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Form 990-EZ

EXTENSION GRANTED UNTIL AUGUST 15, 2010

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury  
Internal Revenue ServiceUnder 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

, and ending

B Check if applicable

Please use IRS label or print or type  
See Specific Instructions

C Name of organization

Indiana Audubon Society, Inc.

D Employer identification number

Address change

35-6023489

Name change

Initial return

E Telephone number

Termination

765-827-5109

Amended return

F Group Exemption Number ►

Application pending

Number and street (or P O box, if mail is not delivered to street address)  
3499 S. Bird Sanctuary Road  
City or town, state or country, and ZIP + 4  
Connersville IN 47331

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

G Accounting method  Cash Accrual  
Other (specify) ►I Website: ► [www.indianaaudubon.org](http://www.indianaaudubon.org)H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) —  501(c) ( 3 ) (insert no)  4947(a)(1) or  527K 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 ► \$ 57,550

## 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	1	39,575
2	Program service revenue including government fees and contracts	2	4,180
3	Membership dues and assessments	3	11,610
4	Investment income	4	2,107
5a	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)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b	Less direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	78
7a	Gross sales of inventory, less returns and allowances	7b	13
b	Less cost of goods sold	7c	65
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ► _____)	9	57,537
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	
13	Professional fees and other payments to independent contractors	14	30,814
14	Occupancy, rent, utilities, and maintenance	15	7,189
15	Printing, publications, postage, and shipping	16	3,861
16	Other expenses (describe ► See Statement 2)	17	41,864
17	Total expenses. Add lines 10 through 16	18	15,673
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	674,339
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)	20	87,582
20	Other changes in net assets or fund balances (attach explanation)	21	777,594
21	Net assets or fund balances at end of year. Combine lines 18 through 20		

## 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

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
22	495,744	615,468
23	167,116	166,101
24	11,479	9,025
25	674,339	790,594
26	0	13,000
27	674,339	777,594

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

What is the organization's primary exempt purpose?

Conservation and education

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 See Statement 6

(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	22,334
29 See Statement 7				
(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	7,189
30 See Statement 8				
(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	3,861
31 Other program services (attach schedule)				
(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		<input type="checkbox"/>	32	33,384

**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
Rebecca Lewis 8206 Bridgetown Road	Cleves OH 45002	Past President 5.00	0	0
Amy Wilms 3499 S. Bird Sanctuary Road	Connersville IN 47331	President 10.00	0	0
Clare Oskay 551 Teton Trail	Indianapolis IN 46217	Treasurer 5.00	0	0
Steven Doud 7619 W 400 N	Denver IN 46992	Director 5.00	0	0
Jill McAtee 10395 Mt Jackson Lane	Aurora IN 47001	Director 5.00	0	0
Tom Goldsmith 6130 Wildcat Drive	Indianapolis IN 46203	Secretary 5.00	0	0
Carl Wilms 3499 S. Bird Sanctuary Road	Connersville IN 47331	Director 5.00	0	0
Richard Patterson 4614 Thornleigh Drive	Indianapolis IN 46226	Director 5.00	0	0
Marlene Frank 6923 W 900 N	McCordsville IN 46055	Director 5.00	0	0
Karen Henman 333 Gardendale Road	Terre Haute IN 47803	Director 5.00	0	0
Dorothy Jones 3600 Senior Place	West Lafayette IN 47906	Vice President 5.00	0	0
Serrin Anderson 18 SW 7th Street	Richmond IN 47374	Director 5.00	0	0
Randy Jones 339 S. Greensboro Pike	New Castle IN 47362	Director 5.00	0	0

## 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 33  Yes  No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34  Yes  No

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 35  Yes  No

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? 35a  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b  Yes  No

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  Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► 37a  Yes  No

b Did the organization file Form 1120-POL for this year? 37b  Yes  No

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? 38a  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No

a Initiation fees and capital contributions included on line 9 39b  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 39b  Yes  No

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  Yes  No

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  Yes  No

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 40c  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d  Yes  No

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  Yes  No

41 List the states with which a copy of this return is filed ► **IN**42a The organization's books are in care of ► **Robert Ripma**  
**3499 S Bird Sanctuary Road**  
Located at ► **Connersville, IN**Telephone no ► **765-827-5109**ZIP + 4 ► **47331**

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)?

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.?

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  Yes  No44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44  Yes  No45 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

**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

		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 a section 527 organization?	49b	
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 ► \_\_\_\_\_

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 each receiving over \$100,000 ► \_\_\_\_\_

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	18/5/10 Date
	Robert Rizma Treasurer	
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	John M. Chaniga	Date	Check if self-employed	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed).	Chaniga & Associates, P.C.	07/28/10	<input checked="" type="checkbox"/>	P00753336
	address, and ZIP + 4	499 S. 9th Street Noblesville, IN 46060		EIN	35-2123091
				Phone no	317-776-3688

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

► Yes No

Form 990-EZ (2009)

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

Department of the Treasury  
Internal Revenue Service

## 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

Name of the organization

## Indiana Audubon Society, Inc.

Employer identification number  
**35-6023489**

**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  
e  a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  
g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
(ii) A family member of a person described in (i) above?  
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 890 or 890-EZ.**

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

**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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	19,700	47,404	24,965	38,710	51,185	181,964
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,348	3,484	7,843	3,259	4,180	22,114
3 Gross receipts from activities that are not an unrelated trade or business under section 513	910	900	1,366			3,176
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						
<b>6 Total. Add lines 1 through 5</b>	<b>23,958</b>	<b>51,788</b>	<b>34,174</b>	<b>41,969</b>	<b>55,365</b>	<b>207,254</b>
<b>7a 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>		24,028	419	4,939		29,386
<b>c Add lines 7a and 7b</b>	<b>24,028</b>	<b>419</b>	<b>4,939</b>			<b>29,386</b>
<b>8 Public support (Subtract line 7c from line 6 )</b>	<b>- -</b>					<b>177,868</b>

**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 Amounts from line 6</b>	<b>23,958</b>	<b>51,788</b>	<b>34,174</b>	<b>41,969</b>	<b>55,365</b>	<b>207,254</b>
<b>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</b>	<b>17,370</b>	<b>16,348</b>	<b>19,143</b>	<b>10,293</b>	<b>2,107</b>	<b>65,261</b>
<b>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</b>						
<b>c Add lines 10a and 10b</b>	<b>17,370</b>	<b>16,348</b>	<b>19,143</b>	<b>10,293</b>	<b>2,107</b>	<b>65,261</b>
<b>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</b>					0	
<b>12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )</b>						
<b>13 Total support. (Add lines 9, 10c, 11, and 12 )</b>	<b>41,328</b>	<b>68,136</b>	<b>53,317</b>	<b>52,262</b>	<b>57,472</b>	<b>272,515</b>

**.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 2009 (line 8, column (f) divided by line 13, column (f))	15	65.27 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	57.92 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	24 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	30 %
<b>19a 33 1/3 % support tests—2009.</b> 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 ► X		
<b>b 33 1/3 % support tests—2008</b> 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 ►		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		

Schedule A (Form 990 or 990-EZ) 2009 **Indiana Audubon Society, Inc.** 35-6023489 Page 4

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

**4562**Department of the Treasury  
Internal Revenue Service  
(99)**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

Name(s) shown on return

**Indiana Audubon Society, Inc.**Identifying number  
**35-6023489**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,420

**Part III MACRS Depreciation (Do not include listed property) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	03/23/09	1,000	27 5 yrs	MM	S/L	29
	Various	4,008	27 5 yrs	MM	S/L	31
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	8,480
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

DAA

There are no amounts for Page 2

IAS Indiana Audubon Society, Inc.  
35-6023489  
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## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
Regular Dues	\$ 11,610
Total	\$ 11,610

### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Meeting meals and speaker	3,773
Paypal Fees	88
Total	\$ 3,861

### Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
	\$ 68,635
	18,947
Total	\$ 87,582

### Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Equipment and Furniture	\$ 29,813	\$ 29,813
Less Accumulated Depreciation	20,048	22,502
Store Inventory	1,714	1,714
	<u>11,479</u>	<u>9,025</u>

### Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Trip Fees	\$	\$ 13,000
	<u>13,000</u>	<u>13,000</u>

## Federal Statements

**Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

**Description**

Operate a 650 acre wildlife sanctuary, maintain buildings, trails, scientific library, insect and plant collections, available for public use and educational activities, 2-3,000 visitors annually

**Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**

**Description**

Publication of quarterly scientific journal and bi-monthly newsletter to approximately 400 members and subscribing libraries; publication of pamphlets and brochures on Indiana flora and fauna

**Statement 8 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**

**Description**

Two meetings per year, open to the public, including workshops and speakers on nature-related topics; conduct bird counts and publish results; organize 6-10 field trips annually; review rare bird repts

**Federal Asset Report**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Residential Real Property:</b>											
59	Carpet-#1 Residence	3/23/09	1,000				1,000	27	MM S/L	0	29
60	Wood Burning Furnace-#1 Residence	9/28/09	887				887	27	MM S/L	0	9
61	Stove Pipe-#1 Residence	10/19/09	600				600	27	MM S/L	0	5
62	Wood Burning Furnace installation	12/08/09	448				448	27	MM S/L	0	1
63	Wood Burning Furnace-#2 residence	9/28/09	887				887	27	MM S/L	0	9
64	Stove Pipe-#2 residence	10/20/09	738				738	27	MM S/L	0	6
65	Wood Burning Furnace installation	12/08/09	448				448	27	MM S/L	0	1
			<u>5,008</u>				<u>5,008</u>			<u>0</u>	<u>60</u>
<b>Other Depreciation:</b>											
1	Land	1/01/39	1				1	0	--	Land	0
2	Land	1/01/74	10,496				10,496	0	--	Land	0
3	Land	1/01/95	45,000				45,000	0	--	Land	0
4	Well/Pump	1/01/92	4,896				4,896	15	MO S/L	4,896	0
5	Water System	1/01/94	8,714				8,714	15	MO S/L	8,134	580
6	Drive repairs	1/01/01	5,091				5,091	15	MO S/L	2,544	339
7	Bridges	1/01/02	985				985	15	MO S/L	429	66
8	Water System	1/01/02	1,107				1,107	15	MO S/L	481	74
9	Latrine	1/01/02	4,229				4,229	15	MO S/L	1,833	282
10	Entrance rock w/engraving	1/01/05	1,375				1,375	15	MO S/L	322	92
11	Deck, sidewalk #2 residence	1/01/06	1,401				1,401	15	MO S/L	233	93
12	Buildings	1/01/59	38,873				38,873	10	MO S/L	38,873	0
13	Additions	1/01/70	6,740				6,740	10	MO S/L	6,740	0
14	Shed	1/01/98	18,948				18,948	39	MO S/L	5,001	486
15	Improvements	1/01/75	4,972				4,972	20	MO S/L	4,972	0
16	Shop Shed	1/01/99	2,106				2,106	39	MO S/L	515	54
17	Picnic Shelters-Campground & Barn	1/01/99	8,400				8,400	39	MO S/L	2,034	215
18	Picnic Shelter-Concrete Slal	1/01/00	2,260				2,260	39	MO S/L	491	58
19	Windows - Hall	1/01/02	880				880	39	MO S/L	125	23
20	Windows-Hall	1/01/03	880				880	39	MO S/L	125	23
21	Barn Windows	1/01/03	708				708	39	MO S/L	98	18
22	Barn Siding	1/01/03	14,227				14,227	39	MO S/L	1,991	365
23	Siding-Hall	1/01/04	33,486				33,486	39	MO S/L	3,684	859
24	Furnace-Brooks Hall	1/01/06	3,350				3,350	39	MO S/L	240	86
25	Barn Roof	5/01/08	3,675				3,675	39	MO S/L	54	94
26	Brooks Hall-educational displays	10/01/08	359				359	39	MO S/L	2	9
27	No 1 House Renovation	1/01/93	20,866				20,866	20	MO S/L	16,693	1,043
28	#2 Residence Furance,A/C & Impr	1/01/98	5,106				5,106	27	MO S/L	1,945	186
29	Furnace-#1 Residence	1/01/99	5,586				5,586	27	MO S/L	1,937	203
30	Gutters-Hall #2 Residence	1/01/99	1,375				1,375	27	MO S/L	473	50
31	Cabinets, Flooring, Impr #1 Residence	1/01/01	6,994				6,994	27	MO S/L	1,907	254
32	Windows-#2 Residence	1/01/50	389				389	27	MO S/L	43	14
33	Windows-#2 Residence	1/01/07	3,803				3,803	27	MO S/L	207	138
34	Cabinets, Kitchen, tile, #2 Residence	1/01/07	4,934				4,934	27	MO S/L	270	179
35	Floor-#2 Residence	3/01/08	900				900	27	MO S/L	26	33
36	Windows-#1 Residence	7/01/08	899				899	27	MO S/L	15	33
37	Floor-#1 Residence	8/01/08	444				444	27	MO S/L	6	16
38	Chairs and Tables	1/01/87	6,932				6,932	10	MO S/L	6,932	0
39	#2 Residence-Stove & Refrigerator	1/01/94	1,280				1,280	5	MO S/L	1,280	0
40	Refrigerator-Barn	1/01/99	418				418	7	MO S/L	418	0
41	Tables	1/01/00	960				960	7	MO S/L	960	0
42	Campground Shower	1/01/00	500				500	7	MO S/L	500	0
43	Water Hydrants	1/01/00	679				679	7	MO S/L	679	0
44	Ceiling Fans	1/01/00	470				470	7	MO S/L	470	0
45	Water Fountains	1/01/01	409				409	7	MO S/L	409	0
46	Ceiling Fans	1/01/01	520				520	7	MO S/L	520	0
47	Information Kiosk	1/01/01	302				302	7	MO S/L	302	0
48	Storm Doors-#2 Residence	1/01/01	436				436	7	MO S/L	436	0
49	Pump - Ford Fuel Inj	1/01/02	999				999	7	MO S/L	928	71
50	Water Heater	1/01/03	246				246	7	MO S/L	193	35
51	Bush Hog	1/01/03	1,650				1,650	7	MO S/L	1,297	236
52	Sump Pump-#1 Residence	1/01/05	308				308	7	MO S/L	154	44
53	Chainsaw	1/01/06	333				333	7	MO S/L	177	48
54	Lawn maintenance eqmt	1/01/07	620				620	7	MO S/L	178	89
55	Mower, sickle bar	1/01/07	10,813				10,813	7	MO S/L	3,090	1,545
56	Water heater-#1 Residence	1/01/05	620				620	5	MO S/L	434	124
57	Dishwasher, plumbing #2 residence	1/01/06	902				902	5	MO S/L	649	180

IAS Indiana Audubon Society, Inc.  
35-6023489  
FYE 12/31/2009

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**Federal Asset Report**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
58	Trash compactor	2/01/08	416			416	5	MO S/L	42	83
	<b>Total Other Depreciation</b>		<b>304,268</b>			<b>304,268</b>			<b>127,387</b>	<b>8,420</b>
	<b>Total ACRS and Other Depreciation</b>		<b>304,268</b>			<b>304,268</b>			<b>127,387</b>	<b>8,420</b>
	<b>Grand Totals</b>		<b>309,276</b>			<b>309,276</b>			<b>127,387</b>	<b>8,480</b>
	Less: Dispositions and Transfers		0			0			0	0
	Less: Start-up/Org Expense		0			0			0	0
	<b>Net Grand Totals</b>		<b>309,276</b>			<b>309,276</b>			<b>127,387</b>	<b>8,480</b>

IAS Indiana Audubon Society, Inc.  
35-6023489  
FYE 12/31/2009

**Federal Statements**

7/28/2010 10:59 AM

**Form 990-EZ, Part II, Line 23 - Land and Buildings**

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
Land	\$ 55,497	\$ 55,497	\$ 0	\$ 0
Buildings	111,619	110,604	0	0
Total	\$ 167,116	\$ 166,101	\$ 0	\$ 0

IAS Indiana Audubon Society, Inc.  
35-6023489  
FYE 12/31/2009

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## Federal Statements

### Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	Excess
2008	\$ 9,939	\$ 4,939
2007	5,419	419
2006	29,028	24,028
Total	\$ 44,386	\$ 29,386

Form 8868

(Rev. April 2009)

Department of the Treasury  
Internal Revenue ServiceApplication for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868



## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only



All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file)** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization <b>Indiana Audubon Society, Inc.</b>	Employer identification number <b>35-6023489</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>3499 S. Bird Sanctuary Road</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Connersville IN 47331</b>	

Check type of return to be filed (file a separate application for each return)

Form 990  
 Form 990-BL  
 Form 990-EZ  
 Form 990-PF

Form 990-T (corporation)  
 Form 990-T (sec. 401(a) or 408(a) trust)  
 Form 990-T (trust other than above)  
 Form 1041-A

Form 4720  
 Form 5227  
 Form 6069  
 Form 8870

- The books are in the care of ►

Telephone No ►

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box



- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

for the whole group, check this box ►  If it is for part of the group, check this boxIf this is  
►  and attach

a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year **2009** or
- tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

Form 8868 (Rev. 4-2009)

Form 8868

(Rev. April 2009)

Department of the Treasury  
Internal Revenue ServiceApplication for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

► 

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>Indiana Audubon Society, Inc.</b>	Employer identification number <b>35-6023489</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>3499 S. Bird Sanctuary Road</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Connersville IN 47331</b>	

Check type of return to be filed (file a separate application for each return)

Form 990  
 Form 990-BL  
 Form 990-EZ  
 Form 990-PF

Form 990-T (corporation)  
 Form 990-T (sec 401(a) or 408(a) trust)  
 Form 990-T (trust other than above)  
 Form 1041-A

Form 4720  
 Form 5227  
 Form 6069  
 Form 8870

- The books are in the care of ►

Telephone No ►

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box

► 

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year **2009** or

►  tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	b \$ _____
c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	c \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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Form 8868 (Rev. 4-2009)