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# Form **990-EZ**

# 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)

OMB No 1545-1150 2012

Sponsoring organizations of donor 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 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	A F	or the	2012 calenda	ır year, or tax year beginni	ng Septe	ember 1	2012, and ending	g A	ugust 3	1 , 20	13	
[	Вс	heck if a	pplicable.	C Name of organization				D Emp	loyer ide	ntification numbe	er	
	□,	Address o	Amos W. Butler Audubon Society, Inc.					23 7253434				
	_							phone nu	mber			
	=	nitial retu		PO Box 80024				ı	317	408-4029		
	=	Terminated						up Exen				
j	=			Indianapolis, IN 46280				Nu	mber 🕨			
	G A	ccoun	ting Method:	✓ Cash	Other (specify) ▶			H Check	▶ <b></b> If	the organization	n is <b>not</b>	
	i V	Vebsit	te: ►							ch Schedule B		
	J T	fax-exempt status (check only one) —   501(c)(3)   501(c) ( )   (insert no.)   4947(a)(1) or   527 (Form 99)							990, 990	EZ, or 990-PF).		
	K	heck >	► ☐ if the	organization is not a section	509(a)(3) supporting	organization or a s	ection 527 organiz	ation and	ts gross	receipts are nor	mally	
	r	ot mor			_	•	•					
	t	he orga	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 organization chooses to file a return, be sure to file a complete return.									
	LA	dd lines	s 5b, 6c, and 7b	b, to line 9 to determine gross	receipts. If gross rece	eipts are \$200,000 o	more, or if total as	sets (Part II	,			
	fil	ne 25, c	olumn (B) belov	w) are \$500,000 or more, file F	orm 990 instead of F	orm 990-EZ	•		<b>▶</b> \$			
	P	art I		e, Expenses, and Cha								
			Check if t	the organization used S	chedule O to res	pond to any que	stion in this Pai	rt I			. 🗸	
		1		ns, gifts, grants, and sim					1		95,449	
		2	Program se	ervice revenue including g	government fees a	ind contracts .			2			
		3	Membershi	p dues and assessments					3			
		4	Investment	income					4		94	
		5a	Gross amor	unt from sale of assets of	ther than inventor	y	5a					
		b	Less: cost of	or other basis and sales e	expenses		5b		1			
		С		ss) from sale of assets oth			from line 5a) .		5c			
· -		6		d fundraising events	•	•	,					
2 2013,	<u>o</u>	а		ome from gaming (atta			l <b>c</b> - l					
6ND	Revenue						6a		-			
prox!		b		me from fundraising even aising events reported or	•		of contribut	ions				
<b>&gt;</b>	œ			h gross income and cont			10-1					
λOK				<del>-</del>		•	6b		1			
		C		t expenses from gaming a e or (loss) from gaming a				oubtroot.	-			
ָרָיַ וְנוֹי		d	line 6c) .	or (1055) from garring a	and fundraising e	verits (aud intes	oa anu ob anu	Subtract	ایما			
		7a	•	of inventory long return	o and allowaness		170	• • •	6d			
Charle		b		s of inventory, less return: of goods sold	s and anowances		7a   7b		-			
		C		t or (loss) from sales of in					I			
(J)		8		nue (describe in Schedule			ra;	• • •	7c			
		9	Total rever	nue. Add lines 1, 2, 3, 4,	50)	Dr. Cor	W. 10-167		9		05.443	
		10	Grants and	similar amounts paid (lis	t in Schedule (1)				10		95,443	
		11	5 (1		•	F W	S	• • •	11	<del></del>	27,588	
	S	12	Salaries of	ild to or for members . her compensation, and e	mnlovee henefits	©   OCT 2	8 2013		12		26 270	
	Expenses	13		al fees and other paymen			ري	• • •	13		26,379	
	e a	14		/, rent, utilities, and maint	•		5.0 0 552		14			
	X	15		blications, postage, and		OGDE	$\mathbb{N}$ . UT: $\mathbb{I}$	• • •	15			
	_	16		nses (describe in Schedu							5,460	
		17	•	•	•				16		17,967	
		18	Evenes or /	nses. Add lines 10 through deficit) for the year (Subti	ract line 17 from li	ne 0)	<del></del>		17		77,394	
	ets	19		or fund balances at beg				ree with	10		18,149	
	Net Assets	-		r figure reported on prior					19	•	40 410	
	¥	20		ges in net assets or fund					20		40,410	
	ž	21		or fund balances at end	• •	•			21	7	58,559	
				Dalai loes at ella t	J. YOUR. DONNON TO	anough z	· · · · · · · · · · · · · · · · · · ·	–	, <b>-</b> '		JO, 333	

Par	Balance Sheets (see the instructions t	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	· ·	<u> </u>
				(A) Beginning of year	<del></del>	(B) End of year
<b>22</b>	Cash, savings, and investments			240,410		258,559
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	· · · · · · ·			24	
25	Total assets			240,410		258,559
26	Total liabilities (describe in Schedule O)	(7)			26	·
27	Net assets or fund balances (line 27 of column			240,410	27	258,559
Par		- · · · · · · · · · · · · · · · · · · ·		•	İ	Expenses
\A/bot	Check if the organization used Schedule is the organization's primary exempt purpose?	<del></del>				uired for section c)(3) and 501(c)(4)
		Environmental Cons				nizations and section
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				(a)(1) trusts, optional thers.)
28	Conservation / Restoration of avian habitat from fund	is donated through B	Birdathon Program			
					İ	
	(O . ) (6 H):	:				
~~	(Grants \$ 18,000) If this amount				28a	2,248
29	Held 7 volunteer events at local parks and schools to		ecies and plant nau	e vegetation.		
	This was funded by a National Audubon Together Gr	een gram.				
	(Grants \$ ) If this amount	includes foreign gra	ents check here		29a	6 701
30	Conducting educational programs, field trips, partici			<del></del>	234	6,701
-	advocating for birds and their environment					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗆	30a	23,487
31	Other program services (describe in Schedule O)					
	(Grants \$ 9,588) If this amount	includes foreign gra	ints, check here .	▶ □	31a	11,341
32	Total program service expenses (add lines 28a	through 31a)		•	32	43,777
Par	List of Officers, Directors, Trustees, and Key	/ Employees List each	h one even if not con	pensated (see the in	struct	tions for Part IV)
	Check if the organization used Schedule	O to respond to a		Part IV		<u> 🗆</u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISO	c) benefit plans, and	0	ther compensation
			(if not paid, enter -0-	deferred compensatio	n	
	Gorney					
	ctor of Bird Conservation and Education	40	5,11	1		
Ted N	leyer	ļ <sub></sub>				
	ident & Treasurer	12		0		<del></del>
	ida Smith	1_			İ	
	Pellange	3		0		<del> </del>
	Ballenger ctor	1.		o	ŀ	
	Chapman	•	<del> </del>	<u> </u>	+	
Dire		3		o		
	Schaust	3		<u> </u>	+-	
	ctor	1		0		
	Shoger	·		<del></del>		<del></del>
Dire		1,		o		
	ny Davis-Swinford				1	
Dire		13		o		
	e Warner					
Dire		]1	1	o		<u></u>
Mich	ne) White					
Dire	ctor	1		0	$\perp$	
Scott	Enochs	]				
Dire	ctor	3	<u> </u>	0		
Jules	Erwin					
<u>Dire</u>	ctor	1		0		

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ran	v 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 O	33	163	<b>₩</b>
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		1
35a	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		1
b	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		1
С	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		1
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		.✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	↓.		
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		- /
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	30a		<b>-v</b>
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	ŀ		
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	ł		ľ
	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		1
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			'
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ Indiana			
42a		317 40		9
L	Located at ► 4934 Washington Blvd, Indianapolis, IN ZIP + 4 ►	462		NI
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO V
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. !	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		1
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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<b> </b>	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an avalanction in Schodulo O	[		7
AE-	explanation in Schedule O	44d		1
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		-
400	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		

Form 99	90-EZ (20	012),						P	age 4	
								Yes	No	
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf	of or in oppositi	on			
	to car	ndidates for public office? If "Yes," o	omplete Schedule C	, Part I			46		V	
Part		Section 501(c)(3) organizations								
		All section 501(c)(3) organization	s must answer que	stions 47-49b ar	nd 52, and	I complete the	tables f	or lin	es	
		50 and 51								
		Check if the organization used Sch	nedule O to respond	l to any question i	n this Part	VI				
								Yes	No	
47		Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax								
	year?	If "Yes," complete Schedule C, Part	tll				47	i	1	
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	eE	48		1	
49a		ne organization make any transfers to							1	
b		s," was the related organization a se		-			49b		1	
50		plete this table for the organization's			other than	officers, directo	ors, truste	es an	d key	
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganization.	If there is none	, enter "N	lone."	, ,	
			(b) Average	(c) Reportable	1	ealth benefits,				
	(a)	Name and title of each employee paid more than \$100,000	hours per week	compensation	bonofit n	ans, and deferred	<ul><li>(e) Estimate other corr</li></ul>			
		pad more than \$100,000	devoted to position	(Forms W-2/1099-MIS		mpensation	Outer Con	iperisa	LIOTI	
None							-			
						<u>-</u>				
		·				1				
				1	:					
		,			-					
	<b></b>									
f	Total	number of other employees paid over	er \$100 000	•	<del></del>					
51		olete this table for the organization			<del>-</del>	— torr who each	rocewood	more	than	
Į.		,000 of compensation from the orga			in contrac	tors write each	received	more	LIIGIII	
				T	<del></del>					
(a)	Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of s	service	(c)	Compensati	on		
None										
110110										
						<u> </u>				
					· · · · · ·	<del></del>				
						- 1				
			<del></del> . <del>-</del> .	<del> </del>						
				1						
	Total	number of other independent contra	actors each receiving	over \$100 000	•		<u> </u>	-		
		ne organization complete Schedule A	-		one and 40					
52		ne organization complete Scriedule A xempt charitable trusts must attach :			ns and 49	` ' ' '	► ✓ Yes	. 🗀	No	
11=-1		of perjury, I declare that I have examined this		· · · · · · · · · · · · · · · · · · ·						
		of perjury, I declare that I have examined this I Id complete Declaration of preparer (other than					owieuge and	i Dellet,	, it is	
		1 / 11/1		,	•	10/24/	2013	Σ		
Sign		Stringture of origer				Date Date	٠, رس	<b></b>		
Here	.	Tod Mover President and Transver								
		Type or print name and title								
	<u> </u>		Preparer's signature		Date		. PTIN			
Paid		Print/Type preparer's name	Tepaer a signature		Juli	Check L	if			
Prep	parer					self-employ	, ou			
Use	Only	Firm's name ►				Firm's EIN ▶				
Marit	ho IDC	Firm's address ▶ discuss this return with the prepare	r shown shows? Coo	instructions		Phone no			No	
iviatV (	HE INS	woodaa uus return with the preparei	SHOWH ADDVE! See				▶     Yes	• I I	No	

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047 20**12** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Amos W. Butler Audubon Society, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II **c** Type III–Functionally integrated d Type III-Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(l) (ii) A family member of a person described in (i) above? . . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(īii) Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported (II) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col (I) listed in your the organization in organization in col support col. (1) of your above or IRC section governing document? (i) organized in the support? U S.7 (see instructions)) Yes No Yes Yes Nο Nο (A) (B) (C) (D) (E)

**Total** 

Schedu	ıle A (Form 990 or 990-EZ) 2012						Page 2
Part							
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and	ļ		1			
	membership fees received. (Do not			1			
	include any "unusual grants.")	44,070	44,916	76,557	56,665	95,449	317,657
2	Tax revenues levied for the			i			
	organization's benefit and either paid						
_	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities		İ			i	
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	44,070	44,916	76,557	56,665	95,449	317,657
5	The portion of total contributions by	į		1			
	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)	1	1		'		
6	Public support. Subtract line 5 from line 4.				<del></del>		217.057
	ion B. Total Support	1	I			t	317,657
	idar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	44,070	44,916	76,557	56,665	95,449	317,657
8	Gross income from interest, dividends.	1.,070	1.,,0.10		00,000	00,110	017,007
•	payments received on securities loans,				]		
	rents, royalties and income from similar				1		
	sources	5,120	4,538	1,180	78	94	11,010
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	o	0	o	o	o	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						328,667
12	Gross receipts from related activities, etc.	•	•		[	12	804
13	First five years. If the Form 990 is for the	-			-		, ,, ,
Cast	organization, check this box and stop he				· · · · ·	• • • • •	🕨 💆
	ion C. Computation of Public Suppor			4		44.1	
14 15	Public support percentage for 2012 (line 6 Public support percentage from 2011 Sch					15	96.65 %
16a	331/3% support test—2012. If the organization						93.96 %
104	box and <b>stop here</b> . The organization qua						
b	331/3% support test—2011. If the organ	· · · · · · · · · · · · · · · · · · ·		_			_
	check this box and <b>stop here.</b> The organi				•	15 15 55 /376	
47-	•	-	•				. • _
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me						
	Part IV how the organization meets the "f						
	organization						. <b>&gt;</b> [
b	10%-facts-and-circumstances test—20	311. If the organ	nızation did no	t check a box	on line 13, 16:	a 16b or 17a	and line

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

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### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sooti	on A. Public Support	under the te	ser listed bel	ow, please co	omplete Part	н.)	
		( <del>-)</del> 2009	(h) 0000	(-) 0040	1 0 0014	(1) 0010	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		ļ				ļ
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				ļ		İ
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			l			
	organization without charge						
6	Total. Add lines 1 through 5 [						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			ļ			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			ĺ			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
_	line 6.)		1				
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6 [						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						ļ
	royalties and income from similar sources .		<u>.</u>				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b [				_		
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 assets			ł			
	(Explain in Part IV.)						<u></u>
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) [						
14	First five years. If the Form 990 is for the	-			-		, , , ,
	organization, check this box and stop her		· · · · ·	· · · · ·	· · · · ·		🕨 📋
	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2012 (line 8						%
16	Public support percentage from 2011 Sch			<u> </u>	<u></u>	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2012 (I						<u>%</u>
18	Investment income percentage from 2011						%
19a	331/3% support tests—2012. If the organi						
	17 is not more than 331/8%, check this box a						
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this b	_	_				_
20	<b>Private foundation.</b> If the organization did	a not check a	nox on line 14	. 19a. or 19b. o	JHECK THIS DOX	and see instri	ictions 🟲 🗀

	Form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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## SCHEDULE O · (Form 990 or 990-EZ)

## 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

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer Identification number

Amos W. Butler Audubon Society, Inc.	23 7253434
Line 10 Grants	
American Bird Conservancy 1731 Connecticut Ave, NW, 3rd Floor, Washington DC 20009	
\$15,000 for Cerulean Warbler Project	
All other grants under \$5,000	•••••
Line 16 Expenses	
\$3,798 Education and Outreach Programs	
\$3,194 Volunteer Day Events	
\$2,584 Insusrance	
\$2,000 Binocular Purchase for School Donation	
\$1,504 Equipment and Software for New Staff Position	
\$1,335 Lights Out Indy Program (Supplies, Data Collection, Outreach)	
\$898 Bird Count Study	
\$869 Birdathon Supplies	
\$778 Office Supplies and Misc. Fees	·
\$757 Consulting and Press Release for New Staff Position	
\$250 Organizational Memberships	
Line 31 Other Program Services	Expenses \$11,341
Publishing a Newsletter	\$3,417
Lights Out Indy A program to reduce bird mortality during migration resulting from collisions with bu	iildings \$5,026
Donation of Binoculars to a school	\$2,000
Bird Point Count Studies	\$898
Grants for research and birding supplies through Birdathon of \$9,588	\$0
•••••••••••••••••••••••••••••••••••••••	