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Form **990**

Department of the Treasury

Internal Revenue Service

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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2009

> Open to Public Inspection

				d endin	g JUNI	<u> 30</u>		, 201	0
B Che	ck if licable	Please C Name of organization Birmingham Audubon Soc	iety		D Empl	oyer ide	ntification	วก ทนท	nber
	ress ch	ange label or Doing Business As			51-01	L9892	25		
Nan	ie chan	ge print or Number and street (or P.O. box if mail is not delivered to street address)		Room/ suite	E Telep	hone nu	mber		
-	al retur	type. Do nov 214					8227		
Teri	nınated	Specific City or town, state or country, and ZIP + 4			G Gross		-		
┪	nded r	instruc-			recei		2	00,2	234
		pending F Name and address of principal officer:	H(a)	Is this a	group retur				s X No
		Following I was also as a principle of the control	1		filiates incl			H	s No
Tax	-exen	npt status X 501(c)(3) (insert no) 4947(a)(1) or 527	1		ittach a list		ructions)	□	, U
		► N/A	H(c)		cemption ni	•	•		
			ar of forr	<u>·</u>	kempuon m		te of legal o		ΔT.
Par		anization Corporation Trust Association Other ► L Ye Summary	ar or torr	nation		IVI SIA	te or legal t	Tomicile	
rai				-					
		Briefly describe the organization's mission or most significant activities:							
	see	attachment #1							
G									
GO>mcz									
E		Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more	than 25	6% of its r	1 1	S		
		Number of voting members of the governing body (Part VI, line 1a)				3		_	35
ANCE	4	Number of independent voting members of the governing body (Part VI, line 1b))			4			35
င္	5	Total number of employees (Part V, line 2a) .				5			2
	6	Total number of volunteers (estimate if necessary)				6			
	7a '	Total gross unrelated business revenue from Part VIII, column (C), line 12				7a			
	b	Net unrelated business taxable income from Form 990-T, line 34				7b			0
				_	rior Year	•	Curr	ent Ye	ar
3	8	Contributions and grants (Part VIII, line 1h)			159,0	02		09,1	
		Program service revenue (Part VIII, line 2g)			36,9			88,0	
			1						
i		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	}		4,2	10		1,8	
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	_; }		000 7				37
		Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)		200,1		1	99,0	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	,		72,2	11		7,5	00
Ξ		Benefits paid to or for members (Part IX, column (A), line 4)							
Κ̈	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		26,3	74		26,7	27
É	16a	Professional fundraising fees (Part IX, column (A), line 11e)							
エメチェスの Eの	b	Total fundraising expenses (Part IX, column (D), line 25)							
Ē	17	Other expenses (Part IX, column (A), lines 111a-11d, 111-24 EVED .			81,7	88	1	50,1	.33
3	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			180,3	73	1	84,3	60
	19	Revenue less expenses, Subtract line 18 from line 12 - 2 - 2 - 2 - 2 - 2 - 2			19,8	11		14,6	
_ B		4 DEC 5.0.5010 LS		Beginnir	ng of Curre			of Yea	
	20	Total assets (Part X, line 16)	ŀ		289,7			04,4	
FR		Total liabilities (Part X, line 26)	}		205, 1	-		01,1	
N E		Net assets or fund balances Subtract line 21 from line 20	}		200 7	40		04 4	20
			••••		289,7	49		04,4	.30
af i	11	Signature Block	ا ادعاء						
		Under penalties of perjury, I declare that I have examined this return, including accompanying s belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on							ge and
					F F.	1	,	J -	
ign							_		
ere	1	Signature of officer					Date		
			asur	er					
		Type or print name and title							
-		Preparer's Dale		heck if	Pro	eparer's id	entifying n	nwper (see instr
		signature Roger D Hall ADHAL 12-08-20		elf- mployed	▶∏Ì	C 90	8467	46	
ald		Firm's name (or yours ROGER D HALL, CPA, PC			IN .	>			
repa se C	rer's	of self-employed),						· · · · · · · · · · · · · · · · · · ·	
>e (illy	address, and ZIP+4 BIRMINGHAM, AL 35226-3923			hone no	L (20	15187	9-0	210
	100	discuss this return with the preparer shown above? (see instructions)				- 120		Yes	

Form **990** (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. 09 99012

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		dubon Society	51-0198925	Page 2
	t III Statement of Program Service Acco	mplishments		
1	Briefly describe the organization's mission:			
•	See attachment #2			
	 			
	Did the organization undertake any significant	program conucco during the	year which were not listed on	
2	the prior Form 990 or 990-EZ?			. Yes X No
	If "Yes," describe these new services on Sche			
3	Did the organization cease conducting, or ma		it conducts, any program	
•	services?			. Yes X No
	If "Yes," describe these changes on Schedule		, , , , , , , , , , , , , , , , , , , ,	
4	Describe the exempt purpose achievements for		nree largest program services by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations			ts
	and allocations to others, the total expenses, a		<u> </u>	
4a	(Code) (Expenses \$	including grants of \$) (Revenue\$)
		· · · - · · -		
		·		
			<u> </u>	
4D	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	-			
				
		· ···		
				
		· · - · - · - · - · · · · · · · · · · ·		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
		· 		
		<u></u>		
4d	Other program services (Describe in Schedu	•		
		ing grants of \$) (Revenue \$)
4e	Total program service expenses ▶ \$			

Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	ļ
3	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	3	<u> </u>	<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	١.		\ \v
-	Part II	4	_	X
5		_ ا		
_		_ 5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the			
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			\ v
7	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		-
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			_~
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			_V -
40	complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		٠,
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or			7.
_	X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI		-	
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
_	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Ī
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		-	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Į		
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	<u>'-</u>		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<u> </u>		
	Part iX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	<u> </u>		├ <u></u> -
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u></u>
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20		X
JVA	09 99034 TWF 33395 Copyright Forms (Software Only) - 2009 TW	Form	990	

Par	Checklist of Required Schedules (continued)		_	
E		_	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			ĺ
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			ŧ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Ì	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	

TWF 33396

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
		_	Yes	No
1a.	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			I
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		ł
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		Ī
	gaming (gambling) winnings to prize winners?	1c]	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2			ŧ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			ŧ
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O $\dots N/A$	3b		
4a	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		'	i
	account)?	4a		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, Report of Foreign Bank and			
	Financial Accounts			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			۱
_	solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1.		
_	grifts were not tax deductible?	6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			٠,
	and services provided to the payor?	7a	 	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. .		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	-		l
·	honofit contract?	7e	1	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	· •		
	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			I
	business holdings at any time during the year?	8	1	x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	[Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		Ī
11	Section 501(c)(12) organizations. Enter:			ŧ
а	Gross income from members or shareholders 11a			I
b	Gross income from other sources (Do not net amounts due or paid to other sources			Ī
	against amounts due or received from them.)	_		l
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1

Birmingham Audubon Society 51-0198925 Form 990 (2009) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to Part VI line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body b Enter the number of voting members that are independent 35 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a material diversion of the organization's assets?.... X 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Х 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: The governing body? 8a b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O...... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 Х 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13...... X 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? X 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? 15a 15b Other officers or key employees of the organization? . . If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > AL 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Own website

19

20

policy, and financial statements available to the public.

organization. ▶ See attachment #3

Describe in Schedule O whether (and if so, how), the organization makes its governing documents conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	compensate any current officer, director, (C)				Jei, Gire	cioi, o	(D)	(E)	(F)
Name and Title	Average	Ро	sition			at apply))	Reportable	Reportable	Estimated
	hours per week		- R S O - T C - T - C S C - T - C S C - C - C - C - C - C - C - C - C	OFF-CER	KEY EMPLOYEE	. CO∑PHZ%4FMD H-GTH%F	FORMER	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations

Part	VII Section A. Officers	, Director	s, Truste	ees, K	ey Em	nploye	es, and	High	est Compensated E	mployees (continued	1)	
	` (A)	(B)		_	(C	>)			(D)	(E)	(F)
•	Name and title	Average	Po	sition	(check	all th	at apply)		Reportable	Reportable	Estin	nated
		hours	ΙŢΡ	ΙŢ	õ	ΚE	H C E	F	compensation	compensation	amo	unt of
		per	N R I	NR	F	K E E M Y P	GMP	O R	from	from related		her
		week	D S C V E C C C C C C C C C C C C C C C C C	TS	O##-0##	O Y E	GHEST	M E	the	organizations		ensation
			p	ŢΕ	R	Ĕ	TSE	R	organization	(W-2/1099-MISC)		the
			U R A O L R	Ţ		=	֝֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		(W-2/1099-MISC)		_	ızatıon elated
				, v			E D					zations
_	<u> </u>			A L								
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	•											
									!			
					,							
						İ						
1b	Total											
2	Total number of individuals	(including	but not I	ımıted	to tho	se list	ed abov	e) who	o received more than	\$100,000 in reporta	ble comp	ensation
	from the organization										·	
											1	Yes No
3	Did the organization list any	former of	ficer, dire	ector o	or trust	tee, ke	y emplo	yee, c	r highest compensat	ed		
	employee on line 1a? If "Yes	s," comple	te Sched	dule J	for suc	ch ind	ıvıdual				3	X
4	For any individual listed on I	line 1a, is t	he sum	of rep	ortable	com	oensatioi	n and	other compensation	from		
	the organization and related	l organızat	ons grea	ater th	an \$15	50,000	? If "Yes	," con	nplete Schedule J for	such		I
	ındıvıdual										4	X
5	Did any person listed on line	a 1a receiv	e or acc	rue co	mpen	sation	from any	y unre	elated organization fo	r		
	services rendered to the org	janization?	If "Yes,"	" com	olete S	Schedu	ıle J for :	such (person		5	X
Sectio	n B. Independent Contracto	rs							·-			
1	Complete this table for your	five highe	st comp	ensate	d inde	pend	ent contr	actors	that received more	than \$100,000 of		
	compensation from the orga	anızatıon.				_						
		(A)							(B)		(C)	
	Name and	business t	address	3					Description of se	ervices	Compen	sation
									· · · · · · · · · · · · · · · · · · ·			
											-	
												<u> </u>
2	Total number of independer	nt contract	ors (ınclı	uding	but no	t limite	ed to tho	se list	ed above) who recei	ved more than		
	\$100,000 in compensation f			_					-			

Part	VIE	Statement of Reven	ue		-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
င္မရင္	1a	Federated campaigns		1a					
오투취	b	Membership dues		1b	4674]		‡	
O F H N T E T S R	С	Fundraising events		1c]			1
Rgs		Related organizations		1d					1
ВАМ	е	Government grants (contrib	outions), ,	1e					1
SIMILAR GRANTS	f	All other contributions, gifts							
0 A A		similar amounts not include			104509			<u> </u>	
O A A N N M S D T S	_	Noncash contributions included		\$.				<u> </u>	1
1	h	Total. Add lines 1a-1f .	•			109183			<u> </u>
	_	2 - 2 - 2 - 2 - 2 - 2 - 2			Business Code			†	‡
R O S		Audubon Spring		<u>. </u>		61022	61022		<u> </u>
3 E		Audubon Mounta	ain Wor	<u>ks</u>		16279	16279		
RR		Birdathon				7476	7476		
VIIV	d	Christmas band	quet			3288	3288		
CE	е								
- U	f	All other program service re	evenue						
E	g	Total. Add lines 2a-2f				88065			
		Investment income (includii							
		other similar amounts)		,		1830	1830		
	4	Income from investment of							
	5	Royalties					-	_	
		,	(ı) Real	1	(II) Personal				
	6a	Gross Rents	(,)		()				
		Less rental expenses			_				
		Rental income or (loss)			<u>-</u>				
		Net rental income or (loss)	_ -						Ī
	u	Thet retital income of (1033)	(ı) Securiti					<u> </u>	
	7a	Gross amount from sales	(i) Securiti	es	(II) Other				
		of assets other than				-			
		Less cost or other basis	-			-			1
	D								1
0	_	and sales expenses				-			ŧ
T		Gain or (loss)					•	F	1
н		Net gain or (loss)		;	>				
E	8a	Gross income from fundrais	sing			-		<u> </u>	1
R		events (not including \$				1			1
R		of contributions reported or	n line 1c).					ŧ	‡
Ë		See Part IV, line 18		. a	·				1
٧		Less direct expenses		b∣					1
E		Net income or (loss) from fu							
N	9a	Gross income from gaming	activities. Se	e					I
U E		Part IV, line 19		a				Į.	1
-		-]			1
	c	Net income or (loss) from g	aming activiti	es					1
		Gross sales of inventory, les							1
		returns and allowances		, , a	1156				1
	b	Less: cost of goods sold.				1			1
		Net income or (loss) from s				-37			1
Ì		Miscellaneous Rev		•	Business Code				
ŀ	11a	-				†	·	Ţ	Ţ
j	ь							 	
	c								
	-	All other revenue		—					
		Total. Add lines 11a-11d						<u> </u>	
						100041	0000*		
	12	Total revenue. See instruc	:uons		<u></u>	199041	89895	<u> </u>	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section ביות און און Section ביות און און Section ביות און און און און און און און און און און		•		(D).
Do not	Include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		· - · · · -		···
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	7500	7500		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<u> </u>
6	Compensation not included above, to disqualified	:			
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	23040	20736	2304	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3687	3318	369	
11	Fees for services (non-employees):				
a	Management			ļ	
b	Legal				
C	Accounting	1242		1242	·-
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			 	
f	Investment management fees			-	
g	Other		<u> </u>		
12	Advertising and promotion	2570	2212	257	
13 14	Office expenses	2570	2313	231	-
15					
16	Royalties				
17	Occupancy				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1431	1431	1	
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)		<u> </u>		
а	Audubon Spring Tour	59033	59033		
	Education	39718	39718		
С	Mountain Workshop	18739	18739		
d	Birdathon expense	7647	7647		
е	Printing and publications	7472	7472		
f	All other expenses	12281	11960	321	
_25	Total functional expenses. Add lines 1 through 24f	184360	179867	4493	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2.				
	Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational				
	campaign and fundraising solicitation	<u> </u>	<u> </u>		
DZA	00 00010 TME 22402 Conversal Forms (Software Oals)	0000 TH			Form QQ1 (2000)

	Balance Sheet	(A) Beginning of year		(B) End of year
` 1	Cash non-interest bearing	21,666	1	91,672
2	Savings and temporary cash investments	268,083	2	212,758
3	Pledges and grants receivable, net	200,003	3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		1	
"	employees, and highest compensated employees Complete Part II of			
	Schodulo I		5	
6	Receivables from other disqualified persons (as defined under section	· · · · · · · · · · · · · · · · · · ·	+	
"	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Down II of Cohodulo I		6	
7	National Control of the Control of t		7	
	Inventories for sale or use		8	
8		· · · · · · · · · · · · · · · · · · ·	9	
9	Prepaid expenses and deferred charges		9	
"	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
1.	· • • • • • • • • • • • • • • • • • • •		1	
1	D Less, accumulated depreciation		10c	
11	, , , , , , , , , , , , , , , , , , , ,		11	
12	,		12	
13	Investments program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	289,749	16	304,43
17			17	
18	Grants payable		18	
19	Deferred revenue	<u>.</u>	19	
20	Tax-exempt bond liabilities		20	
21			21	
22	Payables to current and former officers, directors, trustees, key			
-	employees, highest compensated employees, and disqualified		1	
	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total llabilities. Add lines 17 through 25	0	26	
	Organizations that follow SFAS 117, check here ▶ ☐ and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ▶ 🏻			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	289,749	32	304,430
33		289,749	33	304,430
1 .	Total liabilities and net assets/fund balances	289,749	34	304,430

1 01111	990 (2009)		Pag	e 12
Pari	XI Financial Statements and Reporting			
	,		Yes	No
1.	Accounting method used to prepare the Form 990 🔀 Cash 📗 Accrual 📗 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain			
	ın Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant? N/A	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on			
	a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		•	Ī
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits $\dots N/A$	3ь		
JVA	09 99012 99011 TWF 33421 Copyright Forms (Software Only) – 2009 TW	Form 9	990	(2009)

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.

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions.

Open to Public Inspection

7777777	e or the organizati rmingham D	udubon Soci	etv					:mpioyer 1-019		adon na	IIIDEI
Pa			ity Status (All organ	uzatione m	uet comple	ete this na			0723		
		•	ecause it is: (For lines					u delloris.			
1			association of church	_		•	-				
2	—)(1)(A)(II). (Attach Sche			` '					
3		, ,	ervice organization de	•	section 1	70(b)(1)(A)(III).				
4	A medical rese	arch organization opei	rated in conjunction wi	th a hospit	al describ	ed in sect	ion 170(b)	(1)(A)(III).	Enter the	e hospita	al's name,
	city, and state										
5	_	n operated for the ben). (Complete Part II.)	efit of a college or univ	ersity own	ed or ope	rated by a	governme	ntal unit d	escribed	ın secti	on
6	A federal, state	, or local government	or governmental unit o	lescribed ii	n section	170(b)(1)(A)(v).				
7		n that normally receive (1)(A)(vI). (Complete F	s a substantial part of i Part II)	ts support	from a go	vernmenta	al unit or fr	om the ge	neral put	olic desc	cribed in
8	A community ti	rust described in secti	on 170(b)(1)(A)(vi). (C	omplete Pa	art II)						
9			s (1) more than 33 1/3					-		_	
	·		xempt functionssubj							ıts	
			ne and unrelated busin ne 30, 1975. See secti					from busi	nesses		
4.5											
10	H -	•	ited exclusively to test	•	•						
11			ated exclusively for the oported organizations of							ion	
			pes the type of support							1011	
	a ∏ Type I	ь Птуре	_	Гуре III-Fu				_	vpe III-C)ther	
е			organization is not co		-	•				, and	
		· ·	gers and other than on		-			•		tion	
	509(a)(1) or se	ction 509(a)(2)									
f	If the organizat	ion received a written	determination from the	IRS that it	ıs a Type	I, Type II	or Type III	supporting	g		
	organization, c	heck this box							_		
g	Since August 1 following person	=	nization accepted any					• •			.
	/I) A person w	· · · ·		gift or conti	ribution fro		the	••			· [
	(i) A person v		y controls, either alone			om any of)			Yes No
	and (III) be	who directly or indirectly low, the governing boo	dy of the supported or	or togethe	er with per	om any of to	ribed in (ii)			11g(l)	Х
	and (III) be	who directly or indirectly low, the governing boo ember of a person des	dy of the supported or scribed in (i) above?	or togethe	er with per ?	om any of the sons described in the sons des	ribed in (ii)			11g(l)	X X
	and (III) be (II) A family me (III) A 35% con	who directly or indirectly or indirectly low, the governing boomer of a person destrolled entity	dy of the supported ore scribed in (i) above? on described in (i) or (i	or togethe ganization? 	er with per?	om any of the sons described in the sons des	ribed in (ii)		[Х
<u>h</u>	and (III) be (II) A family me (III) A 35% con	who directly or indirectly or indirectly low, the governing boomer of a person destrolled entity	dy of the supported or scribed in (i) above?	or togethe ganization? 	er with per?	om any of the sons described in the sons des	ribed in (ii)		[11g(II)	X X
	and (III) be (II) A family mo (III) A 35% con Provide the foll	who directly or indirectly low, the governing boo ember of a person destrolled entity of a person wing information about	dy of the supported orgeribed in (i) above? on described in (i) or (i) out the supported orga	or together ganization? i) above? nization(s).	er with per	sons desc	ribed in (ii)	(vI)	s the	11g(II) 11g(III)	X X X
	and (III) be (II) A family me (III) A 35% con	who directly or indirectly or indirectly low, the governing boomer of a person destrolled entity	dy of the supported orgeribed in (i) above? on described in (i) or (i) out the supported orga	or together ganization? i) above? nization(s).	er with per	sons desc	ribed in (ii)	(vI)	s the	11g(II) 11g(III)	X X
	and (III) be (II) A family model (III) A 35% con Provide the followance of supported	who directly or indirectly low, the governing boo ember of a person destrolled entity of a person wing information about	dy of the supported orgeribed in (i) above? on described in (i) or (i) out the supported orga (III) Type of organization (described on lines 1-9 above or IRC section	or together ganization? i) above? nization(s). (iv) Is the in col. (i) ii	er with per	rsons desc	ribed in (ii)	(VI) i organizatio organize	s the	11g(II) 11g(III)	X X X Amount of
	and (III) be (II) A family model (III) A 35% con Provide the followance of supported	who directly or indirectly low, the governing boo ember of a person destrolled entity of a person wing information about	dy of the supported orgeribed in (i) above? on described in (i) or (i but the supported orga (III) Type of organization (described on lines 1-9	or together ganization? i) above? nization(s). (iv) Is the in col (i) in governing in	er with per?	(v) Did yo organizatio	u notify the	(vi) organizatio organize U.S	Is the n in col (i) ed in the	11g(II) 11g(III)	X X X Amount of
	and (III) be (II) A family model (III) A 35% con Provide the followance of supported	who directly or indirectly low, the governing boo ember of a person destrolled entity of a person wing information about	dy of the supported orgeribed in (i) above? on described in (i) or (i) out the supported orga (III) Type of organization (described on lines 1-9 above or IRC section	or together ganization? i) above? nization(s). (iv) Is the in col. (i) ii	er with per	rsons desc	u notify the	(VI) i organizatio organize	Is the	11g(II) 11g(III)	X X X Amount of
	and (III) be (II) A family model (III) A 35% con Provide the followance of supported	who directly or indirectly low, the governing boo ember of a person destrolled entity of a person wing information about	dy of the supported orgeribed in (i) above? on described in (i) or (i) out the supported orga (III) Type of organization (described on lines 1-9 above or IRC section	or together ganization? i) above? nization(s). (iv) Is the in col (i) in governing in	er with per?	(v) Did yo organizatio	u notify the	(vi) organizatio organize U.S	Is the n in col (i) ed in the	11g(II) 11g(III)	X X X Amount of
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	and (III) be (II) A family model (III) A 35% con Provide the followance of supported	who directly or indirectly low, the governing boo ember of a person destrolled entity of a person wing information about	dy of the supported orgeribed in (i) above? on described in (i) or (i) out the supported orga (III) Type of organization (described on lines 1-9 above or IRC section	or together ganization? i) above? nization(s). (iv) Is the in col (i) in governing in	er with per?	(v) Did yo organizatio	u notify the	(vi) organizatio organize U.S	Is the nin col (i) ed in the	11g(II) 11g(III)	X X X Amount of
	and (III) be (II) A family motion (III) A 35% con Provide the foll Name of supported	who directly or indirectly low, the governing boo ember of a person destrolled entity of a person wing information about	dy of the supported orgeribed in (i) above? on described in (i) or (i) out the supported orga (III) Type of organization (described on lines 1-9 above or IRC section	or together ganization? i) above? nization(s). (iv) Is the in col (i) in governing in	er with per?	(v) Did yo organizatio	u notify the	(vi) organizatio organize U.S	Is the nin col (i) ed in the	11g(II) 11g(III)	X X X Amount of
	and (III) be (II) A family motion (III) A 35% con Provide the foll Name of supported	who directly or indirectly low, the governing boo ember of a person destrolled entity of a person wing information about	dy of the supported orgeribed in (i) above? on described in (i) or (i) out the supported orga (III) Type of organization (described on lines 1-9 above or IRC section	or together ganization? i) above? nization(s). (iv) Is the in col (i) in governing in	er with per?	(v) Did yo organizatio	u notify the	(vi) organizatio organize U.S	Is the nin col (i) ed in the	11g(II) 11g(III)	X X X Amount of
	and (III) be (II) A family motion (III) A 35% con Provide the foll Name of supported	who directly or indirectly low, the governing boo ember of a person destrolled entity of a person wing information about	dy of the supported orgeribed in (i) above? on described in (i) or (i) out the supported orga (III) Type of organization (described on lines 1-9 above or IRC section	or together ganization? i) above? nization(s). (iv) Is the in col (i) in governing in	er with per?	(v) Did yo organizatio	u notify the	(vi) organizatio organize U.S	Is the nin col (i) ed in the	11g(II) 11g(III)	X X X Amount of
	and (III) be (II) A family motion (III) A 35% con Provide the foll Name of supported	who directly or indirectly low, the governing boo ember of a person destrolled entity of a person wing information about	dy of the supported orgeribed in (i) above? on described in (i) or (i) out the supported orga (III) Type of organization (described on lines 1-9 above or IRC section	or together ganization? i) above? nization(s). (iv) Is the in col (i) in governing in	er with per?	(v) Did yo organizatio	u notify the	(vi) organizatio organize U.S	Is the nin col (i) ed in the	11g(II) 11g(III)	X X X Amount of
	and (III) be (II) A family motion (III) A 35% con Provide the foll Name of supported	who directly or indirectly low, the governing boo ember of a person destrolled entity of a person wing information about	dy of the supported orgeribed in (i) above? on described in (i) or (i) out the supported orga (III) Type of organization (described on lines 1-9 above or IRC section	or together ganization? i) above? nization(s). (iv) Is the in col (i) in governing in	er with per?	(v) Did yo organizatio	u notify the	(vi) organizatio organize U.S	Is the nin col (i) ed in the	11g(II) 11g(III)	X X X Amount of

Pa					70(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.)				
	tion A. Public Support	(=) 0005	(h) 0000	(-) 0007	(4) 0000		
Cai	endar 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.")	61951	78875	91305	163456	159002	554589
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	61951	78875	91305	163456	159002	554589
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.						554589
Sec	tion B. Total Support						-
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	61951	78875	91305	163456	159002	554589
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5365	6580	7844	4216	4216	28221
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.)						
11	Total support. Add lines 7 through 10						582810
12	Gross receipts from related activities, etc. (se	e instructions)				12 2	49818
13	First five years. If the Form 990 is for the or organization, check this box and stop here	_	t, second, third,	•	•	` ' ' '	
Sec	tion C. Computation of Public Sup	port Percei	ntage				· · · · · · · · · · · · · · · · · · ·
				ump (f)		44	95.16 %
14	Public support percentage for 2009 (line 6, c	olullili (I) alviae	sa by line 11, coi	umm (1))		14	95.16 %

	organization, check this box and stop here			1				
Sec	Section C. Computation of Public Support Percentage							
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	95.16	%				
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	95.44	%				
l6a	33 1/3 % support test 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % o and stop here. The organization qualifies as a publicly supported organization		e, check this box	X				
b	33 1/3 % support test 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test 2009. 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. 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	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a							

Complete if the organization answered "Ves" to Form 950, Part IV, line 21 or 72. Complete if the organization answered "Ves" to Form 950, Part IV, line 21 or 72. Complete if the organization answered "Ves" to Form 950, Part IV, line 21 or 72. Part II General Information on Grafts and Assistance Part II General Information on Grafts and Glopel Covernments and Organization in the United States. Complete if the Organization on Factor in the General Information on Graft in the United States General Information on Graft in the United States General Information on Graft in the United States General Information on Graft in the United States General Information on Graft in the United States General Information on Graft in the United States General Information on Graft in the United States General Information on General Information on General Information on General Information on General Information on General Information on General Information on General Information on General Information on General Information on General Information on General Information on General Information on General Information on General Information Informatio	SCHEDULE I		<u>ن</u>	Grants and Other Assistance to Organizations,	er Assistance	to Organiza	tions,		OMB No. 1545-0047
ach to Form 990. Part IV, line 21 or 22. ach to Form 990. Stance, the grantees' eligibility for the grants or assistance, and in the United States ations in the United States. Complete if the organization answere eck this box if no one recipient received more than \$5,000. Use Part IV and Amount of non-cash (took, FMV, appraisal, non-cash assistance) assistance in the United States ations in the United States are at the organization answere eck this box if no one recipient received more than \$5,000. Use Part IV and I	(Form 990)		2000	ernments, and	Individuals	in the United	states		2009
stance, the grantees' eligibility for the grants or assistance, and in the United States. ations in the United States. Complete if the organization answere eck this box if no one recipient received more than \$5,000. Use Part IV an non-cash grant assistance (took, FMV, appraisal, non-cash assistance other)	Department of the Treasury Internal Revenue Service		Complet	e If the organization	answered "Yes" to Attach to Form 990	Form 990, Part IV,).	line 21 or 22.		Open to Public Inspection
stance, the grantees' eligibility for the grants or assistance, and in the United States ations in the United States. Complete if the organization answere eck this box if no one recipient received more than \$5,000. Use Part IV an each grant one non-cash (f) Method of valuation non-cash assistance other) assistance other)	Name of the organization							Employer ider	Employer Identification number
ations in the United States ations in the United States. Complete if the organization answere eck this box if no one recipient received more than \$5,000. Use Part IV an non-cash assistance other) above, FMX, appraisal, non-cash assistance other)	Birmingham Au	dubon Socie	ty					51-01989	25
In the United States ations in the United States. Complete if the organization answere eck this box if no one recipient received more than \$5,000. Use Part IV an one recipient received more than \$5,000. Use Part IV an one recipient received more than \$5,000. Use Part IV an one recipient received more than \$5,000. Use Part IV an one-cash grant annon-cash grant in one-cash assistance other) assistance other)		Information on Gr	rants and Ass	istance					
ations in the United States. Complete if the organization answere eck this box if no one recipient received more than \$5,000. Use Part IV an eash grant (e) Amount of (f) Method of valuation (g) Description (hook, FMV, appraisal, non-cash assistance other) (hook, FMV, appraisal, non-cash assistance other	1 Does the organization the selection criteria	on maintain records to so used to award the grain	substantiate the an nts or assistance?	nount of the grants or	assistance, the gran	tees' eligibility for the	e grants or assistance, a	and	X Yes
eck this box if no one recipient received more than \$5,000. Use Part IV an exterior (e) Amount of non-cash grant assistance assistance assistance (b) Amount of non-cash grant (cash grant assistance assistance assistance assistance (cash grant assistance assistance assistance assistance (cash grant assistance assistance assistance assistance (cash grant assistance assistance assistance (cash grant assistance assistance assistance assistance (cash grant assistance assistance assistance assistance (cash grant assistance assistance assistance assistance (cash grant assistance assistance assistance assistance assistance (cash grant assistance assistance assistance assistance assistance assistance assistance assistance (cash grant assistance as	crib	the organization's proce	dures for monitori	ng the use of grant fu	nds in the United Sta	ites		i]
eck this box if no one recipient received more than \$5,000. Use Part IV an above the stand of valuation (g) Description of hon-cash assistance assistance other) A Amount of non-cash assistance other) assistance other)	L	nd Other Assistar	nce to Govern	ments and Orga	inizations in the	United States	Complete if the organic	zation answered "Yes'	to t
cash grant non-cash cook, FMV, apraisal, non-cash assistance other)		Part IV, line 21, for any r	ecipient that receiv	ved more than \$5,000	Check this box if no	one recipient recei	ved more than \$5,000.	Use Part IV and	G
cash grant non-cash (book, FMV, appraisal, non-cash assistance other) assistance other)	-Schedule I-	-1 (Form 990) if addition	nal space is neede	-					A
	1 (a) Name and address or governm	of organization nent	(9)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		of section 501(c)(3) and	government organ	nizations					
		of other organizations .						•	
JVA 09 99011 TWF 33077 Copyright Forms (Software Only) – 2009 TW	For Privacy Act and Pape	erwork Reduction Act	Notice, see the Ir ns (Software Only) - 20	istructions for Form	990.			Schedi	Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009

	book, (f) Description of non-cash assistance	
	(e) Method of valuation (book, FMV, appraisal, other)	
	(d) Amount of non-cash assistance	
ional space is needed.	(c) Amount of cash grant	7,500
(Form 990) ii addii	(b) Number of recipients	7
Use Part IV and Schedule I=1 (Form 990) if additional space is needed.	(a) Type of grant or assistance	Education

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Alabama or by individuals or institutions affiliated with Ala given to projects involving natural history or field biology involving plants or animals, and those performed in relevant field of research may be considered, priority is The Society provides small grants to support scientific environmental issues affecting Alabama. Although any research projects that are clearly applicable to Part IV

the natural world and the importance of wisely utilizing its The society provides mini-grants to elementary, middle and high school teachers in Jefferson and Shelby Counties to promote knowledge, understanding, and appreciation of resources.

of these awards vary in amount from \$245 to \$1400 All

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Birmingham Audubon Society

Employer identification number

51-0198925

The treasurer and administrative director review the returns prior to mailing and then later a copy of the form 990 is made available to all members of the society.

PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

Open to Public

Inspection For calendar year 2009 or tax period beginning

07-01

, and ending

06-30-2010.

Name of Organization

Birmingham Audubon Society

Employer Identification Number 51-0198925

Primary Purpose

The society funds research projects of graduate students studies to assist in gaining knowledge in the biological sciences, natural history and other areas of interest that pertain to wildlife and habitat protection. Also, the organization makes contributions and donations to other conservation minded organizations that promote wildlife habitat and programs that protect the environment.

PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 2, Part III

Open.to Public

Inspection For calendar year 2009 or tax period beginning 0.7

07-01

and ending

06-30-2010.

Name of Organization

Birmingham Audubon Society

Employer Identification Number 51-0198925

Primary Purpose

The society funds research projects of graduate students studies to assist in gaining knowledge in the biological sciences, natural history and other areas of interest that pertain to wildlife and habitat protection. Also, the organization makes contributions and donations to other conservation minded organizations that promote wildlife habitat and programs that protect the environment.

BOOKS ARE IN CARE OF

Attachment	3: Form 990 Page 6, Part VI, Section C, Line 20
Open to Public	
Inspection	For calendar year 2009 or tax period beginning $07-01$, and ending $06-30-2010$.
Name of Organization	
	Audubon Society 51-0198925
Part VI - Line 20	
Individual Name	Bianca J Allen
or	
Business Name	
Street Address	P O Box 314
U.S. Address	
Zip code <u>s</u> or Foreign Address	35201-0314 City Birmingham State AL
City	·
Province or S	State
Country .	
Postal code	
Phone Numb	per (205) 714 - 8227
Fax Number	

SCHEDULE OF OTHER EXPENSES

Attachment 4: Form 990 Page 10, Line 24 - Other Expenses

Open to Public
Inspection
For calendar year 2009 or tax period beginning
O7-01-2009, and ending
O6-30-2010.

Name of Organization
Employer Identification Number
51-0198925

Name of Organization Birmingham Audubon Society			Employer Identification Number 51-0198925		
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
Banquet expense	4,041	4,041			
Donations	3,972	3,972			
Miscellaneous	1,890	1,792	98		
Telephone	854	769	85		
Postage	689	551	138		
Sanctuary maintenance	496	496			
Bird count and conservation	339	339			
		ļ			
Total	12,281	11,960	321		
rotai į	12,201	11,360	321		