Form 336

RETURN OF OTGATIZATION EXEMPLY 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)

2004
Open to Public
Inspection

Department of the Treasury

intern	al Rev	enu	e Service	▶	The organization m	ay have to use	a copy of this retun	n to satisf	y state reportin	g requirements		Inspection
A F	or t	he	2004 calenda	r year, o	r tax year beginning		6/1/2004	, an	d ending		/2005	
			pplicable	Please	C Name of organization					D Employer	dentification n	umber
_],	Addre	ss c	change	use iRS	Santa Clara Valley A	udubon Socie	ety			94-6081420)	
٦	Vame	cha	inge :	label or print or	Number and street (or P			lress)	Room/suite	E Telephone	number	
=	nitial r		-	type.	22221 McClellan Roa	- A				408 252 37	17000	
Ħ				See Specific		<u> </u>	Chaha as a s	hn.	ZIP + 4			70-sh
الييا	Final r	etur	n	Instruc-	City or town		State or coun	шу	LIP +4	F Accountin		Cash X Accruel
<u> </u>	4men	ded	return	tiens.	Cupertino		CA		95014 4030	Other (specify) >	
	Applic	atio	n pending		on 601(c)(3) organizations a		•		Hand Lare r	not applicable to se	otion 527 organi	
				trusts	must attach a completed S	chedule A (Form	n 990 or 990-EZ).		H(a) ist	has a group return i	or affiliates?	Yes X No
GV	Vebs	ite	: > ww	w.scvas	.org				H(b) If"\	Yes," enter numbe	of affiliates	<u> </u>
									H(c) Are	all affiliates includ	ed?	Yes No
J	rgan	Izat	tion type (check o	only one)	► X 501(c) (3) (insert r	io)4947(a)(1) or	527	(if "	'No," attach a list. S	iee instructions)	
K (heck	hor	θ •	of the organ	nzation's gross receipts are no	-	han \$25 በበብ The		H(d) ist	his a separate retu	m filed by an or	anization
					ne IRS, but if the organization	-		, it should	1 ''	vered by a group ru		Yes X No
	•				states require a complete		-		<u> </u>	oup Exemption Nu	_ _	n/a
			1.1. A 11 ^M	01	AL			202.5	1	eck ▶ift attach Sch B (Form	ne organization a	
		re			, 9b, and 10b to line 12	In Nat Arri	-4 F B-	283,5				
Par	_	L			es, and Changes			iances	(See page	TO OF THE INS	tructions.)	
	1				rants, and similar amo		1	. 1				
			Direct public					1a		75,512		
			•	• • •	t			1b		236		
					tions (grants)			1c		0 ***		
					rough 1c) (cash \$		75,838 noncash			0) <u>1d</u>		175,838
	2				enue including governi							7,901
	3		•		d assessments					·		0
	4			-	nd temporary cash in					4		138
	5									5		20,096
	6							6a				
				•	s			6b				_
		C			(loss) (subtract line 6t							0
3	7				ome (describe	unrealize	d market gains on	investm) 7		27,301
Revenue	8	a			ales of assets other		(A) Securities		(B) Other			
န		_	than inventor	•	· . · . · . · ·		25,312			0		
_					asis and sales expens		25,526			0		
			•		•		-214			0		
	_	đ	• ,		mbine line 8c, column					8d		-214
K	9				vities (attach schedule).	ir any amount i		ock nere	•			
E		а	Gross reven	-			175,512 of	0-1		,		
4				•	d on line 1a)		• • • • • •	9a		0		
-	4				s other than fundraisi			9b				
	۔ د ا	C	Net income (or (loss)	TOTAL PROPERTY ED	Profusice and a	. (Tom line 9a מיס וז סיס	40-1		. 9c		0
ي	₹ ¹⁰	a	Gross sales	AL POV	Ges letters and			10a		26,497		
۲	1	D	Less: cost o	DOBOS.	>>>	161	Marshanet King 40t 5	10b	00)	16,773		0.704
	1		Gross profit o	1655 L	om sales of investoff jat							9,724 506
	111				Part VII, fine 103) .							241,290
	712		Processes	na la	lines 1d, 2, 3, 4, 8, 46	oul ec, 1	ou, anu ii)		· · · · · · · · · · · · · · · · · · ·	. 12		169,424
W :	程3		rrogram ser	VIC	OGDE North						· · · · · · ·	
\$ E	44.76GE		wanagemen	ı anı	a 44 column (D)	iumi (C)) .	<i></i>	• • •		14		51,504 13,666
Ď.	習		-	•	. , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·				 	13,000
Ű	17				,						<u> </u>	234,594
					d lines 16 and 44, column the wear (subtract lis							234,594 6,696
Assets	18		•		or the year (subtract lin		•			. 18	 	
Ass	19 20				alances at beginning of assets or fund balance	-				19	 	623,260
	121		Uther chang	ies in nei	assets of Tung paland	ses tattach e	XUMINALION)			20	I	U

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

629,956

Part II	Statement of All organizations must comp Functional Expenses and section 4947(a)(1) none						ganizations
•	Do not include amounts reported on line	200 mpt of tall all			(B) Program	(C) Management	T .
	6b, 8b, 9b, 10b, or 16 of Part I.			(A) Total	services	and general	(D) Fundraising
22 Gr	ants and allocations (attach schedule)		*********				4
	ash \$ 750 noncash \$		22	750	750		4
•	pecific assistance to individuals (attach schedule)		23	0			
	enefits paid to or for members (attach schedule)		24	0			4
	ompensation of officers, directors, etc		25	60,935	47,562	5,16	3 8,210
	her salaries and wages		26	78,258		22,07	
	ension plan contributions		27	0	· · · · · · · · · · · · · · · · · · ·		
	her employee benefits		28	6,044	4,873	67	7 494
	ayroll taxes	⊢	29	11,545		2,20	9 823
	ofessional fundraising fees	<u> </u>	30	0			
	counting fees		31	2,951		2.95	1
	gal fees		32	0			
	ipplies		33	9,915	4,605	4,89	0 420
	elephone	ļ	34	4,142		2,31	Ō
	estage and shipping	ļ 	35	6,424		1,35	6 1,481
	ccupancy		36	9,856			
	uipment rental and maintenance	 	37	6,236		18	
,	inting and publications		38	17,295		41	9 276
	avel		39	2,708	2,335	37	3
	onferences, conventions, and meetings		40	599		40	1
	erest		41	34		3	4
	epreciation, depletion, etc. (attach schedule)	 	42	3,259		3,25	9
	her expenses not covered above (itemize). a miscellane	ous 4	43a	161		16	1
	ts and entertainment		43b	411	112	28	8 11
	surance	1 4	43c	5,538	3,100	2,23	0 208
d lice	enses and fees		43d	140		14	0
	ner professional fees	4	43e	7,393	7,393		
f			43f	0			
44 To	tal functional expenses (add lines 22 through 43) Organization	ns					
"Yes," er	nt costs from a combined educational campaign and fundraisinter (I) the aggregate amount of these joint costs \$ X ount allocated to Management and general \$ Statement of Program Service Accomplishing the		, (; e	li) the amount al and (IV) the amo	located to Program unt allocated to Fur	services \$ _	Yes X No
Vhat is th	The state of the s	clear and co	tal pa	potostien je da nanner. State the	IC., Caphasison	birds	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
	ons and 4947(a)(1) nonexempt charitable trusts must also ente						trusts, but optional for others.)
a	See attached schoole		•	•••-			
			/^		Ai 6		
			(Gra	ints and alloca	uons a		
Ь							
			/0	inte and eller	tions \$		
c			(Gr	ints and alloca	110113 4		
					••••		
			(Gra	ints and alloca	tions \$)	
d							
	••••••		(Gr	ints and alloca	tions \$)	
e Othe	r program services (attach schedule)			ents and alloca)	

Par	t IV	Balance Sheets (See page 25 of the ins	tructions	s.)			
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year		
	45	Cash-non-interest-bearing			29,642	45	22,027
	46	Savings and temporary cash investments			28,010	46	38,680
	47 a	Accounts receivable	47a	0			
		Less: allowance for doubtful accounts	47b	0	5,887	47c	0
		Pledges receivable	48a	0			_
	1 .	Less: allowance for doubtful accounts	48b	0	0	48c	0
	49	Grants receivable		_		49	
	50	Receivables from officers, directors, trustees, a			0	50	0
	E1 a	(attach schedule)				30	
et s	JIa	schedule)	51a	o			
Assets	h	Less: allowance for doubtful accounts	51b	0	0	51c	0
•	52	Inventories for sale or use			17,154		20,960
	53	Prepaid expenses and deferred charges .		<u></u>	1,866		3,282
	54	Investments—securities (attach schedule)	. ▶	Cost X FMV	532,660	54	535,598
	55 a	investments-land, buildings, and					
		equipment: basis	55a	0			
	b	Less: accumulated depreciation (attach					
		schedule)	55b	0	0		0
	56	Investments—other (attach schedule)			0	56	0
		Land, buildings, and equipment: basis	57a	23,035			
	D	Less: accumulated depreciation (attach	57b	13,480	7,888	57 0	9,555
	58	schedule)		13,460	2,129		1,930
	30	Other assets (describe	JOSIL	·	2,120		1,000
	59	Total assets (add lines 45 through 58) (must ed			625,236	59	632,032
	60	Accounts payable and accrued expenses .	1,976		2,077		
	61	Grants payable				61	
	62	Deferred revenue		<u> </u>		62	
98	63	Loans from officers, directors, trustees, and key		· · · · · · · · · · · · · · · · · · ·			•
Liabilities		schedule)			0		0
Ta.		Tax-exempt bond liabilities (attach schedule) .			0		0
_	1	Mortgages and other notes payable (attach sche	edule) .	· · · · · · · · · · · · · · · · · · ·	0		0
	65	Other liabilities (describe		· · · · · · · · · · · · · · · · · · ·	<u> </u>	00	
	66	Total liabilities (add lines 60 through 65)			1,976	66	2,077
	Orga	anizations that follow SFAS 117, check here	► X a	nd complete lines			
8		67 through 69 and lines 73 and 74.			040 747		040.000
٤	67	Unrestricted			613,747		618,603
Te C	68	Temporarily restricted			9,513	68	11,352
Ā	69 Orac	Permanently restricted	 k hore B	boe		08	
Net Assets or Fund Balances	orgi	complete lines 70 through 74.	v 11918 j				
<u>.</u>	70	Capital stock, trust principal, or current funds .				70	
S	71	Paid-in or capital surplus, or land, building, and e				71	
8	72	Retained earnings, endowment, accumulated inc			72	· · · · · · · · · · · · · · · · · · ·	
As	73	Total net assets or fund balances (add lines		p			
¥		lines 70 through 72;					
		column (A) must equal line 19; column (B) must			623,260	73	629,955
	74	Total liabilities and net assets / fund balance	ces (add	lines 66 and 73)	625,236	74	632,032

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.

Part I			Part		iliation of Expenses		
	Financial Statements with Rev	•			al Statements with Ex	¢ρε	enses per
	Return (See page 27 of the inst	ructions.)	<u> </u>	Return			
а	Total revenue, gains, and other support		a	Total expenses	and losses per		
	per audited financial statements	a 254,465	<u> </u>	audited financia	al statements 🕨	a	247,770
b	Amounts included on line a but not		b	Amounts include	ed on line a but not		
	on line 12, Form 990:		8	on line 17, Form	n 990:		
(1)	Net unrealized gains		8	(1) Donated servic	es		
	on investments \$			and use of facil	ities \$ 13,175		
(2)	Donated services and			(2) Prior year adjus	stments		
	use of facilities \$ 13,175		8	reported on line	20,		
(3)	Recoveries of prior			Form 990	\$		
	year grants \$			(3) Losses reporte	d on		
(4)	Other (specify):			line 20, Form 99	90 \$		
	<u>\$</u>			(4) Other (specify)	•		
	\$				\$		
	Add amounts on lines (1) through (4)	ь 13,175	5]		\$		
			1	Add amounts or	n lines (1) through (4)	b	13,175
C	Line a minus line b	c 241,290) c	Line a minus lin	eb 🕨	C	234,595
d	Amounts included on line 12,		d	Amounts include	ed on line 17,		
	Form 990 but not on line a:			Form 990 but n	ot on line a:		
(1)	Investment expenses			(1) Investment expe	enses		
	not included on line		3	not included on	line		
	6b, Form 990 \$		8	6b, Form 990	<u>\$</u>		
(2)	Other (specify):		9	(2) Other (specify):			
, ,	\$				\$		
	\$				*		
	Add amounts on lines (1) and (2)	[d C		Add amounts or	n lines (1) and (2) .	d	0
е	Total revenue per line 12, Form 990		е	Total expenses	per line 17, Form 990		
		e 241,290			d) 🗩		
Part V	List of Officers, Directors, Trus	stees, and Key E	Emplo	yees (List each o	one even if not compensa	atec	i; see page 27
	of the instructions)						
	(A) Name and address	(B) Title and average per week devoted to p		(C) Compensation (if not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation		(E) Expense account and other allowances
Name	DebbiThompsoni 1 str 645 Kiowa Circle	Title President					
	San Jose st CA zip 95123	HrWK 4		0	0		0
	Robert Hirt str 10325 Dempster	Title 1st Vice Pr	es				
Chr	Cupertino et CA 70 95014	HIPARIC 3		n	n	1	n

(A) Name a	(A) Name and address				(C) Compensation (if not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances	
Name DebbiThompsoni	str 645 l	Kiowa Cırcle	Title	President				
city San Jose	ST CA	ZIP 95123	HrAVK	4	0	0	0	
Name Robert Hirt	str 1032	5 Dempster	Title	1st Vice Pres				
city Cupertino	ST CA	z⊪ 95014	HrAVK	3	0	0	0	
Name David Cook	Str 664	So. 14th St.	Title	2nd Vice Pres				
city San Jose	ST CA	z⊪ 95112	HrAVK	3	0	0	0	
Name Robert Hirt	Str as at	bove	Title	Intenm Treas.		·		
City	ST	ZIP	HrAVK		0	0	0	
Name Nancy Teater	Str 1772	Hamilton Ave	Title	Secretary				
city Palo Alto,	ST CA	zip 94303	HrWK	2	0	0	0	
Name Brenda Torres-	Str 222	21 McClellanR	Title	ExecDirector	new appt.			
city Borreto	ST	ZIP	HrWK	40	18,600	0	0	
Name	Str		Title					
city Cupertino	ST CA	zip 95014	HrAVK					
Name	Str		Title			·		
City	ST	ZIP	HrWK					
Name	Str		Title					
City	ST	ZiP	HrMK					
Name	Str		Title					
City	ST	ZIP	HrAVK				 	

75	Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your	
	organization and all related organizations, of which more than \$10,000 was provided by the related organizations?	X No
	If "Yes," attach schedule—see page 28 of the instructions.	

Pa	rt '	Other Information (See page 28 of the instructions.)		Yes	No
76	٠.	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77		Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
		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	N/A	
79		Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		Х
80	а	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		Х
	b	If "Yes," enter the name of the organization ▶			
		and check whether it isexempt ornonexempt.			
81	a	Enter direct and indirect political expenditures. See line 81 instructions 81a zero			
		Did the organization file Form 1120-POL for this year?	81b	M. 44-7 M. 74-14-14	X
82		Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
		or at substantially less than fair rental value?	82a	Х	
	b	If "Yes," you may indicate the value of these items here. Do not include this amount			
		as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 13,175			
83	а	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Χ	
	b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84	a	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			
		or gifts were not tax deductible?	84b	N/A	
85		501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
		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.			
	C	Dues, assessments, and similar amounts from members			
	d	Section 162(e) lobbying and political expenditures			
		Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . 85e			
		Taxable amount of lobbying and political expenditures (line 85d less 85e)	thank thanks		
		Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
		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	l l		
		following tax year?	85h	39/55/2016	000000000
86		501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
		Gross receipts, included on line 12, for public use of club facilities 86b			
87		501(c)(12) orgs. Enter: a Gross income from members or shareholders			
		Gross income from other sources. (Do not net amounts due or paid to other			
		sources against amounts due or received from them.)			
88		At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			l
		partnership, or an entity disregarded as separate from the organization under Regulations sections	00		v
90	_	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
00	а				
	h	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
		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	89b		х
	_	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	690		
	C	sections 4912, 4955, and 4958			
		Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90		List the states with which a copy of this return is filed California			
	b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)			4
91		The books are in care of ▶ Name Susan Bell Telephone no. ▶ 1 408 2	52 374	7	
92		Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			
		and enter the amount of tax-exempt interest received or accrued during the tax year		•	

Part \	Analysis of Income-Producing Ac	tivities (See p	age 33 d	of the in	structions.)		
Note:	Enter gross amounts unless otherwise	Unrelated bu	ısiness inc	ome	Excluded by sec	ion 512, 513, or 514	(E)
indicat	ed.	(A)	İ	(B)	(C)	(D)	Related or exempt function
93	Program service revenue:	Business code	Ar	nount	Exclusion code	Amount	income
а	classes, field trips participation fees						7,851
ь	bird sanctuary participation fee						50
C					I		
d		,					
θ							
f	Medicare/Medicaid payments				ļ	<u> </u>	
g g	Fees and contracts from government agencies				ļ		
94	Membership dues and assessments	ļ				420	
95 96	Interest on savings and temporary cash investments .		_+	······	14	138	
97	Dividends and interest from securities Net rental income or (loss) from real estate:				14	20,096	
	debt-financed property		*****				
	not debt-financed property				 		
98	Net rental income or (loss) from personal property		-		-	·	
99	Other investment income				14	27,301	
100	Gain or (loss) from sales of assets other than inventory				18	-214	
101	Net income or (loss) from special events				 		
102	Gross profit or (loss) from sales of inventory						9,724
103	Other revenue: a miscellaneous				01	461	
ь	raffles at volunteer events	· · · · · · · · · · · · · · · · · · ·			01	45	
C							
d							
8							
104	Subtotal (add columns (B), (D), and (E))			0		47,827	17,625
105	Total (add line 104, columns (B), (D), and (E))			-		>	65,452
	ine 105 plus line 1d, Part I, should equal the						
Part V							
Line N	,					y to the accomplishing	nent
	of the organization's exempt purposes (other					 	
93a	Classes on bird identification and similar n					<u> </u>	
93b 102	Participants developing nature friendly gard					l tooching meteri	ola oto
102	The nature shop sells birding and odther na	ature items gene	ally to me	embers,	DOOKS, DITUSEEC	i, teaching materi	ais, eic.
Part D	Information Regarding Taxable S	ubeidiarioe an	d Diero	rarded	Entitios (Soc	nage 34 of the	inctructions \
rait i	(A)	(B)	u Diale	gaiueu		i ·	(E)
	Name, address, and EIN of corporation,	Percenta	ge of	\$1	(C)	(D)	End-of-year
	partnership, or disregarded entity	ownership i		Natur	e of activities	Total income	assets
N/A			%			0	0
			<u>%</u>			0	0
			<u>%</u>			0	0
Dort V	Information Departing Transfers	Associated		I D-	nosit Control	<u> </u>	Aha inatawatiana Y
Part X							
(a) Die	d the organization, during the year, receive any funds, dire	ectly or indirectly, to p	ay premiun	ns on a pei	sonal benefit contra	ict?	Yes X No
(b) Di	d the organization, during the year, pay premit	ıms, directly or ir	directly, d	on a pers	sonal benefit co	ntract?	Yes X No
Note:	If "Yes" to (b), file Form 8870 and Form 472	20 (see instruction	ons).				
	Under penalties of perjury, I declare that I have exam	nined this return, incl	uding accor	npanying s	chedules and state	ments, and to the best	of my knowledge
Pleas	and belief, it is true, correct, and suppliese. Declarat	ion of preparer (other	than office	r) is based	on all information o	which preparer has a	ny knowledge.
	a /(Mally legger			^		4,20.20	05
Sign	Signature of officer	01-1			_// Da	le	
Here	Donald K Price.	Chair Ti	nanco	(m	nittee 9	7.20 .201	05
	Type or print name and title.		 				·····
	Preparer's		Date	•	Check if Pr	eparer's SSN or PTIN	(See Gen. Inst. W)
					self- employed >]	
					EIN	>	
					Phone		

Form 990 (2004)

(Form 990 or 990-EZ)

(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.)

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 Employer identification number

Santa Clai	ra Valley Audubon Society			94	6081420
Part I	Compensation of the Five Hig	hest Paid Employees C	ther Than Office	rs, Directors, and T	rustees
	(See page 1 of the instructions.	List each one. If there a	re none, enter "No	one.")	
(a) Nam	e 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
Name NOI Str	NE				
City	ST	Title			
Zip	Country	Avg hr/wk			
Name		7.2		 	
Str					
City	ST	Title			
Zip	Country	Avg hr/wk			
Name	Country	7.09 187110	······································		
Str					
City	ST	Title			
Zip	Country	Avg hr/wk			
Name					
Str					
City	ST	Title			
Zip	Country	Avg hr/wk			
Name					· · · · · · · · · · · · · · · · · · ·
Str					
City	ST	Title			
Zip	Country	Avg hr/wk			
	er of other employees paid over				
\$50,000 .					
Part II	Compensation of the Five Hig	hest Paid Independent	Contractors for F	rofessional Servic	es
	(See page 2 of the instructions.	List each one (whether	individuals or firm	s). If there are none,	enter "None.")
/ (a)	lame and address of each independent contrac			pe of service	(c) Compensation
Name NO!	NE	Check here if a business			
Str					
City					
ST	ZIP Count	ry			
Name		Check here if a business			
Str					
City					
<u>ST</u>	ZIP Count		- 		
Name		Check here if a business	_		
Str					
City					
ST	ZIP Count				
Name	ZIP Count	Check here if a business			
Name Str	ZIP Count				
Name Str City		Check here if a business			
Name Str City ST	ZIP Count	Check here if a business			
Name Str City ST Name		Check here if a business			
Name Str City ST Name Str		Check here if a business			
Name Str City ST Name Str City	ZIP Count	Check here if a business Try Check here if a business			
Name Str City ST Name Str City ST		Check here if a business Try Check here if a business			

Part		Statements About Activities (See page 2 of the instructions.)	i	Yes	No
1		ng the year, has the organization attempted to influence national, state, or local legislation, including any			
	or in	npt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities \$ 0 (Must equal amounts on line 38, VI-A, or line i of Part VI-B.)	1		Х
	Orga orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other inizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of obbying activities.			
2	Durie subs with own-	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.)			
a		e, exchange, or leasing of property?	2a 2b		X
b c		ishing of goods, services, or facilities?	2c		X
d	Payı	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? see part V, Form 990	2d	Х	
e		sfer of any part of its income or assets?	2e		Х
3 a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			v
ь		determine that recipients qualify to receive payments.)	3a 3b		X
4 a		you maintain any separate account for participating donors where donors have the right to provide advice	<u> </u>		
	on th	ne use or distribution of funds?	4a		X
b	Do y	ou provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	L	X
Part	IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The o	rganiz	ration is not a private foundation because it is: (Please check only ONE applicable box.)			
5	\sqcup	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)			
	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11 b	닏	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses			
		acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)			
	-	Provide the following information about the supported organizations. (See page 5 of the instructions.)			
	_	(a) Name(s) of supported organization(s) (b) Line number of from all the supported organization (s)		· · · · · · · · · · · · · · · · · · ·	-
	_				-
	_			,	_
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			

	: You may use the worksheet in the instructions for conv	rerting from the a					
Cale	ndar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 20	100	(e) Total
15	Gifts, grants, and contributions received. (Do					İ	
	not include unusual grants. See line 28.)	189,139	142,259	117,586	133	3,768	582,752
16	Membership fees received	13,312	13,280	19,150	2	1,269	
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of	j	j	ļ		}	
	facilities in any activity that is related to the	}				1	
	organization's charitable, etc , purpose	50,955	58,871	44,619	4:	3,100	197,545
18	Gross income from interest, dividends,						
	amounts received from payments on securities]			l	
	loans (section 512(a)(5)), rents, royalties, and	}	}	Ì		}	
	unrelated business taxable income (less					l	
	section 511 taxes) from businesses acquired		İ			i	
	· · · · · · · · · · · · · · · · · · ·	18,757	17,033	29,581	A	9,387	114,758
19	by the organization after June 30, 1975	10,737	17,033	29,001		9,307	114,730
19			ł			1	0
	activities not included in line 18						
20	Tax revenues levied for the organization's	ĺ		ļ			
	benefit and either paid to it or expended on					1	0
	its behalf	 					
21	The value of services or facilities furnished to					j	
	the organization by a governmental unit]	
	without charge. Do not include the value of						
	services or facilities generally furnished to the	İ				ľ	_
	public without charge						0
22	Other income. Attach a schedule. Do not	4 767	4.050	50		407	0.004
	include gain or (loss) from sale of capital assets	1,757	1,959	58		107	3,881
23	Total of lines 15 through 22	273,920	233,402	210,994		7,631	965,947
24	Line 23 minus line 17	222,965	174,531	166,375		4,531	768,402
25	Enter 1% of line 23	2,739	2,334	2,110		2,476	
26	Organizations described on lines 10 or 11: a Enter 2% o	f amount in column	(e), line 24		. 🏲	26a	15,368
b	Prepare a list for your records to show the name of and amount	contributed by eacl	h person (other th	an a			
	governmental unit or publicly supported organization) whose total	gifts for 2000 thro	ugh 2003 exceede	ed the			
	amount shown in line 26a. Do not file this list with your return.	. Enter the total of	all these excess a	mounts	. >	26b	15,085
C	Total support for section 509(a)(1) test Enter line 24, column (e))			. 🕨	26c	768,402
đ	Add: Amounts from column (e) for lines: 18	<u>114,758</u> 19		0			
	22	3,881 26b	15,08	35	. ▶	26d	133,724
е	Public support (line 26c minus line 26d total)				▶ [26e	634,678
f	Public support percentage (line 26e (numerator) divided by	line 26c (denomin	ator))		. ▶	26f	82.60%
27	Organizations described on line 12: a For amounts inclu	ided in lines 15, 16	, and 17 that were	received from a	"disqualifi	ied per	son,"
	prepare a list for your records to show the name of, and total an		each year from, ea	ich "disqualified p	erson." D	o not	
	file this list with your return. Enter the sum of such amounts for	or each year.					
	(2003) (2002)	(200	11)	((2000)		
b	For any amount included in line 17 that was received from each p					record	le to
_	show the name of, and amount received for each year, that was						
	(Include in the list organizations described in lines 5 through 11, a						
	difference between the amount received and the larger amount d	lescribed in (1) or (2), enter the sum	of these difference	es (the e	xcess	
	amounts) for each year:						
	(2003) (2002)	(200	11)	((2000)		
	(====)				(,		
C	Add: Amounts from column (e) for lines: 15	0 16	0				
	17 <u>0</u> 20 Add: Line 27a total 0 and line	0 21	0.			27c	0
d	Add: Line 27a total 0 and line	27b total .	0 0		. 🕨	27d	0
е	Public support (line 27c total minus line 27d total)				. 🕨	27e	0
f	Total support for section 509(a)(2) test: Enter amount from line 2			27f	0		
g	Public support percentage (line 27e (numerator) divided by		_		•	27g	0.00%
-	Investment income percentage (line 18, column (e) (numeral	•				27h	0.00%
28	Unusual Grants: For an organization described in line 10, 11, or						
	a list for your records to show, for each year, the name of the co						-

the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Part	: VII	-	_	fers To and Transactions age 11 of the instructions)	and Relationships With Noncharitab	le		
51		· · · · · ·	=	ly engage in any of the following wi organizations) or in section 527, n	th any other organization described in section elating to political organizations?			, , , ,
a	Transf	iers from the reporting o	rganization to a no	oncharitable exempt organization of	; :		Yes	No
	(1)	Cash				51a(i)		X
	(11)	Other assets				a(II)		X
b	Other	transactions:					1	
	(i)	Sales or exchanges of a	ssets with a nonc	haritable exempt organization		b(i)	 	X
	(II)	Purchases of assets fro	m a noncharitable	exempt organization		b(II)		X
	• •			sets		b(iii)		X
		- •				b(iv)		X
		_				b(v)		$\overline{\nabla}$
	, ,	•		or fundraising solicitations				X
c						b(vi)		X
đ	If the a	answer to any of the abor goods, other assets, or	ve is "Yes," comp services given by	lete the following schedule. Colum the reporting organization. If the or	n (b) should always show the fair market value ganization received less than fair market value ls, other assets, or services received:			
-	(a)	(b)		(c)	(d)	·		
Lin	ie no	Amount involved	Name of nor	charitable exempt organization	Description of transfers transactions, and share	ng arrangem	ents	
		 						
<u></u>								
					· · · · · · · · · · · · · · · · · · ·			
								
					· · · · · · · · · · · · · · · · · · ·			
								
		1	· · · · · · · · · · · · · · · · · · ·					
						• • • • • • • • • • • • • • • • • • • •		
	,.				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	descri		the Code (other t	with, or related to, one or more tax- nan section 501(c)(3)) or in section (b)	· -	Yes	X	No
		Name of organization		Type of organization	Description of relationship			
								
			···					
			 					
		· · · · · · · · · · · · · · · · · · ·						
		· · · · · · · · · · · · · · · · · · ·						
					***	·····		
					· · · · · · · · · · · · · · · · · · ·			·····
			 					
								
					· · · · · · · · · · · · · · · · · · ·	<u>.</u>		

SANTA CLARA VALLEY AUDUBON SOCIETY

EIN 94 6081420

D303530

NOTES

To Tax Return 990, June 1, 2004 to May 31, 2005

Form 990

Part I Line 8

Sale of Assets - Other than Inventory

Date of Purch Cost		Date of Sale	Proceeds	Loss				
Issue -								
pre - 1998	24,362.3	9 9/30/04	23,038.26	-1,324				
Equpment - GPS Unit								
12/31/0	1,163.4	0 9/1/04	2,273.25	1,110				
				-214				
Part I	Line 10	Inventory Sale	s					
Gross sales	26,497							
Less Cost of	-16,773							
Net Sales -	9,724							
	·	-						
Part II	Line 22	Grants						
David Suddjian - Forest Birds Monitoring Project								
in the San	750							

Part II Line 42 Depreciation
see Part IV, Line 57 Fixed Assets - Schedule below

Part III Statement of Program Accomplishments

- a Newsletter The Society produces a bi-monthly newsletter the "Avocet" sent to over 3500 members, and a second annual publication, "Creekside News" sent to about 800 persons, libraries and local gov'ts. These publications discuss Chapter activities and give information on local and natural environmental issues with emphasis on birds and brd habitats.

 23,083
- b Environmental education the Society distributes nature workbooks to about 20 elementary school classrooms. It sponsors Wildlife Educ day events at Park HQ with about 600 attendees and escorts children's groups to wetlands for over 800 children. It leads about 100 field trips to local habitats, holds monthly meetings operates a nature shop for its members and makes classroom presentations to about 1000 children.

 49,856
- c Conservation and Environmental Action The Society contributes funds, volunteer services and support to a variety of environmental activities including coastal and creek cleanups, a bluebird recovery and nest box program, burrowing owl protection. It supports environmental advocacy and the legal defense of environmental laws particularly in respect to creeks and wetlands habitats.

 96,485

| Grants | 750.00 | | Total Program Expense | 169,424 |

	Part IV	Line 54	Investments -securities		
					Market
					Value
	Fixed Income	Funds			141,510
	Closed End In	62,623			
	Equity Funds				331,465
	Total				535,598
	Part IV	Line 57	Fixed Assets	_	
		Cost	Depreciation	Accumulated	Net Value
			Expense	Depreciation	
	Equip. Sold		291		
	Equipment	18535	2568	10480	8,055
	Furnishings	4500	400	3000	1,500
	Totals	23035	3259	13480	9,555
Schedule A	Part IV A	Line 27	Other Income	in Year 2003-2004	
	Raffle Proceed				743
	Miscellaneous				1,014
					1,757