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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

OMB No 1545-1150 2009

Open to Public Inspection

,	٩.	For the	2009 calend	<u>ar year.</u>	or tax year be	ginning UE	0/U1/U9 , an	d ending	04/3	3 U / I)				
Ē	\neg		applicable	Please use IRS	C Name of o	rganization						D	Empl	oyer identifi	cation number
-	⊣	Address Name ch	-	label or	HILTON	HEAD I	SLAND AUDI	UBON SO	CIE	TY			51.	-01680	71
F	┪	Initial ret	=	print or type.			if mail is not delivered				Room/suite	Е		phone numb	
Ī	╡	Terminat		See	РО ВОХ	•			,					3-686-	
F	-	Amende		Specific		ate or country, an	d ZIP + 4					F		p Exemption	
ľ	=		on pending	Instruc- tions	1 .	HEAD I		SC 299	938				Num	· .	• •
							empt charitable t				G Accountin	g met		X Cash	Accrual
					mpleted Sched		•				Other (specify				
ī		Websit	e: ► HI		HEADAUD								ıf the	organization i	s not
	J	Tax-exe	mpt status (ch		[++]		(insert no)	4947(a)(1) c	or _	527	required t	o atta or 990-	ch Sche ·PF)	organization i edule B (Form	990,
1	K	Check	>	If the or			(a)(3) supporting of	rganization ar	nd its g	ross rec					
		Form 9	90-EZ or Fori	m 990 re	turn is not requ	red, but if the c	rganization choose	s to file a retu	urn, be	sure to f	ile a complete	retur	<u>n</u>		
ī	L	Add lines	s 5b, 6b, and 7l	b, to line 9	to determine gro	ss receipts, if \$50	0,000 or more, file Fo	rm 990 instead	of Form	990-EZ			▶ \$		13,876
-		art I					in Net Assets				ee the instr	ucti	ons f	or Part I)
-		1			nts, and similar ar								1		4,475
		2	Program se	rvice rev	enue including	government fee	s and contracts					L	2		1,196
		3	Membership	dues a	nd assessments	3						L	3		 _
		4	Investment	ıncome						•		L	4		2,250
		5a	Gross amou	ınt from	sale of assets o	ther than inven	tory		5a				- 1		
		b	Less cost o	r other b	asis and sales	expenses			5b				1		
		С	Gain or (loss)	from sale	of assets other th	an inventory (Sul	otract line 5b from line	5a)					5c		
	e	6	Special event	s and acti	vities (complete a	pplicable parts of	Schedule G) If any a	mount is from g	jaming,	check he	re 🕨 🗌]	}		
	Revenue	a	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here Gross revenue (not including \$ of contributions												
	æ		reported on	line 1)					6a				1		
		b		•	es other than fu				6b				- 1		
		С	Net income	or (loss)	from special ev	ents and activi	ties (Subtract line 6	ib from line 6	a) ,	1			6c		
		7a	Gross sales	of inver	ntory, less return	ns and allowand	es		7a		4,8		1		
		b	Less cost of	•					7b		2,6	89	ł		
		С	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe ► SEE STATEMENT 1									ŀ	7c		2,206
		8		-)	8		1,060
		9			lines 1, 2, 3, 4,								9		11,187
		10			imounts paid (at	ttach schedule)			OFI	VED		}	10		500
		11	Benefits paid to or for members RECEIVED								}	11			
	es.	12		•	pensation, and e						181		12		
	penses	13			nd other paymer	•	ent contractors	18 SE	P 0	7 2010	IRS-OSC	-	13		588
	Exp	14			lities, and maint			101			기魠	ŀ	15		4,873
		15	0.,		s, postage, and scribe ▶ <u>SI</u>	•	י אדאיי	h	CDE	N, L	IT	\	16		14,957
2018		16			Id lines 10 throu		SMISIVI Z	1_0	الاق	-11,		⁻⊾′ I	17		20,918
7		17			or the year (Sub		m line 9)						18		-9,731
ලා	য়	19					rom line 27, columi	n (Δ\) (must a	nree w	uth		l			<u> </u>
2	Net Assets	'3			eported on prior		10111 IIIIC 27, COIGIIII	1 (/ 1)) (IIIusi u	igicc w			ľ	19	-	85,924
SEP	¥.	20	-	_			ch explanation)	SI	EE S	TATE	MENT 3	ŀ	20		2,793
S	ž	21					ne lines 18 through					▶	21		78,986
	F	art II					5, column (B) are \$		more. f	ile Form	990 instead of	f Forr		-EZ	
		.T				ructions for Par		.11			Beginning of year			(B) End	of year
ANNED	22	Cash.	savings, and	ınvestme	•		- · · /			<u> </u>	85,9		22		78,986
2		23 Land and buildings									23				
W.	24		assets (descr	ibe 🕨)				24		
S	25	Total a									85,9	24	25		78,986
- •			iabilities (de:	scnbe I)			0	26		0
					s (line 27 of co	lumn (B) must	agree with line 21)				85,9	24	27		78,986

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

	AD ISLAND AUDUBON SC		-01680/1	1 \		Page 2						
	n Service Accomplishments (See the instructi	ons for Part II	l. <i>)</i>	(Required	oenses for section						
What is the organization's primary exempt pu												
SEE STATEMENT 4 Describe what was achieved in carrying out ti		1	nd 501(c)(4) ns and section									
manner, describe the services provided, the	-		•			trusts, optional						
each program title	number of persons bettering, or other re				for others							
28 CHAPTER NEWSLETTER - 9 ISSUE	ES PER YEAR. PUBLICIZES MEET	TNGS AND			lor others)	•						
	ES ON NATURE. 700 COPIES PER											
ACTIVITIES TREBUBED ARTICLE	SO ON NATURES. 700 COLLEGIES LEN	15501.										
(Grants \$) 1	f this amount includes foreign grants, ch	neck here	•	\Box	28a	4,773						
29 MAINTENANCE AND OPERATION OF		PEN TO THE PUBL	IC									
AT NO CHARGE. SEVERAL THOUS	SAND VISITORS EACH YEAR											
(Grants \$)	f this amount includes foreign grants, ch	neck here	<u> </u>	\prod	29a	4,318						
30 MAINTENANCE OF WALKWAYS AT 1	PINCKNEY ISLAND NATIONAL WILD	LIFE REFUGE O	PEN									
TO THE PUBLIC AT NO CHARGE.	VISITED BY THOUSANDS OF INDI	VIDUALS EACH YE.	AR									
			_	т,		4 601						
	If this amount includes foreign grants, checks STATEMENT 5	neck here			30a	4,621						
31 Other program services (attach schedule	f this amount includes foreign grants, ch	anak hara			31a	7,206						
(Grants \$ 500) 32 Total program service expenses (add		leck fiere			32	20,918						
	Trustees, and Key Employees. List ea	ach one even if not co	mpensated (See	the in								
		(b) Title and average	(c) Compensation	(d)	Contributions to	(e) Expense						
(a) Name a	and address	hours per week devoted to position	(If not paid, enter -0)		rred compensation	account and other allowances						
WILLIAM NICOL	HILTON HEAD ISLAND	PRESIDENT										
4 MARGARITA COURT	SC 29926	2 00	(0	0						
KENNETH NEITZKE	BLUFFTON	VICE PRESIDE	MI									
23 BAILEY LANE	SC 29909	2.00		<u> </u>	0	0						
MARIANNE CURRIE	HILTON HEAD ISLAND	RECORDING SE	1									
6 BAYLEY POINT LANE	SC 29926	1 00	1	4	0	0						
SHERMAN BARKER	HILTON HEAD ISLAND	CORRESPONDIN			•							
5 WINDY COVE COURT	SC 29926	1 00	1	-	0	0						
FRANCINE BAER	HILTON HEAD ISLAND SC 29928	TREASURER 3.00			0	o						
2 LOW WATER JOAN SHULMAN	HILTON HEAD ISLAND	NEWHALL PRE		+								
1303 GLOUCESTER ROAD #1	SC 29928	2.00			0	o						
HOWARD COSTA	HILTON HEAD ISLAND	MEMBER AT LA	RGE	1								
29 YACHT COVE DRIVE	SC 29928	1 00	ł.		0	0						
BARRY LOWES	HILTON HEAD ISLAND	MEMBER AT LA	RGE									
59 BAYNARD COVE RD.	SC 29928	1.00			0	C						
NAN LLOYD	HILTON HEAD ISLAND	MEMBER AT LA	RGE									
55 WOOD DUCK ROAD	SC 29928	1 00		<u> </u>	0	0						
CLEMENS DIETZE	HILTON HEAD ISLAND	MEMBER AT LA	RGE									
277 MOSS CREEK DRIVE	SC 29926	1 00	<u> </u>	\	0	C						
JIM CURRIE	HILTON HEAD ISLAND	MEMBER AT LA			0							
6 BAYLEY POINT LANE BETTY WALTER	SC 29926 HILTON HEAD ISLAND	1 00 MEMBER AT LA		⁴	0							
300 WODDLAWN DRIVE, #3302	SC 29928	1 00	l l	0	0	d						
JOAN WILSON	HILTON HEAD ISLAND	MEMBER AT LA	RGE		- · · - · - · · · · · · · · · · · · · ·							
281 MOSS CREEK DRIVE	SC 29926	1 00		0	0	O						
				<u> </u>								
		1										
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Pa	Other Information (Note the statement requirements in the instructions for	Part V.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity		33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				
	the changes		34		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 why the organization did not report the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				
	6033(e) notice, reporting, and proxy tax requirements?		35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	3			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wer	е			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	o			
39	Section 501(c)(7) organizations Enter			:	l
а	Initiation fees and capital contributions included on line 9	a			
b	Gross receipts, included on line 9, for public use of club facilities	o			I
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶		_		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess bene	fit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			ĺ	
	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		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				1
	organization managers or disqualified persons during the year under sections 4912,				1
	4955, and 4958				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				ŧ.
	reimbursed by the organization		[1
0	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				<u> </u>
	transaction? If "Yes," complete Form 8886-T		40e	L	X
41	List the states with which a copy of this return is filed NONE				
42a	The organization's books are in care of ▶ FRANCINE BAER	Telephone no	843-68	6-6	348
	2 LOW WATER				
	Located at ▶ HILTON HEAD ISLAND, SC	ZIP + 4 ▶	29928		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority				г
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		42b	-	X
	If "Yes," enter the name of the foreign country				1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				Ī
	and Financial Accounts.			1	ļ
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		X
40	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	ا ما ۱			
	and enter the amount of tax-exempt interest received or accrued during the tax year	► <u>43</u>			
				Yes	Na
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			105	No
	Form 990-EZ		44	İ	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		-		1
70	"Yes," Form 990 must be completed instead of Form 990-EZ		45		X
	22)	•	Form 95	0-EZ	•
					,

No

Yes Form **990-EZ** (2009)

Form 98	30-EZ (2009) HILTON HEAD ISLAND AUDUBON SO		<u>-01680/1</u>				² age 4
Part	VI Section 501(c)(3) organizations and section 4947(a)	(1) nonexempt	charitable tru	ists only. All se	ction		
	501(c)(3) organizations and section 4947(a)(1) nonex	empt charitable	e trusts must a	nswer question	ıs 46-	49b	
	and complete the tables for lines 50 and 51.						
46 D	id the organization engage in direct or indirect political campaign activities on be	ehalf of or in opposi	tion to			Yes	No
C	andidates for public office? If "Yes," complete Schedule C, Part I				46		X
47 D	id the organization engage in lobbying activities? If "Yes," complete Schedule C	. Part II			47		Х
	the organization operating a school as described in section 170(b)(1)(A)(ii)? If		hedule F		48		Х
	id the organization make any transfers to an exempt non-chantable related organization				49a		X
	"Yes," was the related organization a section 527 organization?				49b		 -
	omplete this table for the organization's five highest compensated employees (other than officers	directors trustees	and key			' ——
	nployees) who each received more than \$100,000 of compensation from the or			-			
		(b) Title and average	(c) Compensation	(d) Contributions to	(e)	Expen	se
	(a) Name and address of each employee paid more than \$100,000	hours per week		employee benefit plans &	acc	ount a	nd
MONTE		devoted to position		deferred compensation	otner	allowa	nces
NONE		1					
			-				
							
		1					
		ļ <u>.</u>			<u> </u>		
		ļ		L	L		
f T	otal number of other employees paid over \$100,000	•		_			
\$	100,000 of compensation from the organization. If there is none, enter "None"			1			
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompens	ation	
NONE							
-		· · · - · · · · · · · · · · · · · · · ·					
			. <u> </u>				
d T	otal number of other independent contractors each receiving over \$100,000						
			·- · · · -				
	Under penalties of perjury, I declare that I have examined this return, including a	companying schedule	s and statements, and	to the best of my kno	wledge		
Cia-	and belief, it is true, correct, and complete Declaration of preparer (other than of	ficer) is based on all in	_		ige		
Sign	Francine M. Baer		9- 2- Date	- 10			
Here	Signature of officer	.					
		REASURE	R / HHIA	2			
	Type or print name and title		· · · · · · · · · · · · · · · · · · ·				
	Preparer's A	Date /	Check if self-	Preparer's Iden	tifying Nur	mber (S	ee instr)
Paid	signature	\$ /3v/L	employed	•□ P0053	5991	L	
Prepa		C			0-2		804
Use C	Inly if self-employed), 3600 MAIN ST BLDG 300			Phone			
	address, and ZIP + 4 HILTON HEAD ISLAND, SO	C 29926-3	1665	843	-68	1 - 9	446

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

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

		_	HII	JTO	N	HE	AD.	IS	SLAI	ND	AU.	DUBO	ON S	SOC	IE:	ΤY					51	-016	807	1			
P	irt I	Reas	on for I	Pub	lic	Cha	rity	Sta	atus	(All	orga	anizat	ions	mus	t co	omple	ete	this	oart.)	Se	e ins	tructi	ons				_
he	orgar	ization is not a	private t	found	datio	n bed	ause	e it is	s (For	lines	s 1 thi	rough 1	1, che	eck on	ly on	ne box)									-	
1	\Box	A church, cor										-			•			۸)(i).									
2	П	A school desc	ribed in s	secti	ion 1	170(b)(1)(A	A)(ii). (Atta	ach S	Sched	lule E)															
3	П	A hospital or											secti	on 17	0(b)	(1)(A)	(iii).										
4	П	A medical res	-						-										l)(A)(ii	i). E	Enter th	ne hosp	oital's n	name,			
		city, and state	,			•						·								·		•					
5		An organization	on operat	ted fo	or the	e ben	efit of	of a c	college	or u	ınıver	sity owi	ned or	орега	ited	by a g	ove	rnmen	al unit	des	scribed	ın					
		section 170(o)(1)(A)(ı	ıv). (C	Com	plete	Part	11)	•			·		•													
6		A federal, sta				•			nment	al ur	nit des	scribed	ın sec	tion '	70(1	b)(1)(A	۷)(v).									
7	П	An organization	on that no	ormal	lly re	ceive	sas	subs	tantial	part	t of its	suppo	rt from	a go	erni	mental	l un	It or fro	m the	gen	eral pu	ıblıc					
		described in s	ection 1	70(b)(1)((A)(vi). (Cc	omp	lete Pa	art II)									•							
8		A community	trust des	cribe	d in	secti	on 1	70(E	b)(1)(A	vi)(vi)). (Co	mplete	Part II)													
9	X	An organization	on that no	orma	lly re	eceive	s (1)	I) mo	ore tha	an 33	3 1/3 9	% of its	suppo	ort from	n co	ntribut	ions	s, mem	bershi	p fe	es, and	d gross					
		receipts from	activities	relat	ted t	o its e	exem	npt fu	unction	1s—s	subje	ct to ce	rtaın e	xcept	ons,	and (2	2) n	o more	than 3	33 1	/3 % o	fits					
		support from	gross inv	estm	ent i	incom	ne an	nd ur	nrelate	d bu	ısınes	s taxab	le inco	ome (I	ess :	section	า 51	1 tax)	rom b	usır	esses						
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)																										
10		An organization	on organi	zed a	and (opera	ited e	exclu	usively	to te	est for	public	safety	/ See	sect	tion 50	09(a	a)(4).									
11		An organization	on organi	zed a	and o	орега	ted e	exclu	ısıvely	for t	the be	nefit of	, to pe	rform	the t	functio	ns (of, or to	carry	out	the						
		purposes of o	ne or mo	re pu	ublic	ly sup	porte	ed o	rganız	ation	ns des	cribed	ın sec	tion 5	09(a))(1) or	sec	ction 50	9(a)(2) S	ee se c	tion					
		509(a)(3). Ch	eck the b	ox th	at d	escrit	oes th	he ty	pe of	supp	porting	g organ	ızatıor	and	comp	plete li	nes	11e th	rough	11h	1						
	_	а 📗 Туре	l	p [Туре	11		C		Туре	III–Fur	nctiona	ally int	egra	ted		d	T	ype	: III–Ot	her					
0		By checking t	nis box, l	certi	fy th	at the	e orga	anız	ation is	s not	t contr	rolled d	rectly	or ind	ırect	ly by o	ne	or mor	e disqu	ıalıf	ied						
		persons other				nana	gers a	and	other	than	one o	or more	publi	cly su	роп	ted org	ganı	zations	descr	ibe	d in se	ction					
		509(a)(1) or s																									
f		If the organiza				ritten	deter	rmın	ation t	from	the If	RS that	ıt ıs a	Туре	I, Ty	pe II, o	or T	ype III	suppo	rtıng	3					_	_
		organization,									_	_		_												L	
g		Since August		i, has	s the	orga	nızatı	tion	accept	ted a	any gif	t or cor	ntributi	on fro	m ar	ny of th	ne										
		following per																									_
		(i) A persor					•					-		th per	sons	desci	rıbe	d in (ii)							Ye	S N	<u> </u>
		and (III) b		-		-	•				_	nızatıor	17											11g(i			_
		(ii) A family																						11g(i		+-	_
		(iii) A 35% c				•				• • •														11g(11)		_
<u>h</u>	Nome	Provide the f	ollowing i				out th	ne si						(m)				64 D		.	6	1- 4	1	(A			_
(1)		of supported anization		(11)	EIN							ganizatio lines 1–9		1		organizati sted in yo			you note anization			ls the tion in col		(vii) A	nount (oport	or	
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									(s	see ir	nstruc	tions))		Ye		No		Yes	pport?	\forall	Yes	No	┨				
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`-b.	edule A (Form 990 or 990-EZ) 2009 HII	TON HEAD	דפו אווי אני	IDIIDON COC	TETV E1	-0168071	D A
	art ii Support Schedule for O						Page 2
•	(Complete only if you che				(T)(A)(IV) alla	110(8)(1)(A)(41)	
Sec	ction A. Public Support	TORQUE HITO DOX C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 01 1 01(1.)			
	llendar 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						
4	Total. 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)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Ca	alendar 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)						
1	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first, s	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						•
Se	ction C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2009 (line 6,	• • •	•	(f))		14	%_
15	Public support percentage from 2008 Sche					15	<u></u>
l6a	.,			3, and line 14 is 33	1/3 % or more, che	eck this box	. \Box
	and stop here. The organization qualifies a						▶ [_]
þ					is 33 1/3 % or more	e, check this	⊾ □
_	box and stop here. The organization qualif						▶ [_]
i7a		•		•			
	more, and if the organization meets the "fac			•	•	v now the	▶ □
	organization meets the "facts-and-circumst		-		-	45 460/	
þ	10%-facts-and-circumstances test—200	 it the organization 	n aid not check a b	ox on line 13, 16a,	Tob, or 17a, and li	ne 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18

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

	tion A. Public Support						
Ca	lendar 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")	3,729	2,989	12,738	3,707	4,475	27,638
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	12,373	22,647	15,594	13,580	7,151	71,345
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 through 5	16,102	25,636	28,332	17,287	11,626	98,983
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 \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b		:		,		
8	Public support (Subtract line 7c from line 6)						98,983
	ction B. Total Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(h) 2000	(=) 2007	(4) 2000	(e) 2009	(f) Total
	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	· · · · · · · · · · · · · · · · · · ·	
9 10a	Gross income from interest, dividends,	16,102	25,636	28,332	17,287	11,626	98,983
100	payments received on securities loans, rents, royalties and income from similar sources	1,160	2,565	2,595	2,672	2,250	11,242
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,160	2,565	2,595	2,672	2,250	11,242
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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)	17,262	28,201	30,927	19,959	13,876	110,225
14	First five years. If the Form 990 is for the organization, check this box and stop here			n, or fifth tax year a	s a section 501(c)(3)	> _
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2009 (line 8,		-	f))		15	89 80%
16	Public support percentage from 2008 Schel				···········	16	91 33%
	ction D. Computation of Investme					1 1	
17	Investment income percentage for 2009 (lin		-	olumn (f))		17	10%
18	Investment income percentage from 2008 S					18	9 %
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo	ox and stop here. T	he organization qu	alifies as a publicly	supported organiza	ation	► <u>X</u>
b	33 1/3 % support tests—2008. If the organ						▶ □
20	line 18 is not more than 33 1/3 %, check thin Private foundation. If the organization did	·	_				
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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.

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Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	 Amount
NEWSLETTER ADVERTISING	\$ 1,060
TOTAL	\$ 1,060

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

Description	_	Amount				
EXPENSES	\$					
NEWHALL PRESERVE MAINT.		4,318				
PICKNEY ISLAND EXPENDITUR		4,621				
CHRISTMAS BIRD COUNT EXP		1,068				
EDUCATIONAL PROGRAMS		2,212				
MEETING EXPENSES		687				
INSURANCE		1,909				
SAFETY DEPOSIT BOX		40				
WEBSITE UPKEEP		48				
MISCELLANEOUS EXPENSE		54				
TOTAL	\$	14,957				

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

Description	Amount
UNREALIZED GAIN IN FMV OF INVESTMENTS	\$
TOTAL	\$ 2,793

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Federal Statements

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROMOTE THE AWARENESS AND APPRECIATION OF NATURE, PRESERVE AND PROTECT WILDLIFE AND NATURAL ECOSYSTEMS, AND ENCOURAGE RESPONSIBLE ENVIRONMENTAL ACTION.

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

SALES OF BIRD FEED, BIRD HOUSES AND BIRDING GUIDES TO FOSTER INTEREST IN BIRD LIFE AND ENCOURAGE FEEDING AND HOUSING OF WILD BIRDS. EDUCATIONAL PROGRAMS, BIRD COUNTS AND CONTRIBUTIONS TO SC COASTAL CONSERVATION LEAGUE.