#### Form 990

Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047
2003
Open to Public Inspection

micin			· · · · · · · · · · · · · · · · · · ·	
A Fo	r the	200 <u>3 calendar year, or tax year beginning                                </u>	003, and ending	03/31/2004
B Che	ck if applic	Please C Name of organization AUDUBON NATURALIST SOCIETY		D Employer identification number
	Address change	USS IRS OF THE CENTRAL ATLANTIC STATES, INC.		53-0233715
	Name ch	label or print or Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	Initial ret	i' i	i	•
П	Final retu	see 8940 JONES MILL ROAD		(301) 652-9188
	Amended	Specific		F Accounting method: Cash X Accrual
	Application			Other (specify)
	pending	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	H and Lare not an	plicable to section 527 organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).		p return for affiliates? Yes X No
G 14	labelta:	ERRY SURVINOVINSMIDST TOR ODG	1 ' '	r number of affiliates
		WWW.AUDUBONNATURALIST.ORG	, , , , ,	
		tion type (check only one) ▶ x   501(c) ( 3 ) ◀ (Insert no )   4947(a)(1) or   527	H(c) Are all affiliate (If "No." attac	es included? Yes No h a list. See instructions.)
	heck he		H(d) is this a separa	te return filed by an
	-	ion need not file a return with the IRS, but if the organization received a Form 990 Package		vered by a group ruling? Yes X No
ır	the ma	til, it should file a return without financial data. Some states require a complete return.		otion Number
		_	M Check	if the organization is <b>not</b> required
		ceipts Add lines 6b, 8b, 9b, and 10b to line 12 2,192,486.		B (Form 990, 990-EZ, or 990-PF)
Par	t I F	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page	18 of the instru	ctions.)
	1	Contributions, gifts, grants, and similar amounts received: STMT 1		
	a	Direct public support	475,360.	
	b	Indirect public support		
	c	Government contributions (grants)	7,500.	7 1
2	d	Total (add lines 1a through 1c) (cash \$ 482,860. noncash \$	)	1d 482,860.
4	2	Program service revenue including government fees and contracts (from Part VII, line 93	, , , , , , , , , , , , , , , , , , ,	2 395,913.
$\sim$	3	Membership dues and assessments		3 186,892.
ည	4	Interest on savings and temporary cash investments		4 26,461.
AÜĞ	5			5 15,388.
	6 a			13,388.
Ω	1	Gross rents	<del></del>	- 1
SCANNED Revenue	þ	Less: rental expenses	·	da
<b>5</b>	_ c	Net rental income or (loss) (subtract line 6b from line 6a)	• • • • • • • • • • • • • • • • • • •	6c 368,445.
	7	Other investment income (describe		7
ું ક	8 a		Other	4 1
៸៳៳	1	than inventory		4 1
	1	Less: cost or other basis and sales expenses 311,781.8b		4 1
	C	Gain or (loss) (attach schedule)		1 1
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	<u></u>	8d 19,400.
	9	Special events and activities (attach schedule). If any amount is from gaming, check her	e ▶	
	a	Gross revenue (not including \$ 8,280. of STMT 4		
	}	contributions reported on line 1a)	8,280.	<u> </u>
	b	Less: direct expenses other than fundraising expenses 9b		
	С	Net income or (loss) from special events (subtract line 9b from line 9a)		9c 8,280.
	10 a	Gross sales of inventory, less returns and allowances STMT 5 10a	356,105.	
	b	Less: cost of goods sold	233,269.	1
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from lin		10c 122,836.
	11		c 10a)	
	12	Other revenue (from Part VII, line 103)	, <u> </u>	
	<del> </del>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<del>∧FD</del>	<del></del>
w	13	Program services (from line 44, column (B))		1,503,327.
Expenses	14	Management and general (from line 44, column (C)).  Fundraising (from line 44, column (D))  AUG 1 7	2004 : 80 :	14 138,483.
Ģ	15		· (OU4 . 3) ·	15 261,100.
ŭ	16	Payments to affiliates (attach schedule)	loz I	16
	17	Total expenses (add lines 16 and 44, column (A))	147	17 1,902,910.
ţ	18	Excess or (deficit) for the year (subtract line 17 from line 12)	<del>,                                    </del>	18 -255,474.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19 3,507,719.
Ä	20	Other changes in net assets or fund balances (attach explanation) STMT .7		20 122,783.
ž	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21 3,375,028.
For P	aperw	ork Reduction Act Notice, see the separate instructions.		Form 990 (2003)

Part	Statement of All org Functional Expenses and se			n (A) Columns (B), (C), and (I ritable trusts but optional for c		
E	to not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 G	rants and allocations (attach schedule)		-			
(c	ash \$ noncash \$)	22			,	
23 s	pecific assistance to individuals (attach schedule)	23			,	
24 B	enefits paid to or for members (attach schedule)	24			,	
25 C	ompensation of officers, directors, etc.	25	78,795.	63,035.	7,880.	7,880
26 O	ther salaries and wages	26	910,351.	719,367.	66,622.	124,362
27 P	ension plan contributions	27				
<b>28</b> O	ther employee benefits	28	69,554.	53,499.	5,203.	10,852
29 P	ayroli taxes	29	85,987.	69,705.	5,157.	11,125
30 P	rofessional fundraising fees	30				
31 A	ccounting fees	31				
	egal fees	32				
	upplies	33	52,581.	39,096.	3,867.	9,618
	elephone	34	14,320.	10,550.	2,675.	1,095
	ostage and shipping	35	46,888.	31,676.	4,082.	11,130
	ccupancy	36				
	quipment rental and maintenance	37	49,397.	22,981.	5,398.	21,018
	rinting and publications	38	51,818.	39,428.	182.	12,208
	ravel	39	169,341.	165,570.	10.	3,761
	onferences, conventions, and meetings	40	<u> </u>			
	terest	41				
	epreciation, depletion, etc (attach schedule)	42	66,802.	53,694.	6,311.	6,797
_		43a	307,076.	234,726.	31,096.	41,254
		43b				
		43c				
		43d			·	
е _		43e				
4 To	ntal functional expenses (add lines 22 through 43) garrizations completing columns (B)-(D), carry ese totals to lines 13-15	44	1,902,910.	1,503,327.	138,483.	261,100
i) the Parti hat i	"enter (i) the aggregate amount of these jo amount allocated to Management and ger Statement of Program Service s the organization's primary exempt purpose ganizations must describe their exempt p ents served, publications issued, etc. Disc	eral \$ e Ac e?  urpose	complishments (Se	; and (iv) the amount alee page 25 of the inse	. State the number	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
rgani	zations and 4947(a)(1) nonexempt charita	ble tru	ists must also enter the	amount of grants and a		trusts, but optional for others)
	ILDING AND GROUNDS OPERAT SERVATION AND EDUCATION.			RD AND NATURE		
			/0			
_	**************************************	<b>DI</b>		and allocations \$		144,388
	VIRONMENTAL EDUCATION - E				<u> </u>	
	NERAL PUBLIC AND MEMBERS,	_OF_	THE NEED TO CO	MSEKVE AND		
ΡĒ	OTECT_NATURAL_RESOURCES		/C=====	and allocations of		<b>.</b>
_				and allocations \$		566,979
	DUBON NATURALIST BOOKSHOP					
	LATED PUBLICATIONS AND SU	PPLI	ES TO MEMBERS	AND THE		
ĢΞ	NERAL PUBLIC.					
ME	MBERSHIP SERVICES		(Grants a	and allocations \$	)	103,455
			(Grants a	and allocations \$		168,408
Ot	her program services (attach schedule	ST	MT 10 (Grants a	and allocations \$		520,097
To	tal of Program Service Expenses (sho	ould e	qual line 44, column (	(B), Program services).	<u> </u>	1,503,327
20 1 000						Form <b>990</b> (2003

07/19/2004 08:45:07

P	art IV	Balance Sheets (See page 25 of the instructions.)		-	
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	202,796.	45	240,283.
	46	Savings and temporary cash investments	106,292.	46	86,136
	47a b	Accounts receivable 47a 18,996. Less: allowance for doubtful accounts 47b	13,295.	47c	18,996.
		Pledges receivable	124,452.	48c	77,750.
	49 50	Grants receivable  Receivables from officers, directors, trustees, and key employees (attach schedule)  Other notes and loans receivable (attach		50	
Assets	b 52	schedule) 51a  Less: allowance for doubtful accounts 51b  Inventories for sale or use	84,639.		79,203.
	53 54 55a	Prepaid expenses and deferred charges	53,238. 826,418.		118,668. 786,019.
		equipment basis	<del></del>	55c	
		Investments - other (attach schedule)  Land, buildings, and equipment: basis  Less: accumulated depreciation (attach schedule)  57b  530,059	2,597,249.	576	2,574,676.
	58	Other assets (describe > STMT 12)	5,232.		4,764.
_	59	Total assets (add lines 45 through 58) (must equal line 74)	4,013,611.		3,986,495.
	60	Accounts payable and accrued expenses	101,338.		149,658.
	61	Grants payable		61	
Llabilities	62 63	Deferred revenue	372,626.	63	422,757.
del	64a	Tax-exempt bond liabilities (attach schedule)		64a	
_	65	Mortgages and other notes payable (attach schedule)  Other liabilities (describe ►	31,928.	64b 65	39,052.
	66	Total liabilities (add lines 60 through 65)	505,892.	66	611,467.
	Orga	Inizations that follow SFAS 117, check here ▶ 🗶 and complete lines 67 through 69 and lines 73 and 74			
ces	67	Unrestricted	1,614,365.		1,525,114.
ğ	68 69	Temporarily restricted Permanently restricted	695,130.	-	651,690.
Fund Ba	I	nizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.	1,198,224.		1,198,224.
5	70	Capital stock, trust principal, or current funds		70	
ets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Net Assets or Fund Balances	72 73	Retained earnings, endowment, accumulated income, or other funds		72	
	ţ	column (A) must equal line 19; column (B) must equal line 21)			3,375,028.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	4,013,611.	74	3,986,495.

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.

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Pa	Reconciliation of Revenue Financial Statements with Return (See page 27 of the	n Ro e in	er Audited evenue per structions.)	Part	IV-B	Reconciliation Financial Stat Return	of Expenses ements with	per Audite Expenses	ed per
a	Total revenue, gains, and other support			аТ	otal e	expenses and	osses per		
	per audited financial statements		1,770,219.			financial stateme		a	902,910.
b	Amounts included on line a but not on					s included on line			702,910
	line 12, Form 990:					17, Form 990:	a but not	- 1	
(1)	Net unrealized gains	ł		1		services		- [	
(.,	on investments \$ 122,783.	ļ		1 , ,			ļ.	- [	
(2)	Donated services	İ		ļ		of facilities \$			
(2)		Į		1 .	=	r adjustments			
(0)	and use of facilities \$			3	-	on line 20,			
(3)	Recoveries of prior			1		) <u>\$</u> _			
	year grants \$			(3) L	osses re	eported on	1		
(4)	Other (specify):			lir	ne 20, F	orm 990 \$			
	<u> </u>			(4) 0	other (sp	ecify):			
	Add amounts on lines (1) through (4) ▶	ь	122,783.		dd amoi	\$ unts on lines (1) thr	ough (4)		
С	Line a minus line b	c	1,647,436.			inus line b			00 000
	Amounts included on line 12.	۲	1,041,430.			s included on line		<u> 1,9</u>	002,910.
-	Form 990 but not on line a:			1			· .	1	
(4)	Investment expenses			1		0 but not on line	a:	1	
(1)	•			1 ' '		nt expenses		1	
	not included on line			1		led on line	}		
(0)	6b, Form 990 \$			1		990 \$			
(2)	Other (specify):			(2) 0	ther (sp	ecify):			
	<del></del>			_			ļ	1	
	<u> </u>			_		<u>\$</u>			
	Add amounts on lines (1) and (2) >	d	<del></del>			ounts on lines (1)		1	
e	Total revenue per line 12, Form 990			e To	otal exp	penses per line 1	7, Form 990	1	
	(line c plus line d)	е	<u>1,647,436.</u>	<u>  (li</u>	ine c pl	us line d) · · · ·	· · · · · • • • • • • • • • • • • • • •	1,9	02,910.
	the instructions.)	rus 				<del></del>		<del> </del>	
	(A) Name and address		{ h	Title and a ours per worted to po	week	(C) Compensation (If not paid, enter -0)	(D) Contributions employee benefit pla deferred compensa	ns & account	opense and other vances
SEE	STATEMENTS 16 & 17				ļ		ļ	ļ	
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	Did any officer, director, trustee, or key empl								
	organization and all related organizations, of	whic	h more than \$10,000					Yes	x No
		whic	h more than \$10,000					Yes	x No
	organization and all related organizations, of	whic	h more than \$10,000					Yes [	x No

For	m 990 (2003) 53-0233715		F	age :
Pa	art VI Other Information (See page 28 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.			i
78:	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
1	o 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
808	a is the organization related (other than by association with a statewide or nationwide organization) through common			İ
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		x
1	o If "Yes," enter the name of the organization			ĺ
	and check whether it is exempt or nonexempt.			į
	Enter direct and indirect political expenditures. See line 81 instructions			İ
	Did the organization file Form 1120-POL for this year?	81b		X
82	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	1 1		
	or at substantially less than fair rental value?	82a	X	<b></b>
1	o If "Yes," you may indicate the value of these items here. Do not include this amount			1
	as revenue in Part I or as an expense in Part II (See instructions in Part III.)	1 1		ĺ
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	_X_	ļ
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83Ь	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
ŧ	olf "Yes," did the organization include with every solicitation an express statement that such contributions	1		I
	or gifts were not tax deductible?	84b		X
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/	A
ŧ	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		1	
	received a waiver for proxy tax owed for the prior year.		- 1	
	Dues, assessments, and similar amounts from members 85c N/A			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		-	
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		ſ	
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	<u> </u>
r	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>
	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		ļ	
	Gross receipts, included on line 12, for public use of club facilities			
	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A Gross income from other sources. (Do not net amounts due or paid to other	1	1	
			- 1	
	sources against amounts due or received from them.)  At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	}	1	
	partnership, or an entity disregarded as separate from the organization under Regulations sections	ÌÌ	1	
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	N/	*
R Q s	solition of the second of the second of the organization during the year under:		- 19/	-
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
ŀ	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		Ī	
•	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		į	
	a statement explaining each transaction	89ь	1	v
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	030		
٠	sections 4912, 4955, and 4958		n/a	
	I 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 MARYLAND		-1/ 44	
		90b	48	
	The books are in care of ▶ THE SOCIETY Telephone no ▶ 301-65			
- •	Located at ▶ CHEVY CHASE, MD ZIP+4 ▶ 20815	<del></del>	<del></del> _	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			$\top$
-	and enter the amount of tax-exempt interest received or accrued during the tax year		N/A	

Form **990** (2003)

Note: Enter gross amounts unless otherwise	Unre	elated business income	Excluded b	oy section 512, 513, or 514	(E)
indicated.  93 Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function
a EDUCATION TUITION	<del></del>				income
b TOURS, AND TRIPS					395,819
c ROYALTIES &			<del></del>		393,613
d COMMISSIONS			15	94.	
e COMMISSIONS	<del></del>		<del>                                     </del>	34.	····
f Medicare/Medicaid payments					
g Fees and contracts from government agencies	<del></del>		<u> </u>		
94 Membership dues and assessments					186,89
95 Interest on savings and temporary cash investments			14	26,461.	100,00
96 Dividends and interest from securities	<del></del>		14	15,388.	<del></del>
97 Net rental income or (loss) from real estate			7.3	15,386.	
a debt-financed property	<del></del>		<del> </del>	<u></u>	
b not debt-financed property			16	368,445.	· · · · · · · · · · · · · · · · · · ·
	<del></del>		1	300,443.	
98 Net rental income or (loss) from personal property		-			
			18	19,400.	
<ul><li>Gain or (loss) from sales of assets other than inventory</li><li>Net income or (loss) from special events .</li></ul>			01	8,280.	
02 Gross profit or (loss) from sales of inventory			03	122,836.	
, , , , , , , , , , , , , , , , , , , ,	<del></del>		- 03	122,630.	
	7310	7,780	-		
b ADVERTISING INCOME	/310	7,780.	01	13,181.	
c MISCELLANEOUS			01	13,181.	
d	<del></del>		<del> </del>		
e	<del></del>	7,780.	<del>  </del>	574 OOF	500 71
104 Subtotal (add columns (b), (b), and (c))				574,085.	582,71 1,164,57
			· · · · · ·	· · · · · · · · <b>&gt;</b>	1,104,3/
Note: Line 103 bius line 10. Parti Snoulo equalt	he amount or	n line 12. Part I.			
Note: Line 105 plus line 1d, Part I, should equal to Part VIII Relationship of Activities			not Purpos	ses (See page 34 of t	
Part VIII Relationship of Activities	to the Acc	omplishment of Exer			he instructions.)
Part VIII Relationship of Activities to Line No. Explain how each activity for which	to the Acc	omplishment of Exeme eported in column (E) of P	art VII contri	buted importantly to the acco	he instructions.)
Part VIII Relationship of Activities to Line No. Explain how each activity for which of the organization's exempt purpose.	to the Acc	omplishment of Exeme eported in column (E) of P	art VII contri	buted importantly to the acco	he instructions.)
Part VIII Relationship of Activities to Line No. Explain how each activity for which	to the Acc	omplishment of Exeme eported in column (E) of P	art VII contri	buted importantly to the acco	he instructions.)
Part VIII Relationship of Activities to Line No. Explain how each activity for which of the organization's exempt purpose.	to the Acc	omplishment of Exeme eported in column (E) of P	art VII contri	buted importantly to the acco	he instructions.)
Part VIII Relationship of Activities to Line No. Explain how each activity for which of the organization's exempt purpose.	to the Acc	omplishment of Exeme eported in column (E) of P	art VII contri	buted importantly to the acco	he instructions.)
Part VIII Relationship of Activities ( Line No. Explain how each activity for which of the organization's exempt purpor  STMT 14	to the Acc income is re ses (other th	omplishment of Exeneported in column (E) of Plan by providing funds for su	art VII contri ich purposes)	buted importantly to the acco	he instructions.) mplishment
Part VIII Relationship of Activities of Line No.  Explain how each activity for which of the organization's exempt purpor STMT 14  Part IX Information Regarding Taxa	to the Acc income is re ses (other th	omplishment of Exeneported in column (E) of P an by providing funds for su	art VII contri ich purposes)	buted importantly to the acco	he instructions.)  omplishment  e instructions.)
Part VIII Relationship of Activities of Line No. Explain how each activity for which of the organization's exempt purpos STMT 14  Part IX Information Regarding Taxa (A) Name, address, and EIN of corporation,	to the Acc income is re ses (other th	omplishment of Exeme eported in column (E) of P lan by providing funds for su diaries and Disregard (B) Percentage of Nature	art VII contri ich purposes)	buted importantly to the acco	he instructions.) complishment e instructions.) (E) End-of-year
Part VIII Relationship of Activities of Line No. Explain how each activity for which of the organization's exempt purpos STMT 14  Part IX Information Regarding Taxa (A) Name, address, and EIN of corporation, partnership, or disregarded entity	to the Acc income is re ses (other th	eported in column (E) of P an by providing funds for su  diaries and Disregard  (B)  Percentage of ownership interest  Nature	art VII contri ich purposes)  led Entitie (C)	s (See page 34 of the	he instructions.)  omplishment  e instructions.)
Part VIII Relationship of Activities of Line No.  Explain how each activity for which of the organization's exempt purpor STMT 14  Part IX Information Regarding Taxa  (A)  Name, address, and EIN of corporation, partnership, or disregarded entity	to the Acc income is re ses (other th	eported in column (E) of P an by providing funds for su  diaries and Disregare  (B)  Percentage of ownership interest %	art VII contri ich purposes)  led Entitie (C)	s (See page 34 of the	he instructions.) complishment e instructions.) (E) End-of-year
Part VIII Relationship of Activities of Line No. Explain how each activity for which of the organization's exempt purpos STMT 14  Part IX Information Regarding Taxa (A) Name, address, and EIN of corporation, partnership, or disregarded entity	to the Acc income is re ses (other th	omplishment of Exeme eported in column (E) of P an by providing funds for su  diaries and Disregard  (B) Percentage of ownership interest  %	art VII contri ich purposes)  led Entitie (C)	s (See page 34 of the	he instructions.)  propishment  instructions.)  End-of-year
Part VIII Relationship of Activities of Line No. Explain how each activity for which of the organization's exempt purpos STMT 14  Part IX Information Regarding Taxa (A) Name, address, and EIN of corporation,	to the Acc income is re ses (other th	omplishment of Exeme eported in column (E) of P an by providing funds for su  diaries and Disregard  (B) Percentage of ownership interest % % %	art VII contri ich purposes)  led Entitie (C)	s (See page 34 of the	he instructions.)  propishment  instructions.)  End-of-year
Part VIII Relationship of Activities of Line No.  Explain how each activity for which of the organization's exempt purpor STMT 14  Part IX Information Regarding Taxa (A)  Name, address, and EIN of corporation, partnership, or disregarded entity  N/A	to the Acc income is reses (other the	omplishment of Exeme eported in column (E) of P an by providing funds for su  diaries and Disregard  (B) Percentage of ownership interest % % % %	art VII contril ich purposes) ied Entitie (C) e of activities	s (See page 34 of the	he instructions.) complishment  e instructions.)  End-of-year assets
Part VIII Relationship of Activities of Line No. Explain how each activity for which of the organization's exempt purpose STMT 14  Part IX Information Regarding Taxa (A) Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Train	n income is reses (other the	diaries and Disregard  (B) Percentage of ownership interest  %  %  %  %  sociated with Persona	art VII contril ich purposes)  led Entitie (C) e of activities	s (See page 34 of the (D) Total income	he instructions.)  proplishment  e instructions.)  End-of-year assets  4 of the instructions.)
Part VIII Relationship of Activities of Line No.  Explain how each activity for which of the organization's exempt purpor STMT 14  Part IX Information Regarding Taxa (A) Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Train  (a) Did the organization, during the year, receive a	n sfers Ass	complishment of Exemple of Exemple of Post of	ich purposes)  ied Entitie (C) e of activities  al Benefit (s on a personal	s (See page 34 of the CONTRACTS (See page 3 benefit contract?	he instructions.)  proplishment  e instructions.)  End-of-year assets  4 of the instructions.)  Yes x N
Part VIII Relationship of Activities of Line No.  Explain how each activity for which of the organization's exempt purpor STMT 14  Part IX Information Regarding Taxa (A)  Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Trail  (a) Did the organization, during the year, receive a (b) Did the organization, during the year	n sfers Ass	diaries and Disregard  (B) Percentage of ownership interest  % % % % % % sociated with Personative or indirectly, to pay premiums iums, directly or indirectly ich purposes)  ied Entitie (C) e of activities  al Benefit (s on a personal	s (See page 34 of the CONTRACTS (See page 3 benefit contract?	he instructions.)  proplishment  e instructions.)  End-or-year assets  4 of the instructions.)  Yes x N	
Part VIII Relationship of Activities of Line No. Explain how each activity for which of the organization's exempt purpor STMT 14  Part IX Information Regarding Taxa (A) Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Train (a) Did the organization, during the year, receive a (b) Did the organization, during the year Note: If "Yes" to (b), file Form 8870 and File Porm	nsfers Ass ny funds, direct r, pay premorm 4720 (s	diaries and Disregard  (B) Percentage of ownership interest  % % % % % % % % % % % sociated with Personate or indirectly, to pay premiums iums, directly or indirections).	ich purposes)  ied Entitie (C) e of activities  al Benefit (c) on a personal ctly, on a per	s (See page 34 of the CD) Total income  Contracts (See page 3 benefit contracts ersonal benefit contract	he instructions.)  proplishment  instructions.)  End-of-year assets  4 of the instructions.)  Yes x N  Yes x N
Part VIII Relationship of Activities of Line No.  Explain how each activity for which of the organization's exempt purpor STMT 14  Part IX Information Regarding Taxa (A)  Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Trail  (a) Did the organization, during the year, receive a (b) Did the organization, during the year	nsfers Ass ny funds, direct r, pay premorm 4720 (s	diaries and Disregard  (B) Percentage of ownership interest  % % % % % % % % % % % sociated with Personate or indirectly, to pay premiums iums, directly or indirections).	ich purposes)  ied Entitie (C) e of activities  al Benefit (c) on a personal ctly, on a per	s (See page 34 of the CD) Total income  Contracts (See page 3 benefit contracts ersonal benefit contract	he instructions.)  proplishment  instructions.)  End-or-year assets  4 of the instructions.)  Yes x N  Yes x N
Part VIII Relationship of Activities of Line No. Explain how each activity for which of the organization's exempt purpose STMT 14  Part IX Information Regarding Taxa (A) Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Train (a) Did the organization, during the year, receive a (b) Did the organization, during the year Note: If "Yes" to (b), file Form 8870 and Found belief, it is true, correct, and	nsfers Ass ny funds, direct r, pay premorm 4720 (s	diaries and Disregard  (B) Percentage of ownership interest  % % % % % % % % % % % sociated with Personate or indirectly, to pay premiums iums, directly or indirections).	ich purposes)  ied Entitie (C) e of activities  al Benefit (c) on a personal ctly, on a per	s (See page 34 of the CD) Total income  Contracts (See page 3 benefit contracts ersonal benefit contract	he instructions.)  propishment  instructions.)  End-of-year assets  4 of the instructions.)  Yes x N  Yes x N
Part VIII Relationship of Activities of Line No. Explain how each activity for which of the organization's exempt purpor STMT 14  Part IX Information Regarding Taxa (A) Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Train (a) Did the organization, during the year, receive a (b) Did the organization, during the year, Note: If "Yes" to (b), file Form 8870 and Foundard penalties of penjury, I decide and belief, it is true, correct, and Please	nsfers Ass ny funds, direct r, pay premorm 4720 (s	diaries and Disregard  (B) Percentage of ownership interest  % % % % % % % % % % % sociated with Personate or indirectly, to pay premiums iums, directly or indirections).	ich purposes)  ied Entitie (C) e of activities  al Benefit (c) on a personal ctly, on a per	s (See page 34 of the CD) Total income  Contracts (See page 3 benefit contracts ersonal benefit contract	he instructions.)  propishment  instructions.)  End-of-year assets  4 of the instructions.)  Yes x N  Yes x N
Part VIII Relationship of Activities of Line No. Explain how each activity for which of the organization's exempt purpor STMT 14  Part IX Information Regarding Taxa (A) Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  Part X Information Regarding Train (a) Did the organization, during the year, receive a (b) Did the organization, during the year Note: If "Yes" to (b), file Form 8870 and File Porm	nsfers Ass ny funds, direct r, pay premorm 4720 (s	diaries and Disregard  (B) Percentage of ownership interest  % % % % % % % % % % % sociated with Personate or indirectly, to pay premiums iums, directly or indirections).	ich purposes)  ied Entitie (C) e of activities  al Benefit (c) on a personal ctly, on a per	s (See page 34 of the CD) Total income  Contracts (See page 3 benefit contracts ersonal benefit contract	he instructions.)  propishment  instructions.)  End-of-year assets  4 of the instructions.)  Yes x N  Yes x N

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

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.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

AUDUBON NATURALIST SOCIETY

Employer identification number

Schedule A (Form 990 or 990-EZ) 2003

OF THE CENTRAL ATLANTIC STATES, INC. 53-0233715 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average (d) Contributions to (e) Expense (a) Name and address of each employee paid more employee benefit plans & account and other hours per week (c) Compensation than \$50,000 deferred compensation devoted to position allowances DEVELOPMENT DIRECTOR CAROL SHAW CHEVY CHASE, MD 20815 450 FULL TIME 62,424 NONE FINANCE DIRECTOR MURIEL ROBINSON CHEVY CHASE, MD 20815 FULL TIME 54,393 NONE NONE Total number of other employees paid over \$50,000 NONE Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for

professional services

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

NONE

	edule A (Form 990 or 990-EZ) 2003			53-0233715		Page :
Pa	art IV-A Support Schedule (Complete only it	f you checked a b	ox on line 10, 11, c	or 12.) Use cash me	ethod of accounting	<b>7.</b>
No	te:You may use the worksheet in the instruction	ns for converting fro	om the accrual to th	ne cash method of a	accounting.	
Cal	endar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants See line 28.)	754,624.	494,064.	1,135,082.	348,431.	2,732,201
16	Membership fees received	204,109.	212,003.	221,200.	197,239.	834,551
17						
	sold or services performed, or furnishing of			•		
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose	481,420.	505,418.	567,635.	605,822.	2,160,295
40	Gross income from interest, dividends,	701,420.	303,410.	307,033.	000,022.	2,100,200
10	amounts received from payments on securities					
	• •					
	loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less			1		
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975	450,609.	445,698.	411,236.	356,227.	1,663,770
19	Net income from unrelated business					
	activities not included in line 18	4,069.	3,179.	1,625.	-1,170.	7,703
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit			ļ		
	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	1,894,831.	1,660,362.	2,336,778.	1,506,549.	7,398,520
24	Line 23 minus line 17	1,413,411.	1,154,944.	1,769,143.	900,727.	5,238,225
25	Enter 1% of line 23	18,948.	16,604.	23,368.	15,065.	
26				NOT APPLICA		
	Prepare a list for your records to show the					
	governmental unit or publicly supported organi				1 1	
	amount shown in line 26a. Do not file this li	•	<del>-</del>	<del>-</del>	f 1	
c	: Total support for section 509(a)(1) test: Enter line 24	· ·			▶ 26c	
	Add. Amounts from column (e) for lines: 18		· · · · · · · · · · · · · · ·			
			 Sb		264	
	Public support (line 26c minus line 26d total)					
	Public support percentage (line 26e (numerator) d					
	Organizations described on line 12: a For					
21	person," prepare a list for your records to sho					
	Do not file this list with your return. Enter the sum			i dani	, , , , , , , , , , , , , , , , , , , ,	roquemou porcorn
	•		•	24	0.01 (1000)	20.002
	(2002) 26,927. (2001)					
D	For any amount included in line 17 that was reshow the name of, and amount received for each					
	(Include in the list organizations described in line					
	the difference between the amount received an	d the larger amou	nt described in (1)	or (2), enter the	sum of these diffe	rences (the excess
	amounts) for each year:					
	(2002)(2001)		(2000)		(1999)	
C	Add: Amounts from column (e) for lines: 15	<u>2,732,201</u> . 10	834,5	<u>51.</u>		
	172,160,295.20	2	1		▶ <u>27c</u>	5,727,047
d	Add: Line 27a total	and line 27b total .	•		▶ 27d	113,954
e	Public support (line 27c total minus line 27d total)				▶ 27e	5,613,093
f	Total support for section 509(a)(2) test: Enter amount	nt from line 23, colum	n (e)	▶27f 7,	398,520.	
g	Public support percentage (line 27e (numerator) d	livided by line 27f (de	enominator))		▶ 27g	75.8678 %
<u>h</u>	Investment income percentage (line 18, column (e	e) (numerator) divide	d by line 27f (denom	inator))	▶ 27h	22.4879 %
28	Unusual Grants: For an organization describe	d in line 10, 11	, or 12 that reco	eived any unusual	grants during 199	99 through 2002

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2003

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)	N

NOT APPLICABLE

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
23	other governing instrument, or in a resolution of its governing body?	29	103	
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,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	24		
	that makes the policy known to all parts of the general community it serves?  If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	226		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
		32c		
d	with student admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
	Donath and the district he have been such as a second of the second of t			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
		<u> </u>		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
	Scholarships or other financial assistance?	ادما		
a	Scholarships of other imancial assistance?	33d		
e	Educational policies?	33e		
_	Laucational policies:	300		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
п	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		[		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
L	Has the organization's right to such aid ever been reveled as supponded?	246		
b	Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
	in you arrestored 165 to entrer out b, predee exprain deling an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			1
	of Rev. Proc. 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

	**					_
	nedule A (Form 990 or 990-EZ art VI-A Lobbying Exp	ː) 2003 enditures by Electin	n Public Charities		233715	Page \$
		eted <b>ONLY</b> by an elig				
Ch		tion belongs to an affiliate	·		d "a" and "limited cor	ntrol" provisions apply
		nits on Lobbying E	•	۹,	(a) Affiliated group totals	(b) To be completed for ALL electing
26		<del></del>			<del> </del>	organizations
30 37	Total lobbying expenditu Total lobbying expenditu	res to influence public ( res to influence a legisl	opinion (grassroots io: lative body (direct lob!	bbying) 36 bying) 37		22,366
38		res (add lines 36 and 3	7)	38	<del></del>	12,652 35,018
39		xpenditures	.,	39		1,867,892
40	Total exempt purpose ex			40		1,902,910
41	Lobbying nontaxable am  If the amount on line 40  Not over \$500,000  Over \$500,000 but not over \$1	is - The lobby 20% of the 3,000,000 \$100,000 p	ying nontaxable amou amount on line 40 lus 15% of the excess over	int is -  \$500,000		245 146
43	Over \$1,000,000 but not over \$ Over \$1,500,000 but not over \$ Over \$17,000,000	\$17,000,000 \$225,000 p \$1,000,000	lus 5% of the excess over \$	1,500,000		245,146
	Grassroots nontaxable a Subtract line 42 from line				<del></del>	61,287
	Subtract line 41 from line					
	Caution: If there is an an	4-Year Aves that made a section	eraging Period Un	ider Section 501(h t have to complete a	all of the five columns	below.
		Lo	obbying Expenditur	es During 4-Year	Averaging Period	
(	Calendar year (or fiscal	(a)	(b)	(c)	(d)	(e)
	year beginning in) ▶	2003	2002	2001	2000	Total
	Lobbying nontaxable					
45	amount	245,146.	245,199.	244,559.	240,264.	975,168
46	Lobbying ceiling amount (150% of line 45(e))				<del></del>	1,462,752
47	Total labbuma assumbles	35,018.	10 160	10 500	10 000	cr 050
71	Total lobbying expenditures  Grassroots nontaxable	33,018.	10,168.	10,582.	10,090.	65,858
48	amount	61,287.	61,300.	61,140.	60,066.	243,793
	Grassroots ceiling amount					
49	(150% of line 48(e))			<u></u>		365,690
	Grassroots lobbying			}		
	expenditures	22,366.	7,368.	1,564.	1,215.	32,513
	(For reporting	ivity by Nonelecting g only by organization	ns that did not comp		e page 12 of the in	structions.)
atte	ing the year, did the organiza mpt to influence public opinic	n on a legislative matter	or referendum, through th	e use of:	Yes No	Amount
a h	Volunteers Paid staff or managemen	nt (Include compensation	nn in evnences reports	d on lines a through	N/A	
C	Media advertisements				h.) N/A	
	Mailings to members, leg	islators, or the public				
_	Publications or published					

Publications, or published or broadcast statements . . . f Grants to other organizations for lobbying purposes ...... g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . . . . h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . . . i Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

JSA 3E1240 2 000

Schedule A (Form 990 or 990-EZ) 2003

	rt VII		Transfers To and Transactions an See page 12 of the instructions.)	d Relationships With Noncharitable	le		ago
	501(c) of	the Code (other than section	·	owing with any other organization desc n 527, relating to political organizations ration of:		Yes	
a		• • •		f	51a(i)	163	x
					a(ii)		X
h	Other tran		• • • • • • • • • • • • • • • • • • • •		w(11)		-
-			vith a noncharitable exempt organization	1	b(i)		x
	(ii) Purc	hases of assets from a no	ncharitable exempt organization	`	b(ii)		x
	(iii) Rent	tal of facilities, equipment	or other assets		b(iii)		x
	(iv) Rein	nbursement arrangements			b(iv)		x
	(v) Loar	ns or loan quarantees			b(v)		x
	(vi) Perf	ormance of services or me	mbership or fundraising solicitations		b(vi)		x
c			ing lists, other assets, or paid employee		C		х
				(b) should always show the fair market value			
-		-	the reporting organization. If the organization				
			w in column (d) the value of the goods, other				
	(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d)  Description of transfers, transactions, and sh	arıng arra	ngeme	nts
	N/A	· · · · · · · · · · · · · · · · · · ·					
		<i></i>					
						•	
						•	
	describe	•	ctly affiliated with, or related to, one or ode (other than section 501(c)(3)) or i	·	Yes	<u>k</u>	No
	Nar	(a) me of organization	(b) Type of organization	(c) Description of relationsh	ip		
	N/A						
	M/ A					_	
				4-4-2-4			
	<del>\</del>				<del></del>		
	,				·········		
				<u> </u>			

Schedule A (Form 990 or 990-EZ) 2003

FORM	990,	PART	I	 EXCLUDED	CONTRIBUTIONS

DESCRIPTION

AMOUNT

TOTAL

8,280. 8,280.

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

THUOMA DESCRIPTION 356,105. SEE FEDERAL FOOTNOTE #1 356,105. TOTAL

#### FORM 990, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR  PURCHASES  SALARIES AND WAGES  OTHER COSTS	227,833.
SUBTOTAL	
COST OF GOODS SOLD	233,269.

FORM	990,	PART	I	-	OTHER	INCREASES	IN	FUND	BALANCES

AMOUNT DESCRIPTION 122,783. UNREALIZED GAIN/LOSS 122,783. TOTAL

53-0233715

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL FEES	166,676. 32,303.	130,272. 26,110.	11,769. 2,865.	24,635. 3,328.
WATER, SEWAGE, & TRASH INSTIDANCE	9,054.	5,330.	3,042.	682.
COMPUTER SERVICES	18,044.	10,730.	5,414.	1,900.
ADVERTISING & PUBLICITY	12,160.	4,954.		7,206.
CONTRIBUTIONS	4,510.	4,510.	L	
DUES & SUBSCRIPTIONS	4,273.	2,772.	1,154.	347.
BUILDING & GROUND MAINTENANCE MATERIAL & BOOK PURCHASES	9,940. 2,189.	9, 940. 1,297.	892.	
MISCELLANEOUS	16,504.	_		603.
TOTALS	307,076.	234,726.	31,096.	41,254.

44130-177

STATEMENT

\*

## 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.

10

AUDUBON NATURALIST SOCIETY

FORM 990, PART III - OTHER PROGRAM SERVICES

DESCRIPTION

PUBLICATIONS CONSERVATION

WEBB SANCTUARY CROWDER/MESSERSMITH RUST SANCTUARY

ALLOCATIONS GRANTS AND

EXPENSES

199, 971. 184, 893. 18, 811. 3, 037. 113, 385.

520,097.

TOTALS

44130-177

07/19/2004 08:45:07

### FORM 990, PART IV - INVESTMENTS - SECURITIES

	ENDING
DESCRIPTION	BOOK VALUE
CORPORATE STOCKS U.S. GOVERNMENT AND GOVERNMENT	453,991.
OBLIGATIONS	70,298.
CORPORATE BONDS	259,840.
MUTUAL FUNDS	1,890.
TOTALS	786,019.

PLIDITEON	NATURALIST	SOCIETY

53-0233715

FORM	990,	PART	IV	-	OTHER	ASSETS

DESCRIPTION	BOOK VALUE
ACCRUED INTEREST RECEIVABLE	4,764.
TOTALS	4,764.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

OTHER LIABILITIES

39,052.

TOTALS

39,052.

## 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
93D 94	AMOUNTS RECEIVED FROM FEES CHARGED FOR VARIOUS LECTURES 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 3A

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.

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

			CONTRIBUTIONS	EXPENSE ACCT
	TITLE AND TIME		TO EMPLOYEE	AND OTHER
NAME AND ADDRESS	DEVOTED TO POSITION	COMPENSATION	BENEFIT PLANS	ALLOWANCES
JOE COLEMAN	PRESIDENT	NONE	NONE	NONE
ROUND HILL, VA	AS NEEDED			
FRANK O'DONNELL	VICE-PRESIDENT	NONE	NONE	NONE
KENSINGTON, MD	AS NEEDED			
JOHN ULFELDER	SECRETARY	NONE	NONE	NONE
MCLEAN, VA	AS NEEDED			
KATHLEEN MALLOY	TREASURER	NONE	NONE	NONE
BETHESDA, MD	AS NEEDED			
·				
NEAL FITZPATRICK	EXECUTIVE DIRECTOR	78,795	3,940	NONE
ROCKVILLE, MD	FULL TIME	,	2,000	
•				
JANE BENESCH	DIRECTOR	NONE	NONE	NONE
SILVER SPRING, MD	AS NEEDED		*101	
,				
BOB BENKER	DIRECTOR	NONE	NONE	NONE
VIENNA, VA	AS NEEDED			
•				
TOWN B TERME	DIRECTOR	NONE	NONE	NONE
JOHN BJERKE ROCKVILLE, MD	AS NEEDED	NONE	NONZ	110112
ROCKVIIIIE, PD	no manua			
SHARON BUCHANAN	DIRECTOR	NONE	NONE	NONE
POTOMAC, MD	AS NEEDED			
BILL BUTLER	DIRECTOR	NONE	NONE	NONE
CHEVY CHASE, MD	AS NEEDED			
TOBY CLARK	DIRECTOR	NONE	NONE	NONE
WASHINGTON, DC	AS NEEDED			
GARY EVANS	DIRECTOR	NONE	NONE	NONE
POTOMAC FALLS, VA	AS NEEDED			
DIAM HORRAN	D.T.D.E.CITIO.D.	NONE	NONE	NONE
DIANE HOFFMAN	DIRECTOR	NONE	NONE	NONE
ANNANDALE, VA	AS NEEDED			
DREW KLEIBRINK	DIRECTOR	NONE	NONE	NONE
FALL CHURCH, VA	AS NEEDED			
NICHOLAS LAPHAM	DIRECTOR	NONE	NONE	NONE
WASHINGTON, DC	AS NEEDED			

JAMES MOORHEAD	DIRECTOR	NONE	NONE	NONE
CHEVY CHASE, MD	AS NEEDED			
CINDY PETRICK	DIRECTOR	NONE	NONE	NONE
WHEATON, MD	AS NEEDED			
		78,795	3,940	NONE

AUDUBON NATURALIST SOCIETY

FORM 990, PART I, LINE 8C - SCHEDULE OF NET GAIN

SECURITY	COST	PROCEEDS	GAIN/ (LOSS)	
ABERCROMBIE	8,913	12,429	3,517	
ACTUANT	14,417	22,930	8,513	
BANK OF AMERICA	30,683	30,000	(683)	
BARNES AND NOBLE	18,761	15,379	(3,381)	
DEL MONTE	2,301	2,256	(45)	
FOREST OIL	13,303	11,701	(1,601)	
HEINZ COMPANY	22,643	21,156	(1,487)	
MCDONALDS	22,957	18,938	(4,018)	
MOTOROLA CAP PFD	20,403	25,000	4,598	
PFIZER	14,492	11,062	(3,429)	
SMITHFIELD FOODS	15,038	18,794	3,757	
VORNADO RLTY PFD	20,793	25,506	4,713	
WEINGARTEN RLTY	26,779	35,141	8,363	
DOLE FOODS	29,639	30,000	361	
UST	25,347	25,917	570	
BANK OF NY	20,186	19,906	(280)	
VORNADO RLTY TRUST	5,068	5,000	(68)	
	244 747	221 117	10.400	
TOTAL	311,717	331,117	19,400	

GARMENTS & MISC.

### FEDERAL FOOTNOTES

FORM 990, PART I, LINE 10: BREAKDOWN OF ITEMS SOLD:
BIRDSEED
BOOKS
CALENDARS
MAGAZINES
BIRDFEEDERS
GIFTS
RECORDS
OPTICALS
CARDS
JEWELERY
CHILDREN'S ITEMS

44130-177

# FEDERAL FOOTNOTES

FORM 990, PART	II, LINE	42 AN	D PART IV,	LINE 57:		
·	•		·	DEPR.		NET BOOK
DESCRIPTION	ME THOD	LIFE	COST	EXP.	A/D	VALUE
LAND	N/A	N/A	\$1,851,683	N/A	N/A	N/A
BUILDING	SL	40	466,658	N/A	N/A	N/A
BLDG. & GROUND						
IMPR.	SL	10	480,554	N/A	N/A	N/A
FURN. & EQUIP.	SL 5	-10	274,044	N/A	N/A	N/A
TOTAL			3,072,939	64,466	475,690	2,597,249