_{Form} 990

Department of the Treasury

Internal Revenue Service

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.

20**05**

Open to Public Inspection

For the 2005 calendar year, or tax year beginning 2005, and ending , 2006 D Employer identification number B Check if applicable Address change E Telephone number 29 18 200605 Name change 0000 CLARA VALLEY AUDUBON SOCIETY (4128) 252 R Initial return 22221 MCCLELLAN RD CUPERTINO CA 95014-4030 F Accounting method: Cash Accrual Final return S ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ W. SCVAS. ORG G Website: ▶ H(c) Are all affiliates included? J Organization type (check only one) ► 🔀 501(c) (3) ◄ (insert no) 🗌 4947(a)(1) or 📗 527 (If "No." attach a list See instructions) H(d) Is this a separate return filed by an Check here ▶ ☐ If the organization's gross receipts are normally not more than \$25,000 The organization covered by a group ruling? Yes No organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return. Group Exemption Number ▶ Check ▶ ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 1a Direct public support . 1b Indirect public support iy Î 1c Government contributions (grants) 1d Total (add lines 1a through 1c) (cash \$ 182 193 noncash \$ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 4 Interest on savings and temporary cash investments Dividends and interest from securities 5 6a 6b 6c the Investment income lescribe Vares on 7 Gross amount from sales of assets other (A) Securities 165 8a than not be to the little to t 8b Less: cost or other basis and sales expenses. 8c Gain or (loss) (attach schedule) 9692 8d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule). If any amount is from gaming, check here > ÷ Gross revenue (not including \$ 9a contributions reported on line 1a) 9b Less: direct expenses other than fundraising expenses 9c Net income or (loss) from special events (subtract line 9b from line 9a) **%**: 10a 10a Gross sales of inventory, less returns and allowances . . 10b Less: cost of goods sold 2 420 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 688 13 13 Program services (from line 44, column (B)) . . . 14 14 Management and general (from line 44, column (C)) 15 15 Fundraising (from line 44, column (D)) 16 16 Payments to affiliates (attach schedule) . . . 17 Total expenses (add lines 16 and 44, column (A)) 17 18 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . 20 20 Other changes in net assets or fund balances (attach explanation). . . . ž 288 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21

	990 (2005)					Page 4
Pai	Statement of All organizations many organizations and s	ust corr section	aplete column (A). Col 4947(a)(1) nonexempt	lumns (B), (C), and (D charitable trusts but	n) are required for section of the s	tion 501(c)(3) and (4) See the instructions.)
	Do 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	Grants and allocations (attach schedule) (cash \$ noncash \$) If this amount includes foreign grants, check here ▶ □	22		<u>\</u>		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24		613		
25	Compensation of officers, directors, etc	25 26	62 450 79 807	34 248 55 890	10 067	18 135
26 27	Other salaries and wages	27	19 807	23 6 70	22221	1 690
28	Other employee benefits	28	5 941	3 840	1232	869
29	Payroll taxes	29	11 679	7 427	2678	1574
30	Professional fundraising fees	30	2 / / (2 4 4	
31	Accounting fees	31	3 616	2 000	_3 6ib	
32	Legal fees	32	2 000 14 395	2 000	8572	1115
33	Supplies	34	7 598	5 408 3 389	4073	136
34	Posters and shipping	35	6 379	2 885	1927	1567
35 36	Postage and shipping	36	12 849	9524	2 768	557
37	Equipment rental and maintenance	37	2113	2 113	2/60	20 /
38	Printing and publications	38	13 609	13 609		
39	Travel	39	2 047	1748	299	
40	Conferences, conventions, and meetings	40	1 066	/3/	935	
41	Interest	41	90		90	
42	Depreciation, depletion, etc. (attach schedule)	42	4 055		4055	
43	Other expenses not covered above (itemize):					3.0
а	Lysurance	43a	2 281	1 445	518	318
b	Mistellaneous	43b	143		143	
C	Licenses + tees	43c	85	1 (20	85	
d	Small equipment, software	43d 43e	2 129 359	1 629 359	500	
e	Gifts, contrainment	43e	3513	3 513		
T	Write-of of special inventory	43g	11 151	11 151	 	
g	Professional Services, bonoraria.		11 131	11 131	 	
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines					• ;-
	13–15)	44	249 355	160 309	63 785	25261

Joint Costs: Check > [] if you are following SOP 98-2.	•	•••
Are any joint costs from a combined educational campaign and fundrais	sing solicitation reported in (B) Program services? . >	⊠ No
f "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;
iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$	

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

٧h	nat is the organization's primary exempt purpose? Invironmental protection education	Program Service
AII 4	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
of d	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs , and 4947(a)(1)
org	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	others)
а		
_	See schedule attached	
	·······	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	\
þ		
		1
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
_		
·		, ,
		İ
	/O	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	<u> </u>
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	<u>]</u>
е	Other program services (attach schedule)	1
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	160 209
	<u> </u>	Form 990 (2005)

Pa	rt IV	Balance Sheets (See the instructions.)			
N		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	22 027	45	22 966
	46	Savings and temporary cash investments	38 680	46	53 276
		Accounts receivable		, , , , , , , , , , , , , , , , , , ,	
		Less: allowance for doubtful accounts . 47b	Ô	47c	O
	_			<u>.</u> . :	
	48a	Pledges receivable		<u> </u>	
Assets	l	Less: allowance for doubtful accounts . 48b	O	48c	
	49	Grants receivable	0	49	
	50	Receivables from officers, directors, trustees, and key employees			
		(attach schedule)	0	50	
	51a	Other notes and loans receivable (attach			
		schedule)			
	b	Less: allowance for doubtful accounts . 51b	<u> </u>	51c	
Ä	52	Inventories for sale or use	20 960	52	/3 396
	53	Prepaid expenses and deferred charges ,	3 282	53	1 509
	54	Investments—securities (attach schedule) D Cost X FMV	<u>535 598</u>	54	527 618
	55a				•
		equipment: basis			
	ь	Less: accumulated depreciation (attach		فنقفا	
	_	schedule)	O	55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis . 57a 19 047			
		Less: accumulated depreciation (attach		1	
	1	schedule)	9.555	57c	<u> 5501</u>
	58	Other assets (describe ► No/Lars Comp Vijost)	1 930	58	<u>653</u>
		,			Call Gua
	59	Total assets (must equal line 74). Add lines 45 through 58	632 032	59	624 919
	60	Accounts payable and accrued expenses	2077	60	632
	61	Grants payable		61	
	62	Deferred revenue		62	
abilities	63	Loans from officers, directors, trustees, and key employees (attach			
Ĕ		schedule)		63	
<u>:a</u>		Tax-exempt bond liabilities (attach schedule)		64a	
_		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)		65	
	66	Total liabilities, Add lines 60 through 65	מלומי ב		(22
_	66	Total liabilities. Add lines 60 through 65	2077	66	632
	Orga	anizations that follow SFAS 117, check here ► 🔀 and complete lines			
es		67 through 69 and lines 73 and 74.	618 603	67	602985
Š	67	Unrestricted	// 352	68	1/202
<u>a</u>	68	Temporarily restricted	// 3/2	69	<u> </u>
8	69	Permanently restricted		03	
Š	Orga	anizations that do not follow SFAS 117, check here ▶ ☐ and			
Net Assets or Fund Balances	70	complete lines 70 through 74.		70	
0	70	Capital stock, trust principal, or current funds		71	
šet	71	Paid-in or capital surplus, or land, building, and equipment fund		72	
Ass	72	Retained earnings, endowment, accumulated income, or other funds		12	
et /	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;			
ž	1	column (A) must equal line 19; column (B) must equal line 21)	629955	73	624 287
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	632032	74	624 919
	1		<u> </u>		Form 990 (2005)

Pa	Reconciliation of Revenue per Aud	ited Financial Statem	ents With Reve	enue per	Return (See the
a b	Total revenue, gains, and other support per andibamounts included on line a but not on Part I, line				a d	244 191
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		_b2	503		
3	Recoveries of prior year grants		b3		-	
4	Other (specify):		b4			.
	Add lines b1 through b4			📙	b	503
С	Subtract line b from line a			_	c o	24 <i>3 68</i> 8
d	Amounts included on Part I, line 12, but not on lin	ne a:		,		
1	Investment expenses not included on Part I, line	6b	d1			
2	Other (specify):					
			d2			
	Add lines d1 and d2			· · • -	d	0.42 (00)
е	Total revenue (Part I, line 12). Add lines c and d	the defining to the control of the c		🏲 📗		243 688
Pa	rt IV-B Reconciliation of Expenses per Au		nents with Exp	enses pe	er Keturr	1 249 858
а	Total expenses and losses per audited financial s			-	a .	241 038
b	Amounts included on line a but not on Part I, line					
1	Donated services and use of facilities	1		50.3		
2	Prior year adjustments reported on Part I, line 20		b2 b3		-	
3	Losses reported on Part I, line 20		D3			
4	Other (specify):		 			
			b4		p	502
	Add lines b1 through b4			-	C	200
С	Subtract line b from line a			-		×47_325
d	Amounts included on Part I, line 17, but not on III		d1	,		
1	Investment expenses not included on Part I, line		<u> </u>			
2	Other (specify):		d2		,	
	Add lines d1 and d2				d	
е	Total expenses (Part I, line 17). Add lines c and	<u>d</u>				249 355
Pa	rt V-A Current Officers, Directors, Trustees or key employee at any time during the ye		compensated.) (S	ee the inst	ructions.)	···
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contribution benefit plans compensa	& deferred	(E) Expense account and other allowances
	Debbi Thompson 645 Kiowa Cud		~	!		-1/
	SanJase (A 95/23	4 hrs		ļ,	<u> </u>	
	Kobert Hirt 10325 Dempster	Ist V.P.			/2	- M
	Cuperhoo (H 9504	2 / 40	<i></i>		<i>e</i>	10
	1 Javil (OUK 669 30. 17m 31	and K.P.	•		d	4
	Name Touter 1772 H Whom how	Constant	<i></i>			~
	Plato Ato CA 94303	2hr	B	L	9	0
	Brenda Torres Borreto	Exec Director	10 1	_		as
	221 Millellan Rd	40 hrs	60,450	<u> </u>	<u> 590 </u>	-/-
<i>C.</i> 9	persion CA 95014					

Par	V-A Curr	ent Officer	s, Directors, Trustee	es, and Key Employe	es (continued)			Yes	No
	Enter the total meetings .	number of c	officers, directors, and t	rustees permitted to vo	te on organizatioi	n business at board			
	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)								X
C	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.								X
d	organization including am	and the ounts paid	other organization(s to each individual b	the individuals, explaid), and describes to be each related orgatinterest policy?	the compensati nization.	on arrangements,	75d		Ž
	t V-B Form	er Officers, er, director, tr	Directors, Trustees, and ustee, or key employee r	d Key Employees That I received compensation of opensation or other benefit	Received Comper	nsation or Other Bene escribed below) during	efits (If the ye	ar, lıs	
	<u> </u>	(A) Name and a		(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen nt and owance	other
Pa	Craig B	roon Vay (4	355 Partole Rd 94028	·	2000	Ø		0	
Par 76 77	Did the organ description of Were any cha	nization enga f each activi anges made	ty	previously reported to			76 77	Yes	No X X
	Did the organthis return?	nization have		ross income of \$1,000	or more during t	•	78a 78b		X
79	Was there a l a statement	iquidation, d		or substantial contract			79		Х
	common me organization?	mbership, g r the name o	governing bodies, trus	iation with a statewide tees, officers, etc., to	any other exe	mpt or nonexempt	80a		X.
81a b	Enter direct a Did the organ	ind indirect i	political expenditures.	and check whether if (See line 81 instruction s year?	s.) 81a	92	81b		(2005)

Page
9-

Par	t VI Other Information (continued)		Yes	No
82a	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	X	
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.)	 		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a 83b	x	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		ڭ
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a 85b	-	
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	830		
c	Dues, assessments, and similar amounts from members			
d e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		, ,,	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	009		
"	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		C 300000
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	C \$2.		
b	Gross receipts, included on line 12, for public use of club facilities		***	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a		. j. *	d
b	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 partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	·	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶		***	žžŽ
b	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 a statement explaining each transaction	89b		<u>×</u>
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		- (- 	<u> </u>
91a	The books are in care of \bigcirc USAN Oell Telephone no. \bigcirc (408) a Located at \bigcirc 2221 McLellon Rd Luber fino CA ZIP + 4 \bigcirc 95014:4	152 1031	<i>3</i>	747
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	Yes	N° X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		<u></u>	
С	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	L	
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 ▶ 92	· ·		(2005)

Part \	Analysis of Income-Producing Ac	tivities (See the	instructions	:.)		
Note: E	Inter gross amounts unless otherwise	Unrelated busi	-		ion 512, 513, or 514	(E)
ındicate		(A)	(B)	(C)	(D)	Related or exempt function
	Program service revenue:	Business code	Amount	Exclusion code	Amount	income
а	Classes + field trips -	.			 :=	
b	participation frees					11.463
C .					 _	
d .		-		 		
e f	Madigara/Madigard payments		· · · ·	 		
	Medicare/Medicaid payments			<u> </u>		
_	Membership dues and assessments					
	Interest on savings and temporary cash investments			14	1085	
	Dividends and interest from securities			14	24532	
97	Net rental income or (loss) from real estate:	× × × × × × × × × × × × × × × × × × ×			<u> </u>	1 W 1 W 1
а	debt-financed property					
	not debt-financed property					
	Net rental income or (loss) from personal property			-	-1.1031	
	Other investment income			14	7 494	
	Gain or (loss) from sales of assets other than inventory			18	9692	
	Net income or (loss) from special events .				 	12420
	Gross profit or (loss) from sales of inventory Other revenue: a <u>Miscallaneous</u>			01	65	12420
b	Other revenue. a - / Other layers			1		
c	, , ,					
d						
е						
	Subtotal (add columns (B), (D), and (E)) .	\$3.17			<u> 36868</u>	<u> </u>
	Total (add line 104, columns (B), (D), and (E))				.▶	<u>60751</u>
	Line 105 plus line 1d, Part I, should equal the				- t41	
Part \						
Line N ▼	 Explain how each activity for which income of the organization's exempt purposes (oth- 				mportantly to the	accomplishment
93					ects and	Lan
	field trips to special nati		isina ije.	w.c.susj		
10:	2 the nature chop selk birding		ire ilems	generally	h member	~ 3 -
	books, birdseed, bird					
Part			egardéd Enti	ties (See the	instructions.)	
	(A) Name, address, and EIN of corporation,	(B) Percentage of	(C)		(D)	(E) End-of-year
	partnership, or disregarded entity ow	nership interest	Nature of a	ctivities	Total income	assets
		%				
		%				
		<u>%</u> %				
Part	X Information Regarding Transfers Associated		nal Benefit Co	ontracts (See t	he instructions.)	<u></u>
	Did the organization, during the year, receive any funds, di				····	☐ Yes ☐ No
	Did the organization, during the year, receive any funds, difficult the organization, during the year, pay pren					☐ Yes ☐ No
	: If "Yes" to (b), file Form 8870 and Form 472			. po. oo		
	Under penalties of perjury, I declare that Lhave examine	ed this return, including	accompanying se	chedules and stat	ements, and to the t	pest of my knowledge
Please	and belief, it is true, correct and proplete Declaration	n of preparer (other tha	an officer) is based	d on all information	on of which prepare	r has any knowledge
Sign	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		<u>-</u>		Jugust 0	2006
Here	Sugnature of officer	Phi 6			ate ,	
	Lanald KITILE	[11411 , fix	nance (Ommille	e	
	Type or print name and title		Dete	Check if	T n	DTIN 10 C
Paid	Preparer's signature		Date	self-	Preparer's SSN o	r PTIN (See Gen Inst W)
Preparei	Firm's name (or yours)			employed ► L EIN		
Use Only	If self-employed),			Dhana	- · · · · ·	

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 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

2005

OMB No. 1545-0047

Employer identification number Name of the organization Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours employee benefit plans & (c) Compensation account and other than \$50,000 per week devoted to position deferred compensation allowances Total number of other employees paid over \$50,000 . Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (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 Total number of others receiving over \$50,000 for # Ş. Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service Total number of other contractors receiving over

\$50,000 for other services

		_		
- 1	n.	Ξ.		
	•	4C	10	

Par	t III	Statements About Activities (See page 2 of the instructions.)	{	Yes	No
1	atte or in	ng the year, has the organization attempted to influence national, state, or local legislation, including any mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$\Bigsim \\$	1		X
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.	* `		
2	sub with own	ing 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 her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.)			
а	Sale	e, exchange, or leasing of property?	2a		Х
b	Len	ding of money or other extension of credit?	2b		X
C	Furi	nishing of goods, services, or facilities?	2c	~	×
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Second III.	2d 2e	<u>X</u> _	X
e	110	total of any part of the modifie of account.	20		^
3a	you	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.)	3a 3b		X
b		you have a section 403(b) annuity plan for your employees?	3c		×
C 40		ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)? you maintain any separate account for participating donors where donors have the right to provide advice on			<i>-</i>
4 a		use or distribution of funds?	4a		X
b	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Par	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	orga	nization is not a private foundation because it is: (Please check only ONE applicable box.)			
5					
6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 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 state ▶	pital's ı	name	, city
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sect (Also complete the Support Schedule in Part IV-A.)	tion 170)(b)(1)	(A)(iv)
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the gene 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	ral pub	lic. S	ection
11b		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 331/4% of its support from contributions, membership fees,			
		from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33			
		from gross investment income and unrelated business taxable income (less section 511 tax) from businesse organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	s acqu	area i	by the
13	U	An organization that is not controlled by any disqualified persons (other than foundation managers) and suppressed in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section the box that describes the type of supporting organization: Type 1 Type 2	n 509(a Type)(2). (
		Provide the following information about the supported organizations. (See page 6 of the instructions			
		(a) Name(s) of supported organization(s)	numb n abov		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instruc	tions.)		

Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.).	175 838	189 139	142259	117586	624822
16	Membership fees received	15 315	13 312	13 280	1 5/9 150	61057
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's chantable, etc., purpose	34398	30 965	58871	44 619	188 843
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.	20234	18757	17033	29 581	85 605
19	Net income from unrelated business activities not included in line 18,		-			
		 				
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 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	506	1757	1959	.58	H280
23	Total of lines 15 through 22	24/2291	273 920	233 402	210994	964 607
24	Line 23 minus line 17	21/893	222 965	174531	166375	775 764
25	Enter 1% of line 23	2462	2 739	2334	2110	115/61
26	Organizations described on lines 10 or 11:				▶ 26a	15515
b	Prepare a list for your records to show the nar governmental unit or publicly supported organi amount shown in line 26a. Do not file this list w	me of and amoun ization) whose tota vith your return. E	t contributed by al gifts for 2001 th inter the total of al	each person (other	eded the counts ► 26b	
C	Total support for section 509(a)(1) test: Enter I		ná.		▶ <u>26c</u>	775 764
d	Add: Amounts from column (e) for lines: 18 22	85 605 4280	19	<u> </u>	▶ 26d	
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numer	ator) divided by	 line 26c (denomi		▶ 26e	-
27	Organizations described on line 12: a F person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and ne sum of such ar	total amounts re- nounts for each y	ceived in each yea year:	ar from, each "di	squalified person.
b	(2004) (2003) For any amount included in line 17 that was rece show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2004) (2003)	vived from each per to year, that was mo 5 through 11b, as to the larger amoun	rson (other than "or re than the larger well as individuals. It described in (1)	disqualified persons of (1) the amount) Do not file this li or (2), enter the s	s"), prepare a list on line 25 for the st with your retu um of these diffe	for your records to year or (2) \$5,000. rn. After computing erences (the excess
С	Add: Amounts from column (e) for lines: 15		16		. 107	ı
	17 20		21		▶ 270	
d	Add: Line 27a total.					
е	Public support (line 27c total minus line 27d to				▶ 27 e	
f	Total support for section 509(a)(2) test: Enter				▶ 279	·
				natorii	■ 12/0	
g h	Public support percentage (line 27e (numer Investment income percentage (line 18, col					

Par	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, other governing instrument, or in a resolution of its governing body?	29	Yes	No
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	*		
	that makes the policy known to all parts of the general community it serves?	31	, ,	
		ė.	k's	S
32	Does the organization maintain the following:		175	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		ļ
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	128	1119
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use 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.)			
		Ļ		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
h	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			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35	 	1

Page	5

Schedule		

Pa	rt VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					instru	ctions.)	
Chec	ck ▶ a ☐ if the organization belongs to an affilia		eck ▶ b 🔲 ıt			d "limit	ed control"	provisions apply
	Limits on Lobbyii (The term "expenditures" meal	-					(a) ted group otals	(b) To be completed for ALL electing organizations
					36		 -	Organizations -
36 37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legis				37			
38	Total lobbying expenditures to influence a legis				38	-		
39	Other exempt purpose expenditures	•			39			
40	Total exempt purpose expenditures (add lines				40	-		
41	Lobbying nontaxable amount Enter the amount	· · · · · · · · · · · · · · · · · · ·						
	, 0		able amount is-	_				*
	Not over \$500,000 20%	of the amount o	n line 40)				
	Over \$500,000 but not over \$1,000,000 . \$100,0	000 plus 15% of	the excess over \$	500,000				
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	000 plus 10% of t	he excess over \$1	,000,000 }	41			ļ
	Over \$1,500,000 but not over \$17,000,000. \$225,0	000 plus 5% of th	ne excess over \$1.	,500,000	1			
42	Grassroots nontaxable amount (enter 25% of l				42			-
43	Subtract line 42 from line 36. Enter -0- if line 4				44			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than I	ine 38		-	*		I
	Caution: If there is an amount on either line 43	or line 44, you	must file Form 4	720.				
	4-Year Ave (Some organizations that made a section See the instructions for	n 501(h) election		complete all			olumns b	elow.
		Lo	bbying Expendit	ures During	4-Ye	ar Ave	raging Po	eriod
	Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003		2	(d) 2002	(e) Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))			**				
47	Total lobbying expenditures					- <u>-</u> -		
48	Grassroots nontaxable amount		· ·		ş;	<u>}</u>	<u>*</u>	
49	Grassroots ceiling amount (150% of line 48(e))		*				~	
50	Grassroots lobbying expenditures							
Pa	rt VI-B Lobbying Activity by Nonelect (For reporting only by organization)			Part VI-A)	(See	page	11 of th	e instructions.)
Dur	ng the year, did the organization attempt to infli	uence national,	state or local legi	slation, ınclu	iding a	any	Yes No	Amount
atte	mpt to influence public opinion on a legislative r	natter or referen	dum, through the	e use of:		-		
а								4
b	Paid staff or management (Include compensat	ion in expenses	reported on lines	c through h	1.) .	. }		
C	Media advertisements				•	• • }		
d	, 3				•	• • }		+
e	, - 1				•	• • •	+	
f	Grants to other organizations for lobbying purp				•	• • •		
9 _	Direct contact with legislators, their staffs, gov Rallies, demonstrations, seminars, conventions				•			
h i	Total lobbying expenditures (Add lines c through		ures, or any one		•			
·	If "Yes" to any of the above, also attach a state	tement giving a			bying	activit	ies.	

Page	6
raye	v

Pai	rt VII			ransfers To and Trans e page 12 of the instruct		Relationships	With	Nonc	harit	able
51				indirectly engage in any of th					ın sı	ection
				1(c)(3) organizations) or in sec		ng to political organ	ıızatıons	?		
а	Trar	nsfers from the repo	orting organization	to a noncharitable exempt or	ganızatıon of:				Yes	No
	(i)	Cash						51a(i)		X
	٠.	Other assets						a(ii)	 	
b		er transactions						L (3)		v
	(i)	_		noncharitable exempt organi				b(i)	 	X
	(ii)			table exempt organization				b(ii)		
	(iii)			er assets			• •	b(iii) b(iv)	 	-Ç
	(iv)		•					b(v)		X
	(v)	•		hip or fundraising solicitation				b(vi)		
_				sts, other assets, or paid emp				C	 	X
c d		-	_	complete the following schedi	-		the fair		value	
u	goo	ds, other assets, or	r services given by	the reporting organization if column (d) the value of the go	the organization	n received less tha	an fair r			
	a)	(b)		(c)		(d)				
Line	on e	Amount involved	Name of nonc	hantable exempt organization	Description	of transfers, transaction	ns, and si	naring arr	angem	ents
	-								_	
	_								_	
-								-	 -	
										
								· -		
				 _						
										
-								_		
										
				-			_			
	des	scribed in section 50 Yes," complete the	01(c) of the Code (· · · - · · - · - · - · - · - · - · - ·		7? ——————————————————————————	itions . ►	☐ Ye:	s [2	§ No
		(a) Name of organiz	ration	(b) Type of organization		(c) Description of re	elationshi	Р		
					_					
										
										
								_		
			· · - ·							
						 _				
_										

SANTA CLARA VALLEY AUDUBON SOCIETY

EIN 94 6081420

D303530

NOTES

To Tax Return 990, June 1, 2005 to May 31, 2006

Form 990

Part I ___ Line 8 Sale of Assets - Other than Inventory

Date of Purch	Cost	Date of Sale	Proceeds	Loss
Issue - Fid	lelity Equity F	und	375 shares	
pre - 1998	9,473.6	3 10/19/05	19,165.44	9,692
Part I	Line 10	Inventory Sale	S	
Gross sales of	Nature Shop	inventory, less s	hipping and handling	30,468
Less Cost of s	ales			-18,048
Net Sales - Na	iture Shop inv	entory		12,420

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.

 (Grants \$ 0) 19,034
- 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.

 (Grants \$ 0) 27,527
- 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. (Grants \$ 0) 113,748

 Total Program Expense
 160,309

 Part IV Line 54 Investments -securities

 Market Value

 Fixed Income Funds
 137,393

 Closed End Investment Funds
 55,255

 Equity Funds
 334,970

 Total
 527,618

•	Part IV	Line 57	Fixed Assets	_	
		Cost	Depreciation	Accumulated	Net Value
			Expense	Depreciation	
•	Equipment	14797	3405	10146	4,651
	Furnishings	4250	650	3400	850
	Totals	19047	4055	13546	5,501
Schedule A	Part IV A	Line 27	Other Income	in Year	
	Miscellaneous	•	<u>-</u>		65
					65