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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 dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross recepts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

| Continue with the complete return. Continue with the complete with the continue with the | Ā | For th | the 2011 calendar year, or tax year beginning APR 1, 2011 and ending MAR | 31, | 2012 | | | | |
|---|-----|----------|---|--------------------------------------|-----------------------------------|--|--|--|--|
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| Department streem Colly or Years, State or Country, and ZiP + 4 Forgue Exemption FORT SMITH, AR 72903-3422 Number FORT SMITH, AR 72903-3422 Numb | 늗 | Initia | Trouble 1 | • | | | | | |
| Number | 느 | ⊟Term | 1515 | | | | | | |
| Accounting Method: | 느 | | 1000 1010111 | Group Exe | mption | | | | |
| Website: ► ARBIRDS . ORG Tax-exempt status (check only one) _ X 501(c)(3) _ 501(c) () | 느 | | | _ | | | | | |
| Tax-exempt status (check only one) | | | | H Check ► LIf the organization is no | | | | | |
| Scheck I did norganization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), line 25c, column (B) below) are 5500,000 or more, the Form 990 instead of Form 990-EZ \$ \$ 92, 236. | | | | required to | attach Schedule B | | | | |
| SSO,000. A Form 990-FZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 55, 6c, and 7b, to line 9 to determine gross recepts. If gross recepts are \$200,000 or more, or if total assets (Part II), line 25, column (8) below) are \$500,000 or more, the Form 990-FZ | J | Tax-ex | tempt status (check only one) _ X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527 | (Form 990 |), 990-EZ, or 990-PF). | | | | |
| Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II) Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) X The Net II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) X The Net II The Net III | K | Check | If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gros | s receipts | are normally not more than | | | | |
| L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below are \$500,000 or more, lite form 990 misted of form 990-EZ Part I Revenue, Expenses, and Changes in Next Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, grits, grants, and similar amounts received 1 45, 309. 1 Contributions grits, grants, and similar amounts received 2 2 2 2 2 2 2 2 2 | | \$50,00 | 0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) |). But if the | organization chooses to file | | | | |
| Interest Column (8) below) are \$500,000 or more, life form 990 instead of Form 990-EZ \$92,236. | | a retur | n, be sure to file a complete return. | | | | | | |
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| 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O 16 63, 445. 17 69, 478. 18 21,866. 19 197,465. 20 2,370. | xpe | 14 | Occupancy, rent, utilities, and maintenance | 14 | | | | | |
| 17 Total expenses. Add lines 10 through 16 17 69,478. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 21,866. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 197,465. 20 Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE 20 2,370. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 221,701. 22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011) | Ш | 15 | Printing, publications, postage, and shipping | 15 | | | | | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 LHA For Paperwork Reduction Act Notice, see the separate instructions. 18 21,866. 19 19 197,465. 20 2,370. 21 221,701. | | 16 | Other expenses (describe in Schedule 0) SEE SCHEDULE O | 16 | 63,445. | | | | |
| 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 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 LHA For Paperwork Reduction Act Notice, see the separate instructions. 19 197, 465. 20 2,370. 21 221,701. | | 17 | Total expenses. Add lines 10 through 16 | ▶ 17 | | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 221, 701. LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011) | S | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 21,866. | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 221, 701. LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011) | set | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) | | | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 221, 701. LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011) | As | | | 19 | 197,465. | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 221, 701. LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011) | Net | 1 | Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O | 20 | 2,370. | | | | |
| LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011) | _ | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | ▶ 21 | | | | | |
| | LH | A For | Paperwork Reduction Act Notice, see the separate instructions. | ۸ ۱ | Form 990-EZ (2011) | | | | |

| Form 990-EZ (2011) ARKANSAS AUDUBON SOCIETY, | | | 71- | 60592 | 22 Page 2 |
|--|--------------------------|--|----------|------------------------------|---------------------------------------|
| Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to res | | etion in this Bort II | | | X |
| Officer if the organization used ochedule O to les | porta to arry que | (A) Beginning of year | Т | (B) E | nd of year |
| 22 Cash, savings, and investments | | 197,215 | . 22 | | 221,451. |
| 23 Land and buildings | | | 23 | | |
| 24 Other assets (describe in Schedule 0) SEE SCHEDULE C |) | 250 | . 24 | | 250. |
| 25 Total assets | | 197,465 | | | 221,701. |
| 26 Total liabilities (describe in Schedule 0) | | 0 | . 26 | | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | • | 197,465 | | | 221,701. |
| Part III Statement of Program Service Accomplishmen | nts (see the insti | ructions for Part III.) | • | E | rpenses |
| Check if the organization used Schedule O to res | pond to any que | stion in this Part III | X | | for section |
| What is the organization's primary exempt purpose? SEE SCHEDULE C | | | | | and 501(c)(4) ons and section |
| Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant inform | | | | |) trusts; optional |
| 28 SEE SCHEDULE O | | | | | |
| | | | _ | | |
| (Grants \$) If this amount includes foreign of | grants, check here | | | 28a | 62,007. |
| 29 SCHOLARSHIPS TO NATL AUDUBON SOCIET | | DUCATION | | | · · |
| PROGRAMS- 2 SCHOOL TEACHERS | | | | | |
| | | | | | |
| (Grants \$) If this amount includes foreign of | | > | | 29a | |
| 30 ATTENDANCE FOR 4 YOUTHS AT SEMIANNU | AL MTGS OF | AAS | | | |
| | | | | | |
| | | | | | |
| (Grants \$) If this amount includes foreign of | grants, check here | > | Щ | 30a | 840. |
| 31 Other program services (describe in Schedule O) | | | , | | |
| (Grants \$) If this amount includes foreign of | rants, check here | | | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E | 'mamlassa a a | | | 32 | 62,847. |
| | | | ee the i | nstructions f | or Part IV) |
| Check if the organization used Schedule O to res | T' | | /d) | | |
| (a) Name and address | (b) Title and average if | | contri | ilth benefits, butions to | (e) Estimated amount of other |
| (a) Name and address | position | W-2/1099-MISC) (if not paid, enter -0-) | plans, a | yee benefit and deferred | compensation |
| CAROLYN MINSON | D | , | comp | pensation | · · · · · · · · · · · · · · · · · · · |
| 14 ALTURA LANE, HOT SPRINGS, AR 71909 | 1.00 | 0. | | 0. | 0. |
| KAREN HOLLIDAY | VP | | | 0. | · · |
| 165 HIBISCUS DR, MAUMELLE, AR 72113 | 1.00 | 0. | | 0. | 0. |
| LENORE GIFFORD, 20927 GRAPEVINE | 9 | | | <u> </u> | |
| LANE, MABELVALE, AR 72103 | 1.00 | 0. | | 0. | 0. |
| TERRY BUTLER | Tr Tr | - • • • | | | |
| PO BOX 313, PANGBURN, AR 72121 | 2.00 | 0. | | 0. | 0. |
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Form **990-EZ** (2011)

| Form | 990-EZ (2011) ARKANSAS AUDUBON SOCIETY, INC 71-6059 | | | Page 3 |
|------|---|-------------------|-------|-------------|
| Pa | other Information (Note the Schedule A and personal benefit contract statement requirements | | | |
| | instructions for Part V.) Check if the organization used Sch. O to respond to any question in this | Part | V | X |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | | |
| | activity in Schedule 0 | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended | | | |
| | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | Х |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported | | | |
| | on lines 2, 6a, and 7a, among others)? | 35a | | X |
| þ | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | N/ | Α |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax | | | |
| | requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 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 |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions. | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38 a | _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 tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | • |
| 40 a | 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 benefit transaction during the | | | |
| | year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 organization managers | | | |
| | or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| a | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the | | | |
| _ | organization • O. | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | υ, |
| 44 | transaction? If "Yes," complete Form 8886-T | 40e | | <u> </u> |
| | List the states with which a copy of this return is filed. ► NONE The organization's books are in care of ► TERRY Telephone no. ► 501 72 | 8-3 | 510 | |
| 42 d | | $\frac{3-3}{212}$ | | |
| h | At any time during the calendar year, did the organization have an interest in or a signature or other authority | <u> </u> | | |
| U | over a financial account in a foreign country (such as a bank account, securities account, or other financial | ı | Vac | No |
| | account)? | 42b | 103 | X |
| | If "Yes," enter the name of the foreign country: | 720 | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | х |
| · | If "Yes," enter the name of the foreign country: | | | <u> </u> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | • | |
| - | | N/A | | |
| | | | | |
| | | 1 | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44a | | х |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | | | |
| _ | of Form 990-EZ | 44b | | Х |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | - | | |
| | ın Schedule O | 440 | | |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section | | | |
| | 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | X |
| | | Form 9 | 90-EZ | (2011) |

132173 02-06-12

| Form 990- | EZ (2011) | ARKANSAS | AUDUBO: | N SOCIETY | , INC | | | 71-60592 | 222 Page 4 |
|----------------|-------------------------------------|--|---|---|--|---|---|---|--|
| | | ion engage, directly or | ındırectiy, ın poli | tical campaign activ | rities on behalf of or | ın oppositior | n to candidates for pi | ublic office? | Yes No |
| | | Schedule C, Part I | | | | | | | 46 X |
| Part V | _ | on 501(c)(3) org | | | | • | | - | |
| | _ | zations and section | | | | | | and complete t | he tables |
| | tor line | s 50 and 51 Check | if the organizat | ion used Schedu | ile O to respond to | o any quest | tion in this Part VI | | Yes No |
| 47 Did t | ha oroznizat | ion engage in lobbying | activities or have | e a section 501(h) e | dection in affect duri | ing the tay ye | ar2 If "Vec " complete | sch C Part II [| 47 X |
| | _ | n a school as describe | | | | • | ai · ii · ies, completi | | 48 X |
| | - | ion make any transfers | · | , | | | | · | 49a X |
| | - | elated organization a s | | | | | | · | 49b |
| 50 Com | plete this tab | le for the organization | s five highest co | mpensated employ | ees (other than offic | ers, directors | s, trustees and key er | nployees) who ea | ch received more |
| _ than | \$100,000 of | compensation from th | ie organization. I | there is none, ente | r "None." | | | | |
| | (| a) Name and address of paid more than | \$100,000 | | (b) Title and ave per week de position | voted to | (C) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits contributions to employee benefit plans, and deferred | amount of other |
| | | | NON | <u> </u> | Position | | | compensation | - Companion |
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| | | other employees paid o | | | | · | | | |
| | | ole for the organization | | | ident contractors wi | no each recei | ved more than \$100, | ,000 of compensa | tion from the |
| | | nere is none, enter "Nor as of each independent | | | <u> </u> | (b) Type o | of conuce | (c)(| Compensation |
| (4) 144111 | c and address | 33 of Caon independent | contractor paid | | - | (b) Type o | 3014100 | | Tompensation |
| | | | | | | | | i | |
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| d Total | number of o | other independent cont | ractors each rec | aving over \$100 00 | <u> </u> | | | | |
| | | ion complete Schedule | | • | | a)(1) nonexe | | | |
| | • | must attach a complete | | | | , w) (1) (10 (10 (10 (10 (10 (10 (1 | | ▶ [2 | Yes No |
| Declaration of | nes of perjury, of preparer (oth | oeclare that I have examiner than officer) is based on | ned this return, inclu- all information of w | form accompanying so hich preparer has any l | chequies and statement knowledge | s, and to the be | est of my knowledge and | beller, it is true, con | ect, and complete |
| Sign | | eny 12 | the | | | | | 1/1-2- | -12- |
| Here | Signati | ure of officer | 400 | | | | | Date ² | |
| | | RRY BUTLER | , TREAS | URER | | | | | |
| | 1 | <u> </u> | | Dranarar'a aranatu | | Data | Chack | if PTIN | |
| Paid | Print | Type preparer's name | | Preparer's signatu | re | Date | Check self- emplo | - i | |
| Prepare | _ | | | | | | Sell- emplo | lyeu | |
| Use On | | s name 🕨 | | | | | Firm's EIN | | |
| 300 011 | · | s address > | | | | | Phone no. | | |
| | | • • | | | | | i none no | • | |
| May the IR | S discuss th | is return with the prepa | arer shown abov | e? See instructions | | | | | Yes No |
| | | | | | | - | | F | orm 990-EZ (2011) |

132174 02-06-12

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

Name of the organization

Inspection Employer identification number

| | | | S AUDUBON SO | | | | | | 71 | 1-6059 | 222 |
|-----------|---|-----------------------------|--|---------------------------------|-------------------|-------------------|--------------------|------------------------|-------------|--------------|-------------|
| Part I | Reason | for Public Char | ity Status (All organiz | ations mus | st complet | e this part |) See inst | ructions. | | | |
| The organ | ization is not a | private foundation l | because it is: (For lines 1 | through 1 | 1, check | only one b | ox.) | | | | |
| 1 🔲 | A church, cor | nvention of churches | s, or association of churc | ches desci | nbed in se | ction 170 | (b)(1)(A)(i) | | | | |
| 2 🔲 | A school des | cribed in section 17 | 0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | |
| з 🗀 | A hospital or | a cooperative hospi | tal service organization of | described | n section | 170(b)(1)(| A)(iii). | | | | |
| 4 🔲 | A medical res | search organization of | operated in conjunction | with a hos | pıtal descr | nbed in se | ction 170 | (b)(1)(A)(iii | i). Enter t | he hospital | 's name, |
| | city, and state | e· | | | | | | | | | |
| 5 🔲 | An organizati | on operated for the | benefit of a college or ur | niversity ov | vned or op | erated by | a governi | nental unit | describe | ed in | |
| | section 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | | | | |
| 6 🔲 | A federal, sta | te, or local governm | ent or governmental und | described | l in sectio | n 170(b)(1 |)(A)(v). | | | | |
| 7- | An organizati | on that normally rec | eives a substantial part | of its supp | ort from a | governme | ntal unit o | r from the | general p | public desc | inbed in |
| | section 170(| b)(1)(A)(vi). (Comple | te Part II) | | | | | | | | |
| 8 🗀 | A community | trust described in s | ection 170(b)(1)(A)(vi). (| (Complete | Part II) | | | | | | |
| 9 X | An organizati | on that normally rec | eives: (1) more than 33 1 | 1/3% of its | support fi | rom contri | butions, m | nembership | o fees, ar | nd gross re | ceipts from |
| | activities rela- | ted to its exempt fur | nctions - subject to certa | un exceptio | ons, and (2 | 2) no more | than 33 1 | /3% of its | support | from gross | investment |
| | income and u | inrelated business ta | axable income (less sect | ion 511 ta | x) from bu | sinesses a | cquired b | y the orga | nization a | after June 3 | 30, 1975. |
| | See section | 509(a)(2). (Complete | Part III) | | | | | | | | |
| 10 | An organizati | on organized and or | perated exclusively to tes | st for publi | c safety. S | See sectio | n 509(a)(4 | l). | | | |
| 11 | An organizati | on organized and or | perated exclusively for th | ne benefit (| of, to perfo | orm the fur | nctions of, | or to carry | y out the | purposes o | of one or |
| | more publicly | supported organiza | itions described in section | on 509(a)(⁻ | l) or sectio | on 509(a)(2 |). See se c | tion 509(a | a)(3). Che | eck the box | that |
| | describes the | type of supporting | organization and comple | ete lines 1 | 1e through | 11h | | | | , | |
| | a Type I | b | ر Type II o | : Ц Тур | e III - Func | tionally int | egrated | | d L | Type III - (| Other |
| e 📖 | By checking | this box, I certify tha | t the organization is not | controlled | directly o | r indirectly | by one o | r more disc | qualified (| persons oth | ner than |
| | foundation m | anagers and other t | han one or more publicly | y supporte | d organiza | ations desc | cribed in s | ection 509 |)(a)(1) or | section 509 | ∂(a)(2). |
| f | If the organiz | ation received a writ | ten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | _ |
| | supporting or | rganization, check th | nis box | | | | | | | | <u> </u> |
| g | Since August | t 17, 2006, has the c | organization accepted ar | ny gift or co | ontribution | from any | of the foll | owing pers | sons? | | |
| | (i) A persor | n who directly or ind | irectly controls, either al | one or tog | ether with | persons o | lescribed | ın (ıı) and (ı | ııi) below, | | Yes No |
| | _ | | upported organization? | | | | | | | 11g(i) | <u> </u> |
| | • | • | n described in (i) above? | | 11g(ii) | | | | | | T |
| | | - | person described in (i) of | | | | | | | 11g(iii) | <u> Ш</u> |
| h | Provide the fo | ollowing information | about the supported or | ganızatıoni | (s). | | | | | | |
| | | Γ | (iii) Type of | <u> </u> | | | | l (vi) lo | the I | | |
| | of supported | (ii) EIN | organization | (iv) Is the o in col. (i) Is | | | | (vi) ls organizatio | in in col | . , | nount of |
| orga | anization | | (described on lines 1-9 | governing | | | | (i) organızı U S | ed in the | sup | port |
| | | | above or IRC section (see_instructions)) | | | 17 7 | | | | | |
| | | | (see_instructions)) | Yes | No | Yes | No | Yes | No- | | |
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Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Se | ction A. Public Support | | | | | | |
|------|---|----------------------|-----------------------|-----------------------|----------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | : | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | _ |
| | ızatıon'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 | | ļ | | | | ļ | |
| | by each person (other than a | | | | i | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column (f) | | | | | | |
| _ | • • | | | | | | |
| | Public support. Subtract line 5 from line 4 | 1 | | 1 | - | <u> </u> | |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 4 | (a) 2007 | (b) 2008 | (6) 2009 | (u) 2010 | (e) 2011 | (i) iolai |
| 8 | Gross income from interest, | | | | | | |
| Ü | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | 1 | | | | | • |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | · <u> </u> | | | | |
| • | 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) | ļ | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | , etc (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thii | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) | |
| _ | organization, check this box and stor | | | | | | ▶□ |
| | ction C. Computation of Publ | | | | | | |
| 14 | Public support percentage for 2011 (| line 6, column (f) d | ivided by line 11, o | column (f)) | | 14 | % |
| 15 | Public support percentage from 2010 |) Schedule-A, Part | II, line 14 | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test - 2011. If the c | • | | • | 14 is 33 1/3% or r | nore, check this bo | ox and |
| | stop here. The organization qualifies | | - | | | | ▶∟ |
| b | 33 1/3% support test - 2010. If the c | - | | | d line 15 is 33 1/3% | 6 or more, check th | nis box |
| | and stop here. The organization qual | • • | | | 45 45 45 | | |
| 17a | 10% -facts-and-circumstances tes | _ | | | | | |
| | and if the organization meets the "fact | | | • | • | rτ IV how the orgar | nization |
| | meets the "facts-and-circumstances" | • | • | | • | 47 46 | 100/ -:: |
| D | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets the | | | | | | , |
| 10 | organization meets the "facts-and-circ | | • | • | | | |
| 18 | Private foundation. If the organization | ni did not check a | DUX OFFINE 13, 16 | a, 100, 17a, or 17 | | | |
| | | | | | Sche | edule A (Form 990 | O 990-EZ J ZU I I |

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

| Sec | ction A. Public Support | elow, please comp | nete Part II) | | | · · · | |
|------|--|---------------------|-----------------------|-------------------------|---------------------|---------------------|---------------------------------------|
| | indar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Gifts, grants, contributions, and | (4) 2007 | (6) 2000 | (0) 2003 | (4) 2010 | (6) 2011 | (i) Total |
| · | membership fees received (Do not | 1 | | | | | |
| | include any "unusual grants ") | 38,998. | 31,361. | 44,482. | 48,589. | 45,309. | 208,739. |
| 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 | 924. | 1,003. | 1,004. | 1,806. | 1,335. | 6,072. |
| 3 | Gross receipts from activities that | _ | | | · | | |
| | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ızatıon's benefit and either paid to | · | Ì | | | | |
| | or expended on its behalf | 1 | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | 39,922. | 32,364. | 45,486. | 50,395. | 46,644. | 214,811. |
| | Total. Add lines 1 through 5 | 39,944. | 32,304. | 45,400. | 30,333. | 40,044. | 214,011. |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | <u></u> | | | | | 0. |
| t | 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 | | | | | | 0. |
| c | Add lines 7a and 7b | | | | | | 0. |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 214,811. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 32,364. | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 | 39,922. | 32,364. | 45,486. | 50,395. | 46,644. | 214,811. |
| 10a | Gross income from interest, dividends, payments received on securties loans, rents, royalties and income from similar sources | 8,166. | 7,851. | 7,272. | 5,637. | 8,002. | 36,928. |
| b | Unrelated business taxable income | | | | | | · · · · · · · · · · · · · · · · · · · |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | 1 | | | | | |
| c | : Add lines 10a and 10b | 8,166. | 7,851. | 7,272. | 5,637. | 8,002. | 36,928. |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital | 29,743. | 30,543. | 26,374. | 30,985. | 37,590. | 155,235. |
| 13 | assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) | 77,831. | 70,758. | 79,132. | 87,017. | 92,236. | 406,974. |
| | First five years. If the Form 990 is for | | | | | | |
| • | check this box and stop here | the organization's | mst, second, time | z, rourtri, or inter ta | A year as a section | 1 30 No,(o) organiz | ation, |
| Sec | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| _ | Public support percentage for 2011 (I | | | olumn (fl) | | 15 | 52.78 % |
| 16 | Public support percentage from 2010 | , ,, | • | C.C (17) | | 16 | 52.54 % |
| _ | ction D. Computation of Inves | | | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 17 | Investment income percentage for 20 | 11 (line 10c, colum | nn (f) divided by lin | e 13, column (f)) | | 17 | 9.07 % |
| 18 | Investment income percentage from 2 | • | • • • | | | 18 | 9.77 % |
| 19a | 33 1/3% support tests - 2011. If the | • | | n line 14, and line | 15 is more than 3 | 3 1/3%, and line 1 | |
| h | more than 33 1/3%, check this box as 33 1/3% support tests - 2010. If the | · · | - · | • • | • • • | | ▶ X |
| | line 18 is not more than 33 1/3%, che | - | | | | | ▶ [|
| 20 | Private foundation. If the organizatio | | | · | | - | |

132023 01-24-12

SCHEDULE O

(Form'990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| ARKANSAS AUDUBON SOCIETY, INC | 71-6059222 |
|---|-------------|
| FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: | |
| DESCRIPTION OF PROPERTY: | AMOUNT: |
| INTEREST AND DIVIDENDS | 8,002. |
| | |
| FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF 1 | INVENTORY: |
| INCOME: | |
| 1. GROSS RECEIPTS | 1,335. |
| 2. RETURNS AND ALLOWANCES | 0. |
| 3. LINE 1 LESS LINE 2 | 1,335. |
| 4. COST OF GOODS SOLD (LINE 13) | 892. |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) | 443. |
| COST OF GOODS SOLD: | |
| 6. INVENTORY AT BEGINNING OF YEAR | 0. |
| 7. MERCHANDISE PURCHASED | 0. |
| 8. COST OF LABOR | 0. |
| 9. MATERIALS AND SUPPLIES | 892. |
| 10. OTHER COSTS | 0. |
| 11. ADD LINES 6 THROUGH 10 | 892. |
| 12. INVENTORY AT END OF YEAR | 0. |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) | 892. |
| | |
| FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: | |
| DESCRIPTION OF OTHER REVENUE: | AMOUNT: |
| ECOLOGY CAMP TUITION | 37,590. |
| | |

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Name of the organization

▶ Attach to Form 990 or 990-EZ. Inspection Employer identification number ARKANSAS AUDUBON SOCIETY. 71-6059222 INC ACTIVITY CLASSIFICATION: CACHE RIVER RESTORATION GRANTEE NAME: CACHE RIVER RESTORATION GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH DATE OF GIFT: 07/08/11 AMOUNT GIVEN: 1,000. ACTIVITY CLASSIFICATION: DELAWARE PARK GRANTEE NAME: DELAWARE PARK GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH DATE OF GIFT: 11/15/11 AMOUNT GIVEN: 500. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,500. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: SEE PART III 62,847. 398. 200. TOTAL TO FORM 990-EZ, LINE 16 63,445.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:

2,370.

AMOUNT:

TO CORRECT BOND PRINCIPAL TO COST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

WEB SITE

DUES

SCHEDULĘ O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization **Employer identification number** ARKANSAS AUDUBON SOCIETY, INC 71-6059222 FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR POSTAL PERMIT 250. 250. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ENVIROMENTAL EDUCATION AND STUDIES AND CONSERVATION OF NATURAL RESOURCES, FLORA AND FAUNA FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: ARK AUDUBON SOCIETY HALBERG ECOLOGY CAMP FOR 11 & 12 YEAR OLDS, INTRODUCTION TO ECOLOGY & CONSERVATION FOR 137 STUDENTS ADULT NATURAL HISTORY WORKSHOPS 41 STUDENTS FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.