Return of Organization Exempt From Income Tax

OMB No. 1545-0047

FUIII	-	•		3		_	•				20 U2
	•		Under section 501(pt bla	ack lung	
		he Treasury	The organizat	Denetit ו ion may have to	trust or priv				remure	ments	Open to Public Inspection
		e Service	' 		ise a copy or t						
_			ndar year, or tax year b			04/		002, and endin			
B che	k if applicab Address	le Please	C Name of organization				ETY		4		fication number
\vdash	change	tabel or	OF THE CENTRAL A	-				,	1	3-023371.	
Щ	Name chan	print or	Number and street (or	PO box if mail is	s not delivered	to stre	et address)	Room/suite	ET	elephone num	ber
\perp	Initial return	type. See						i	l		
Ш	Final return	Specific	8940 JONES MILL	ROAD				<u> </u>			
	Amended return	Instruc-	City or town, state or o	country, and ZIP +	4				֡֟֝֟֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	ccounting (Sash X Accrual
	Application pending	tions.	CHEVY CHASE, MD	20815						Other (spec	y) ►
			ection 501(c)(3) organizati					Handlare not ap	plicab	le to section 52	7 organizations
		tre	usts must attach a comple	ited Schedule A (Form 990 or 9	90-EZ)	H(a) is this a gro	up retui	m for affiliates?	Yes X No
G W	eb site	►www z	AUDUBONNATURALIST	ORG			,	H(b) If "Yes ent	er num	ber of affiliates	<u></u>
J O	rganizati	on type (ch	eck only one) 🕨 🗶 501(c) (3) ◀ (insert no)	4947(a)(1) or	527	H(c) Are all affilia			Yes X No
K C	neck here	. ▶	if the organization's gross	receipts are norma	lly not more th	an \$25	,000 The	(If No, atta H(d) is this a separ		t See instruction	ns)
OI	ganizatio	n need no	t file a return with the IRS b	ut if the organizatio	n received a Fo	orm 99	0 Package			y a group ruling?	Yes X No
ıп	the mail	it should t	file a retum without financial data	Some states requ	lre a complete r	eturn		I Enter 4-digit	GEN)	<u> </u>	
								M Check ▶	\Box	if the organizat	ion is not required
L G	ross rece	epts Add li	nes 6b 8b 9b and 10b to line 1	2 🕨	2,	617	,356.	to attach Sc	h B (Fe	om 990, 990-E	Z, or 990 PF)
Par	R	evenue, l	Expenses, and Changes	in Net Assets	or Fund Bala	nces (See page	17 of the instr	uction	s)	
	$\overline{}$		ons, gifts, grants, and simila								
	a	Direct pub	olic support			1a		753,016			
	ь	Indirect pu	ublic support			1 b	_		\neg		
	C	Governme	ent contributions (grants)			1 c			7		
			ies 1a through 1c) (cash \$		noncash	, <u> </u>	•)	1 d		753,016.
	t .		service revenue including g			om Par	t VII, line 9	3)	2		340,457
	l	_	nip dues and assessments	_					3		204,109
			n savings and temporary cas	sh investments					4		38,379
	l _		and interest from securities				_		5		15,203
		Gross rent		• •		[6a]	•	-		-	
3	l .		al expenses	•		6 Ь				– ,	
 	l .		income or (loss) (subtract i	ne 6b from line 6a)		R	ECEIVE) 6c		397,027
ન કુ			estment income (describe		,	•	·		70	51	<u></u>
Revenue	1 -		ount from sales of assets oth		Securities	\top	9 (B)	Other		2	
ڇَڇَ		than inver			446,459	8a	S AL	ig 0 5 2003	\sqcap	-6	
	l _		or other basis and sales exp	enses	447,391	8ь	14-1			፫,	
	l		oss) (attach schedule)		-932.	8 c	0	GDEN U	 		
<u> </u>	1		or (loss) (combine line 8c, co	himns (A) and (B))	•	1	<u> </u>		84		-932.
<u> </u>	1	_	vents and activities (attach s		•	•	• - •	•	1		
Ş	l	•	enue (not including \$	U	of						
3	1		ons reported on line 1a)		_ "	9 a		12,732			
1 0	l		ons reported on line 1a) ct expenses other than fund	raiging avnonces		9Ь		<u> </u>	┥		
			ct expenses other than fullo le or (loss) from special eve		h from line (le)				. 9c		12,732.
			• •	•	STMT. 4		•	 397,831	1		
	l		es of inventory, less returns :	and allowances				256,868	┥		
		Less Cost	of goods sold		STMT 5	ומטחי		∠30,000		l	

12 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 1,913,097 13 1,492,349. 13 Program services (from line 44, column (B)) 14 14 130,669 Management and general (from line 44, column (C)) 15 271,818 15 Fundraising (from line 44, column (D))

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

16 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 1,894,836_ 17 18 18,261 18 Excess or (deficit) for the year (subtract line 17 from line 12) .

3,604,732 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . 20 -115,274 Other changes in net assets or fund balances (attach explanation) . STMT 6 3,507,719 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

JSA For Paperwork Reduction Act Notice, see the separate instructions

Other revenue (from Part VII, line 103)

Form **990** (2002)

140,963

12,143.

11

10c 11

Pa			tions must complete column 4947(a)(1) nonexempt chai			
	Do not include amounts reported on line	Ī	(A) Total	(B) Program services	(C) Management	(D) Fundraising
22	6b, 8b, 9b, 10b, or 16 of Part i. Grants and allocations (attach schedule)	 		services	and general	
	(cash \$ noncash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.		77,250	61,800	7,725	7,725
26	Other salaries and wages	26	975,068	797,530.	47,854	129,684
27	Pension plan contributions	27	2737000	757,550;		123,004
28	Other employee benefits	28	61,549	49,439	5,055	7,055
29	Payroll taxes	29	82,715	66,808	5,419	10,488
30	Professional fundraising fees	30	02,713			10,400
31	Accounting fees	31				
32	Legal fees	32			- · · · - · · · - · · · · · · · · · · ·	
33	Supplies	33	55,297	41,449	4,183	9,665
34	Telephone	34	12,724	9,537	2,220.	967
35	Postage and shipping	35	69,797	56,823		
36	Occupancy	36	09,797		2,521.	10,453
37	Equipment rental and maintenance	37	54,184	20,661	6,166.	27,357
38	Printing and publications	38	61,328	42,316	1,292.	17,720
39	Travel	39	122,149	120,410	70.	\(
40		40	122,149	120,410		1,669
41	Conferences, conventions, and meetings Interest	41				
42		42	64,466	50,900	7,035	6,531
43	Depreciation depletion, etc (attach schedule) . Other expenses not covered above (itemize) STMT 7	43a	258,309	174,676	41,129	42,504
-	· · · · · · · · · · · · · · · · · · ·	43b	236,309	174,070	41,129	42,304
;		43c				
,	; I	43d				
		43e			<u> </u>	
44					_	
• •	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,894,836	1,492,349	130,669	271,818
Are If "Y	nt Costs Check ▶ If you are follow any joint costs from a combined educational 'es," enter (i) the aggregate amount of these jo the amount allocated to Management and gen	camp int co	aign and fundraising solid	, (ii) the amount alloca		
	irt III Statement of Program Ser					
	at is the organization's primary exempt purpose			is tocc page 2+ o	tile instructions)	Program Service
						Expenses (Required for 501(c)(3) and
of o	organizations must describe their exempt p clients served, publications issued, etc. Disc anizations and 4947(a)(1) nonexempt charital	uss	achievements that are r	not measurable (Section	n 501(c)(3) and (4)	(4) orgs , and 4947(a)(1) trusts but optional for others)
	BUILDING AND GROUNDS OPERAT OBSERVATION AND EDUCATION.	ION:	S - PROVIDES BI	RD AND NATURE	·	
			/0			
.				nd allocations \$		141,123
•	ENVIRONMENTAL EDUCATION - E GENERAL PUBLIC AND MEMBERS,				·	
•	PROTECT NATURAL RESOURCES		(Grante a	nd allocations \$	·	531,439
	AUDITON NAMEDALICE BOOKCHOD		 \ \ \ \ \ \ \ 			531,439
	AUDUBON NATURALIST BOOKSHOP			-		
	RELATED PUBLICATIONS AND SU GENERAL PUBLIC					
			•	nd allocations \$		101,695
d 1	MEMBERSHIP SERVICES					
			·			
				nd allocations \$)	202,920
•	Other program services (attach schedule)			nd allocations \$		515,172
020 1	Total of Program Service Expenses (sho	uld e	equal line 44, column (B), Program services)	<u> </u>	1,492,349

	alance Sheets (See page 24 of the ir				—-	
	e required, attached schedules and amounts v	within t	ne aescприоп	(A) Beginning of year		(B) End of year
	n should be for end-of-year amounts only				45	<u></u>
1	- non-interest-bearing	•	• • •	223,167	-	202,79
46 Saving	gs and temporary cash investments	•	• • • • • •	254,480		106,29
470 40000	nts receivable	47a	12 205			
		47b	13,295.	12,496.	470	12 20
D Less	allowance for doubtful accounts			12,490.		13,29
48a Blada	es receivable	48a	79,952			
	allowance for doubtful accounts	48b		81,560.	480	_ 79,95
49 Grants		400			49	
	vables from officers, directors, trustees, and k	(ev em	ninvees		75	
	h schedule)	cy ciii)		50	
	notes and loans receivable (attach		• • • • • • •		1	
sched	• •	51a	}			
h Less	ule)	51b	· · · · ·		51c	
	ories for sale or use	(4.47		_85,487		84,63
: 1	id expenses and deferred charges			27,572		53,23
54 Invest	ments - secunties (attach schedule) STAT 1		Cost Tr FMV	1,193,929		826,41
	ments - land, buildings, and					
	ment hacie	55a				
·	accumulated depreciation (attach				1	
sched		55Ь			55c	
	ments - other (attach schedule)				56	
	buildings, and equipment basis	57a	3,072,939.			
L .	accumulated depreciation (attach		. , -,			
sched	•	57b	475,690	2,178,008	57c	2,597,24
58 Other	assets (describe ▶		STMT 11)	93,747		49,73
	·		- ···· - · · - ·	-		
59 Total	assets (add lines 45 through 58) (must equa	l line 7	(4)	4,150,446	59	4,013,61
	nts payable and accrued expenses			84,384		101,33
61 Grants	s payable		[61	
62 Deferr	red revenue		[419,414	62	372,62
63 Loans	from officers, directors, trustees, and key em	ployee	es (attach		1	
63 Loans sched 64a Tax-e	ule)				63	
64a Tax-ex	cempt bond liabilities (attach schedule) .		[64a	
b Mortga	ages and other notes payable (attach schedu	le) .	[64b	
65 Other	liabilities (describe ►		STMT 12)	41,916	65	31,92
ì			l.			
66 Total	liabilities (add lines 60 through 65)			545,714	66	505,89
Organizatio	ons that follow SFAS 117, check here 🕨 🗴	and	complete lines			
67 thr	ough 69 and lines 73 and 74					
67 Unres	tricted			1,832,240.	67	1,614,36
68 Temp	orarily restricted			875,8 <u>70</u>	68	695,13
69 Perma	anently restricted		<i>.</i>	896,622	69	1,198,22
Organizatio	ons that do not follow SFAS 117, check here	e ▶L	and			
67 Unreside 68 Tempo 69 Perma Corganization complete 70 Capita	ete lines 70 through 74		!			
70 Capita	il stock, trust principal, or current funds		70			
71 Paid-ii	n or capital surplus, or land, building, and equ		71	- <u></u>		
72 Retain	ed earnings, endowment, accumulated inco	me, or	other funds		72	
73 Total	net assets or fund balances (add lines 67 th	rough	69 or lines			
71 Paid-ii 72 Retain 73 Total i 70 thr	ough 72,					
colum	n (A) must equal line 19, column (B) must eq	qual lin	e 21)	3,604,732	73	3,507,71
L	liabilities and net assets / fund balances (ac		66 and 73)	4,150,446.	74	4,013,61

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

For	rm 990 (2002)						Page 4
P	art IV-A Reconciliation of R Financial Statement Return (See page 2	evenue per Audited nts with Revenue per 26 of the instructions	• •	Part IV-B	Reconciliation Financial Stat Return	n of Expenses pe ternents with Exp	r Audited enses per
	Total revenue, gains, and other si			a Total	expenses and le	osses per	
	per audited financial statements		823	audited	financial statemen	nts ▶ a	1,894,836
b	Amounts included on line a but n			b Amount	ts included on line	a but not	-
	line 12, Form 990			on line	17, Form 990	1 1	
(1)) Net unrealized gains			(1) Donated	services		
	on investments . \$ -115,2	274		and use	of facilities \$		
(2)	Donated services			(2) Prior yea	ır adjustments		
	and use of facilities \$			reported	on line 20,		
(3)	Recoveries of prior			Form 99	0\$		
	year grants , . \$			(3) Losses r	eported on		
(4)	Other (specify)			line 20, l	Form 990 \$		
				(4) Other (sp	pecify)		
	\$						
	Add amounts on lines (1) through	(4) ▶ b -115,	274		<u> </u>		
				Add amo	unts on lines (1) thr	ough (4) . ▶ b	
C	Line a minus line b	. ▶ c 1,913,	097	∫c Linean	ninus line b 🚬 🏢	▶ c	1,894,836
d	Amounts included on line 12,			d Amount	ts included on line	17,	
	Form 990 but not on line a			Form 9	90 but not on line	a'	
(1)	Investment expenses			(1) Investme	ent expenses		
	not included on line			not inclu	ded on line		
	6b, Form 990 . \$			6b, Form	990 \$		
(2)	Other (specify)			(2) Other (sp	ecify)		
	<u> </u>				\$\$		
	Add amounts on lines (1) and (2)	▶ d		Add am	ounts on lines (1)	and (2) ▶ d	
e	Total revenue per line 12, Form 9	90		e Total ex	penses per line 1	7, Form 990	
	(line c plus line d)				lus line d) ·		1,894,836
Pi	art V List of Officers, Direct	ors, Trustees, and K	ey Er	nployees (La	st each one even	if not compensate	d, see page 26 of
	the instructions)					T=	r
	(A) Name and address			Title and average ours per week	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans &	(E) Expense account and other
_	· · · · · · · · · · · · · · · · · · ·		dev	voted to position_	-0-)	deferred compensation	allowances
	13+						
SE	E STATEMENT 14	 			77,250	3,120.	NONE
_		 	_				
_				_ 		 	
			_				
			_			· · · · · · · · · · · · · · · · · · ·	
			\dashv				
		 					
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_					-	-	
					}		
				-		<u> </u>	<u> </u>
75	Did any officer, director, trustee, or ke	• • •	_	•			. —
	organization and all related organizati		10,000) was provided b	y the related organiza	ations?	Yes X No
	If "Yes," attach schedule - see page 26	of the instructions					
				 .			F. 990 (0000)
							Form 990 (2002)

Forr	n 990 (2002)			Page 5
Pa	rt VI Other Information (See page 27 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		x
	If "Yes," attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	x	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	x	<u></u>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		x
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X.
Ь	If "Yes," enter the name of the organization			1
	and check whether it is exempt or nonexempt			i
81a	Enter direct or indirect political expenditures. See line 81 instructions	_		
b	Did the organization file Form 1120-POL for this year?	81Ь		X_
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			1
	or at substantially less than fair rental value?	82a	х	ļ,
ь	If "Yes," you may indicate the value of these items here. Do not include this amount			ł
	as revenue in Part I or as an expense in Part II (See instructions in Part III)	_		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	ļ
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	<u> </u>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	1 1		
	or gifts were not tax deductible?	84Ь		x
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/	A
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year			1
С	Dues, assessments, and similar amounts from members	-		1
d	Section 162(e) lobbying and political expenditures	-		İ
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . 85e N/A	-		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	-		
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	_ N/	<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable			!
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	<u> </u>
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	- 1		
	Gross receipts, included on line 12, for public use of club facilities	-		
	501(c)(12) orgs Enter a Gross income from members or shareholders	-		ŀ
ь	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)	-		1
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections		/	L
	301 7701-2 and 301 7701-37 If "Yes," complete Part IX	88	N/	A
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
_	section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	-		
D	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach]		
		005		
_	a statement explaining each transaction	[89b]		
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under		n/a	
	sections 4912, 4955, and 4958			
	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A	
	List the states with which a copy of this return is filed <u>MARY LAND</u> Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90Ь	A E	
91		<u> </u>		
92				\Box
<i>-</i> -	and enter the amount of tax-exempt interest received or accrued during the tax year	• •	n/A	~ []

Form **990** (2002)

indicated `	Unṛel	lated business income	Excluded by	section 512, 513, or 514	(E)
	(A) Business	(B) Amount	(C) Exclusion	(D) Amount	Related or exempt function
93 Program service revenue	code	Amount	code	Attiouse	Income
a EDUCATION TUITION					
b TOURS, AND TRIPS			ļ. <u> </u>		340,299
c ROYALTIES &					
d <u>COMMISSIONS</u>			15	158_	
e			 		
f Medicare/Medicaid payments	 				
g Fees and contracts from government agencies				 	
94 Membership dues and assessments ,	-			20 270	204,109
95 Interest on savings and temporary cash investments			14	38,379	
96 Dividends and interest from securities	_		14	15,203	
97 Net rental income or (loss) from real estate					<u></u>
a debt-financed property			16	207 027	<u> </u>
b not debt-financed property			16	397,027.	
98 Net rental income or (loss) from personal property	·				
99 Other investment income	· 	<u> </u>	18	-932	
100 Gain or (loss) from sales of assets other than inventory		<u> </u>	01	12,732	
101 Net income or (loss) from special events .	·	 	03	140,963	· · · · · · · · · · · · · · · · · · ·
102 Gross profit or (loss) from sales of inventory	·		<u> </u>	140,303	
b ADVERTISING INCOME	7310	8,468	-		·
c MISCELLANEOUS	7310	0,400	01	3,675	
d			- 	3,0,3	
e					· · · · · · · · · · · · · · · · · · ·
104 Subtotal (add columns (B), (D), and (E))	_	8,468		607,205	544,408
105 Total (add line 104, columns (B), (D), and (1,160,081
Note Line 105 plus line 1d, Part I, should equal		line 12, Part I			<u>, , , , , , , , , , , , , , , , , , , </u>
Part VIII Relationship of Activities					
Relationship of Activities	to the Acco	omplishment of Exer	npt <u>Purpo</u> s	ses (See page 32 of th	ne instructions)
Line No Explain how each activity for which		omplishment of Exer			
	h income is re	eported in column (E) of P	art VII contri	buted importantly to the acco	
Line No Explain how each activity for which	h income is re	eported in column (E) of P	art VII contri	buted importantly to the acco	
Line No Explain how each activity for whice of the organization's exempt purpose.	h income is re	eported in column (E) of P	art VII contri	buted importantly to the acco	
Line No Explain how each activity for whice of the organization's exempt purpose.	h income is re	eported in column (E) of P	art VII contri	buted importantly to the acco	
Line No Explain how each activity for whice of the organization's exempt purpose.	h income is re	eported in column (E) of P	art VII contri	buted importantly to the acco	
Line No Explain how each activity for whice of the organization's exempt purpose.	h income is re oses (other th	eported in column (E) of P an by providing funds for su	art VII contni	buted importantly to the acco	mpiishment
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A)	h income is re oses (other th	eported in column (E) of P an by providing funds for su diaries and Disregard (B)	art VII control uch purposes) ded Entitie (C)	s (See page 32 of the	mpiishment
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax	h income is re oses (other th	eported in column (E) of P an by providing funds for su diaries and Disregard (B)	art VII control sch purposes)	s (See page 32 of the	instructions)
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation,	h income is re oses (other th	diaries and Disregard (B) Percentage of Nature	art VII control uch purposes) ded Entitie (C)	s (See page 32 of the	Instructions) End-of-year
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation,	h income is re oses (other th	diaries and Disregard (B) Percentage of ownership interest	art VII control uch purposes) ded Entitie (C)	s (See page 32 of the	Instructions) End-of-year
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation,	h income is re oses (other th	diaries and Disregard (B) Percentage of ownership interest %	art VII control uch purposes) ded Entitie (C)	s (See page 32 of the	Instructions) End-of-year
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation, partnership, or disregarded entity	h income is re oses (other that able Subsic	diaries and Disregard (B) Percentage of ownership interest % % %	ich purposes) s (See page 32 of the (D) Total income	Instructions) End-of-year assets	
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Taxon (A) Name, address and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Training Tr	able Subsic	diaries and Disregard (B) Percentage of ownership interest % % % % ociated with Persona	ded Entitie (C) e of activities	s (See page 32 of the (D) Total income	Instructions) End-of-year assets B of the instructions)
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra (a) Did the organization, during the year, rec	able Subsicusties able subsicus ansfers Ass	diaries and Disregard (B) Percentage of ownership interest % % % ociated with Personals, directly or indirectly, to personal or indirectly or indirectly, to personal or indirectly or indirectly, to personal or indirectly or indirectly or indirectly.	ded Entitie (C) e of activities al Benefit (appreniums	s (See page 32 of the (D) Total income Contracts (See page 33 on a personal benefit contracts	Instructions) End-of-year assets B of the instructions) Type X No
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Trait (a) Did the organization, during the year, recipion to the organization, during the year.	able Subsices Asserve any fundamental forms of the subsices of	diaries and Disregard (B) Percentage of ownership interest % % cociated with Personals, directly or indirectly, to pure, and indirectly or indirectly.	ded Entitie (C) e of activities al Benefit (appreniums	s (See page 32 of the (D) Total income Contracts (See page 33 on a personal benefit contracts	Instructions) End-of-year assets B of the instructions) Type X No
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra (a) Did the organization, during the year, rec (b) Did the organization, during the year Note If "Yes" to (b), file Form 8870 and F	able Subsices any fundamental form 4720 (see a see a s	diaries and Disregard (B) Percentage of ownership interest % % ociated with Personals, directly or indirectly, to purple the constructions)	ded Entitie (C) e of activities al Benefit (bay premiums ly, on a per	s (See page 32 of the (D) Total income Contracts (See page 33 on a personal benefit contract?	Instructions) End-of-year assets B of the instructions) Yes X No Yes X No
Explain how each activity for whice of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra (a) Did the organization, during the year, rec (b) Did the organization, during the year	able Subsices any fundamental form 4720 (see a see a s	diaries and Disregard (B) Percentage of ownership interest % % ociated with Personals, directly or indirectly, to purple the constructions)	ded Entitie (C) e of activities al Benefit (bay premiums ly, on a per	s (See page 32 of the (D) Total income Contracts (See page 33 on a personal benefit contract?	Instructions) End-of-year assets B of the instructions) Yes X No Yes X No
Explain how each activity for which of the organization's exempt purpose STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra (a) Did the organization, during the year, rec (b) Did the organization, during the year Note If "Yes" to (b), file Form 8870 and F Under penalties of perjury I declared belief it is true, correct and	able Subsices any fundamental form 4720 (see a see a s	diaries and Disregard (B) Percentage of ownership interest % % ociated with Personals, directly or indirectly, to purple the constructions)	ded Entitie (C) e of activities al Benefit (bay premiums ly, on a per	s (See page 32 of the (D) Total income Contracts (See page 33 on a personal benefit contract? schedules and statements and ed on all information of which pre	Instructions) End-of-year assets 3 of the instructions) Yes X No Yes X No Yes X No to the best of my knowledge parer has any knowledge
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Trace (a) Did the organization, during the year, received by Did the organization, during the year Note If "Yes" to (b), file Form 8870 and Form 1 Under penalties of perjury I deciand belief it is true, correct and Please	able Subsices any fundamental form 4720 (see a see a s	diaries and Disregard (B) Percentage of ownership interest % % ociated with Personals, directly or indirectly, to purple the constructions)	ded Entitie (C) e of activities al Benefit (bay premiums ly, on a per	s (See page 32 of the (D) Total income Contracts (See page 33 on a personal benefit contract? schedules and statements and ed on all information of which pre	Instructions) End-of-year assets B of the instructions) Yes X No Yes X No
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra (a) Did the organization, during the year, rec (b) Did the organization, during the year Note If "Yes" to (b), file Form 8870 and F	able Subsices any fundamental form 4720 (see a see a s	diaries and Disregard (B) Percentage of ownership interest % % ociated with Personals, directly or indirectly, to purple the constructions)	ded Entitie (C) e of activities al Benefit (bay premiums ly, on a per	s (See page 32 of the (D) Total income Contracts (See page 33 on a personal benefit contract? schedules and statements and ed on all information of which pre	Instructions) End-of-year assets 3 of the instructions) Yes X No Yes X No No to the best of my knowledge parer has any knowledge
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Trace (a) Did the organization, during the year, received by Did the organization, during the year Note If "Yes" to (b), file Form 8870 and Form 1 Under penalties of perjury I deciand belief it is true, correct and Please	able Subsices any fundamental form 4720 (see a see a s	diaries and Disregard (B) Percentage of ownership interest % % ociated with Personals, directly or indirectly, to purple the constructions)	ded Entitie (C) e of activities al Benefit (bay premiums ly, on a per	s (See page 32 of the (D) Total income Contracts (See page 33 on a personal benefit contract? schedules and statements and ed on all information of which pre	Instructions) End-of-year assets 3 of the instructions) Yes X No Yes X No Yes X No to the best of my knowledge parer has any knowledge
Explain how each activity for which of the organization's exempt purposed STMT 15 Part IX Information Regarding Tax: (A) Name, address and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Trace (a) Did the organization, during the year, received by Did the organization, during the year Note If "Yes" to (b), file Form 8870 and Form 1 Under penalties of perjury I deciand belief it is true, correct and Please	able Subsices any fundamental form 4720 (see a see a s	diaries and Disregard (B) Percentage of ownership interest % % % ociated with Persons, directly or indirectly, to pure, directly or indirect see instructions) examined this return including laration of preparer (other than	ded Entitie (C) e of activities al Benefit (bay premiums ly, on a per	s (See page 32 of the (D) Total income Contracts (See page 33 on a personal benefit contract? schedules and statements and ed on all information of which pre	Instructions) End-of-year assets B of the instructions) Yes X No Yes X No No to the best of my knowledge parer has any knowledge

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the organization

AUDUBON NATURALIST SOCIETY

Employer identification number

53-0233715

Part I Compensation of the Five High (See page 1 of the instructions List	hest Paid Employ	ees Other Than	Officers, Directo	ors, and Trustees
(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CAROL SHAW	DEVELOPMENT DIRECT	or		
GREENBELT, MD	FULL TIME	61,199.	NONE	NONI
MURIEL ROBINSON	FINANCE DIRECTOR			
GAITHERSBURG, MD	FULL TIME	53,326	NONE	NONE
		<u>. </u>		
Total number of other employees paid over \$50,000	NONE hest Paid Indeper	odent Contracto	urs for Profession	nal Services
(See page 2 of the instructions Li	st each one (whethe	er individuals or fir	ms) If there are no	ne, enter "None ")
(a) Name and address of each independent contractor p	aid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
		.]		
		. 🚽		
Total number of others receiving over \$50,000 for professional services	NONE			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2002

<u> </u>	COUNT A (1 OIIII 330 OI 330 EZ) 2002			<u> </u>		Page 4
	art IV-A Support Schedule (Complete only if					
	te You may use the worksheet in the instruction	ns for converting fro	om the accrual to th	ne cash method of	accounting	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2001	(ь) 2000	(c) 1999	(d) 1998	(e) Total
15	Giffs, grants, and contributions received (Do					
	not include unusual grants See line 28)	494,064	1,135,082		492,505	2,470,082
16	Membership fees received	212,003	221,200	197,239	212,223	842,665
17	Gross receipts from admissions, merchandise]	
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose	505,418.	5 <u>67</u> ,635	605,822 <u>.</u>	468,930	2,147,805.
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975 · · · ·	445,698	411,236	356,227	314,596	1,527,757
19	Net income from unrelated business					
	activities not included in line 18	3,179	1,625	-1,170	-19,053	-15,419
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on	İ				
	its behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the					
	public without charge					
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	1,660,362	2,336,778	1,506,549.	1,469,201	6,972,890
24	Line 23 minus line 17	1,154,944	1,769,143	900,727	1,000,271	4,825,085
<u>25</u>	Enter 1% of line 23 · · ·	16,604	23,368	15,065	14,692	
26	Organizations described on lines 10 or 11 a	Enter 2% of amount	ın column (e), line 24	NOT APPLICA	BLE ▶ 26a	
Ŀ	Prepare a list for your records to show the r	name of and amou	int contributed by	each person (other	er than a	-
	governmental unit or publicly supported organi	zation) whose total	l gifts for 1998 t	hrough 2001 exce	eded the	
	amount shown in line 26a Do not file this is	st with your return	n Enter the total	of all these excess	amounts ▶ 26b	
c	Total support for section 509(a)(1) test. Enter line 24	, column (e)	•		<u>26c</u>	
c	Add Amounts from column (e) for lines 18	19				
	22	26	ь		▶ <u>26d</u>	
•	Public support (line 26c minus line 26d total)			•	▶ <u>26e</u>	
	Public support percentage (line 26e (numerator) d	ivided by line 26c (de	enominator))		. ▶ 261	%
27	Organizations described on line 12 a For					•
	person," prepare a list for your records to sho			received in each	year from, each "	disqualified person "
	Do not file this list with your return Enter the sum		•			
	(2001) 22,154 (2000)	24,9	9 1 (1999)		,882 (1998)	60,396
Ь	For any amount included in line 17 that was re					
	show the name of, and amount received for each (Include in the list organizations described in line					
	the difference between the amount received and					
	amounts) for each year					
	(2001) NONE(2000)	N	ЮМЕ (1999)		<u>NONE</u> (1998)	NONE
C	Add Amounts from column (e) for lines 152				•	•
	172,147,80520			•	▶ <u>27c</u>	5,460,552
		and line 27b total		<u>ONE</u>	. ▶ 27d	147,423.
	Public support (line 27c total minus line 27d total)				▶ <u>27e</u>	5,313,129.
f	Total support for section 509(a)(2) test. Enter amoun	nt from line 23, column	n (e)	- ▶ 271 6	<u>,972</u> ,890	Ì
g	Public support percentage (line 27e (numerator) d	ivided by line 27f (de	nominator))		► 27g	
	Investment income percentage (line 18, column (e				≥ 27h	
28	Unusual Grants For an organization described prepare a list for your records to show, for a					
	description of the nature of the grant. Do not file this	clist with your retur	n Do not include th	ese grants in line 15	annount of the	grain, and a priet

Schedule A (Form 990 or 990-EZ) 2002

Part V Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,	20	•	
24	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
				ĺ
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		ļ
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	320		
ď		32c 32d		
u	Copies of all material asea by the organization of office bottom to solicit contains as in	020		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	Book die and a decomposite because the book and the second the sec			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
_	Employment of faculty or administrative staff?	33c		
·	Employment of faculty of administrative state.	330		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
_	Use of facilities?	224		
T	Ose of facilities?	33f		
g	Athletic programs?	33g		
_				
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement)			
	if you answered feet to any of the above, please explaint (if you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ь	Has the organization's right to such aid ever been revoked or suspended?	34b		
-	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
JSA	of Rev_Proc_75-50, 1975-2 C_B_587, covering racial nondiscrimination? If "No," attach an explanation	35		L

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Schedule		m 990 or 990-EZ) 2002		53-0233715			Page 6
Part Vi			Transfers To and Transactions an See page 12 of the instructions)	d Relationships With Noncharital	ole		_
51 .Did	the re	porting organization directly	or indirectly engage in any of the following	owing with any other organization des	cribed ii	n sec	tion
501	(c) of 1	the Code (other than sectio	n 501(c)(3) organizations) or in sectio	in 527, relating to political organizations	57		
a Trai	nsfers	from the reporting organiza	ation to a noncharitable exempt organi	zation of		Yes	No
(1)	Cash	٠			51a(i)	<u> </u>	x
(II)	Othe	rassets			a(ii)	L	x
b Oth	er tran	sactions			}		ĺ
(i)	Sale	s or exchanges of assets w	rith a noncharitable exempt organization	n	b(i)		x
(ii)	Purc	hases of assets from a nor	ncharitable exempt organization		b(ii)		х
(111)	Rent	al of facilities, equipment, o	or other assets		b(iii)		x
(IV)	Rein	nbursement arrangements			b(lv)	<u> </u>	x
(v)		is or loan guarantees .			b(v)_		x
			mbership or fundraising solicitations		b(vi)		X
	_		ng lists, other assets, or paid employee		С		X
			complete the following schedule. Column				
	-		the reporting organization of the organization	-	•		
trans	saction	or sharing arrangement, show	v in column (d) the value of the goods, other	assets, or services received			
(a) Line		(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and si	hanng arra	ngeme	nts
 _	.						
<u> N/A</u>	-				_		
							
		<u></u>					
							
					•		
			 	-			
-							
						•	
des	cribe		tly affiliated with, or related to, one or ode (other than section 501(c)(3)) or in dule	· -	Yes	ж	No.
		(a)	_ (b)	(c)			
	Nan	ne of organization	Type of organization	Description of relationsh	np ———		
N/A		<u> </u>					
					-		
				<u> </u>			
		_ _					
				 			

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FORM 990,	PART	I	-	GROSS	SALES	LESS	RETURNS	AND	ALLOWANCES	
-----------	------	---	---	-------	-------	------	---------	-----	------------	--

DESCRIPTION
----SEE FEDERAL FOOTNOTE #1 397,831.

TOTAL

397,831.

FORM 990, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR PURCHASES SALARIES AND WAGES OTHER COSTS	•
SUBTOTAL MINUS ENDING INVENTORY	341,507.
COST OF GOODS SOLD	256,868.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION AMOUNT -115,274. UNREALIZED GAINS/LOSS TOTAL -115,274.

FORM 990, PART II - OTHER EXPENSES				
DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
				1 1 1 1 1
UTILITIES	31,480.	21,060.	7,704.	2,716.
WATER, SEWAGE, AND TRASH	8,836.	4,399.	4,306	131.
INSURANCE	17,785.	15,534.	1,290.	961.
COMPUTER SERVICES	7,795.	200.	7,032.	263.
ADVERTISING AND PUBLICITY	10,897.	4,677.	•	6,220.
SCHOLARSHIPS AND CONTRIBUTIONS	3,380.	3,380.		-
DUES, SUBSCRIPTIONS AND				
REGISTRATION FEES	4,255.	2,655.	1,150.	450.
BLDG AND GROUND MAINTENANCE	25,071.	25,071.		
MATERIALS AND BOOK PURCHASES	242.	242.		
PROFESSIONAL FEES	133,032.	87,667.	14,934.	30,431.
MISCELLANEOUS	15,536.	9,491.	4,713.	1,332.
		 		1 1 1 1 1 1 1
TOTALS	258,309.	174,676.	41,129.	42,504.
		} } 		

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE AUDUBON NATURALIST SOCIETY OF THE CENTRAL ATLANTIC STATES, INC. IS A NOT-FOR-PROFIT ENVIRONMENTAL, EDUCATIONAL AND CONSERVATION ORGANIZATION SERVING RESIDENTS OF THE MARYLAND, VIRGINIA, AND THE GREATER WASHINGTON METROPOLITAN REGION.

σ

STATEMENT

FORM 990, PART III - OTHER PROGRAM SERVICES

DESCRIPTION

WEBB SANCTUARY **PUBLICATIONS** CONSERVATION

CROWDER/MESSERSMITH RUST SANCTUARY

ALLOCATIONS GRANTS AND

EXPENSES

228,898. 154,461. 29,789. 3,350. 98,674.

515,172.

TOTALS

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
CORPORATE STOCKS U.S. GOVERNMENT AND GOVERNMENT	480,032.
OBLIGATIONS	53,883.
CORPORATE BONDS MUTUAL FUNDS	291,059. 1,444.
TOTALS	826,418.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE		
ACCRUED INTEREST RECEIVABLE	5,232.		
UNCONDITIONAL PROMISE TO GIVE	44,500.		
TOTALS	49,732.		

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

OTHER LIABILITIES

31,928.

TOTALS

31,928.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT	AND OTHER	ALLOWANCES
CONTRIBUTIONS	TO EMPLOYEE	BENEFIT PLANS
		COMPENSATION
	TITLE AND TIME	TOTED TO POSITION
	TITE	DEVOTEI
		SSS
		NAME AND ADDRESS
		Ϋ́

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE	NONE	3,120.	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE	77,250.	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	DIRECTOR PART TIME	TREASURER PART TIME	SECRETARY PART TIME	DIRECTOR PART TIME	PRESIDENT PART TIME	DIRECTOR PART TIME	VICE PRESIDENT PART TIME	EXECUTIVE DIRECTOR FULL TIME	DIRECTOR PART TIME	DIRECTOR PART TIME	DIRECTOR PART TIME
NAME AND ADDRESS	DREW KLEIBRINK FALLS CHURCH, VA	KATHLEEN MALLOY CHEVY CHASE, MD	JOHN ULFELDER MCLEAN, VA	SHARON BUCHANAN POTOMAC, MD	WILLIAM BUTLER CHEVY CHASE, MD	JOHN BJERKE ROCKVILLE, MD	JOE COLEMAN ROUND HILL, VA	NEAL FITZPATRICK ROCKVILLE, MD	JANE BENESCH SILVER SPRING, MD	MARGARET MILLER WASHINGTON, DC	JAMES MOORHEAD

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NICHOLAS LAPHAM WASHINGTON, DC	DIRECTOR PART TIME	NONE	NONE	NONE
PEARL MARKS POTOMAC, MD	DIRECTOR PART TIME	NONE	NONE	NONE
FRANK O'DONNELL KENSINGTON, MD	DIRECTOR PART TIME	NONE	NONE	NONE
BOB BENKER VIENNA, VA	DIRECTOR PART TIME	NONE	NONE	NONE
TOBY CLARK WASHINGTON, DC	DIRECTOR PART TIME	NONE	NONE	NONE
GARY EVANS POTOMAC FALLS, VA	DIRECTOR PART TIME	NONE	NONE	NONE
DIANNE HOFFMAN ANNANDALE, VA	DIRECTOR PART TIME	NONE	NONE	NONE
	GRAND TOTALS	77,250.	3,120.	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93B	AMOUNTS RECEIVED FROM FEES CHARGED FOR EDUCATIONAL SEMINAR, TOURS, AND FIELD TRIPS
93C	AMOUNTS RECEIVED FROM FEES CHARGED FOR VARIOUS LECTURES
94	AMOUNTS PAID BY MEMBERS AS CONSIDERATION FOR PROVIDING GOODS SERVICES, OR FACILITIES IN FURTHERANCE OF THE PURPOSE CONSTITUTING THE BASIS FOR THE EXEMPTION OF THE ORGANIZATION
103C	AMOUNTS RECEIVED FROM MISCELLANEOUS SOURCES AS CONSIDERATION PROVIDING GOODS, SERVICES, OR FACILITIES IN FURTHERANCE OF PURPOSE CONSTITUTING THE BASIS FOR THE EXEMPTION OF THE ORGANIZATION.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

ENVIRONMENTAL EDUCATION SCHOLARSHIPS ARE AWARDED BY THE AUDUBON NATURALIST SOCIETY TO APPLICANTS ON THE BASIS OF NEED AND MERIT. APPLICATIONS ARE SOLICITED THROUGH MEMBERSHIPS AND NEWSLETTER ANNOUNCEMENTS.