶ **706-253-4077**  
**104 NORTH MAIN STREET**  
 Located at ▶ **JASPER, GA** ZIP + 4 ▶ **30143**
- 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       |
|------------|-----|----------|
| <b>42b</b> |     | <b>X</b> |
| <b>42c</b> |     | <b>X</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.
- c** 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: \_\_\_\_\_
- 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** ▶

**Please Sign Here**

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.

Signature of officer: **MARK DICKERSON** Date: **PRESIDENT**  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ <b>Dawn M. Rugh, CPA</b>	Date <b>8/08/06</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. W) <b>P00133966</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>Bell, Rollins &amp; Rugh CPA's</b> <b>746 W Church St Ste B</b> <b>Jasper, GA 30143-1450</b>	EIN ▶ <b>58-2584507</b>	Phone no. ▶ <b>706-692-6536</b>	