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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Flathead Audubon Society

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO Box 9173

City or town, state or country, and ZIP + 4
Kalispell, MT 59904

D Employer identification number
81-0447830

E Telephone number
406-862-4548

F Group Exemption Number ▶

- ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ **Http://www.flatheadaudubon.org/**

J Tax-exempt status (check only one) — ☑ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	42,026
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	4,735
	4	Investment income		4	1,868
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a	1,194	
	b	Less: cost of goods sold	7b	360	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	834
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	49,463
Expenses	10	Grants and similar amounts paid (attach schedule) No one over $5000		10	2,942
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	22,916
	14	Occupancy, rent, utilities, and maintenance		14	350
	15	Printing, publications, postage, and shipping		15	4,309
	16	Other expenses (describe ▶ **Office 931, IRA Penalty 2928, Program expenses 4894**)		16	8,753
	17	**Total expenses.** Add lines 10 through 16 ▶		17	39,270
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	10,193
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	91,956
	20	Other changes in net assets or fund balances (attach explanation)		20	11,035
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	113,184

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	91,956	22	113,184
23	Land and buildings		23	
24	Other assets (describe ▶ **Computer, Bird boxes, slide projector**)	1000	24	800
25	**Total assets**	92,956	25	113,984
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	92,956	27	113,984

09 24

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

What is the organization's primary exempt purpose? **Conservation and Education**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	**Funding Conservation Education Coordinator to work with school children and teachers** (Grants $ 18,750) If this amount includes foreign grants, check here ▶ ☐	28a	26,906
29	**Conservation education of the general public through a newsletter, bird site brochure and Christmas bird counts and holding Raptor Day. We send out about 400 newsletters nine months of the year. 50 - 100 people participate in Christmas bird counts.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	4,309
30	**Maintenance of the Owen Sowerwine Natural Area. The area is used by a number of school groups and visited by hundreds of people each year.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	325
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	2,942
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	34,482

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Robert Lee **730 Creston Hatchery Rd., Kalispell, MT 59901**	**President**	0	0	0
Paula Smith **321 Canal Street, Bigfork, MT 59911**	**Vice-President**	0	0	0
Gail Sullivan **932 Columbia Ave., Whitefish, MT 59937**	**Secretary**	0	0	0
Bruce Tannehill **239 Deer Trail, Whitefish, MT 59937**	**Treasurer**	0	0	0
Mike Fanning **280 Tally Lake Road, Whitefish, MT 59937**	**Past-President**	0	0	0
Mary Nelesen **485 Orchard Ridge Road, Kalispell, MT 59901**	**Director**	0	0	0
Rod McIver **975 Rose Crossing, Kalispell, MT 59901**	**Director**	0	0	0
Linda Winnie **1450 Rogers Lake Road, Kalispell, MT 59901**	**Director**	0	0	0
Linda deKort **1290 Lost Creek Drive, Kalispell, MT 59901**	**Director**	0	0	0
Jill Fanning **280 Tally Lake Road, Whitefish, MT 59901**	**Director**	0	0	0
Lewis Young **50 Garrison Drive, Eureka, MT 59917**	**Director**	0	0	0
Ansley Ford **PO Box 16, Somers, MT 59932**	**Director**	0	0	0
Malissa Sladek **PO Box 1013, Columbia Falls, MT 59912**	**Director**	0	0	0
Richard Kuhl **867 North Main Street, Kalispell, MT 59901**	**Director**	0	0	0
Bill Schustrom **1195 Bald Rock Road, Kalispell, MT 59901**	**Director**	0	0	0
Brent Mitchell **960 Kienas Road, Kalispell, MT 59901**	**Director**	0	0	0
Steven Gniadek **2284 Middle Road, Columbia Falls, MT 59912**	**Director**	0	0	0
For Complete List Please See Attached Sheet				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✔
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✔
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✔
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✔
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	37b		✔
b	Did the organization file **Form 1120-POL** for this year?			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✔
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✔
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✔
41	List the states with which a copy of this return is filed. ▶ Montana			
42a	The organization's books are in care of ▶ Bruce Tannehill Telephone no. ▶ 406-862-4548			
	Located at ▶ 239 Deer Trail, Whitefish, MT 59937 ZIP + 4 ▶ 59937			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✔
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✔
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✔
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✔

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✔
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✔
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✔
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✔
b	If "Yes," was the related organization a section 527 organization?	49b		✔

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(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
No employees				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 . . ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer — Date: 4/23/2010

Bruce Tannehill Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		Phone no ▶	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Flathead Audubon Society	81 : 0447830

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	✓
(ii) A family member of a person described in (i) above?	11g(ii)	✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	✓

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8896	12212	13925	23034	24885	82952
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6175	6457	1598	4039	6426	25864
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	15071	18669	16120	27727	31311	108898
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						108898

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	15071	18669	16120	27727	31311	108898
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2135	2869	4846	3115	1869	14834
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	2135	2869	4846	3115	1869	14834
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	17206	21538	20966	30842	33180	123732

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	88 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	86 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	12 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	12 %

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Flathead Audubon received an unusual grant (Bequest from a will) of $16,643 on 2/16/2009.

990-EZ Part I Line 20 Explanation of change in Net Asset Value

Most of Flathead Audubon Society's savings is in mutual funds. The net asset value of these funds increased this year. No money was taken out or put into these mutual funds during this year.

990-EZ Part III Program Service Accomplishments

Primary Exempt Purpose

♦ OUR MISSION IS TO CONSERVE BIRDS, WILDLIFE HABITAT, AND ECOSYSTEM DIVERSITY.
♦ WE PROMOTE AWARENESS AND APPRECIATION OF THE NATURAL WORLD THROUGH EDUCATIONAL ACTIVITIES AND ADVOCACY PROGRAMS.
♦ WE WORK WITH DIVERSE GROUPS AND AGENCIES TO ACHIEVE SOUND DECISIONS ON NATURAL RESOURCE ISSUES.
♦ WHILE FOCUSING OUR EFFORTS IN NORTHWEST MONTANA, WE BELIEVE IN THE PROTECTION OF THE EARTH AND ALL OF ITS INHABITANTS.

Gail Cleveland and Bruce Tannehill

From "OrbitzTLC" <travelercare@orbitz com>
To "Gail Cleveland" <tanneland@centurytel net>
Sent. Saturday, October 10, 2009 1 54 PM
Subject. A Change to Your Flight Itinerary - Rome 12/2/09

Schedule Change

Hello Gail Cleveland,

Due the Northwest-Delta merger, at least one of the Northwest flights in your itinerary has changed to a Delta flight Please see your updated itinerary below which may include other changes

Trip Name **Rome 12/2/09**
Orbitz record locator **AP110101N369OZMH**
Alaska Airlines record locator **LAAMCA**
Northwest Airlines record locator **4RZZDR**
Delta Air Lines record locator **3AA2Q1**
Northwest Airlines record locator **N369OZ**
Passenger(s) BRUCE TANNEHILL
GAIL CLEVELAND

We will continue to monitor your itinerary and make very effort to alert you to any major changes You can also see your updated itinerary in "My Trips" which you should check periodically before your trip Don't forget, with My Trips you can view and change seats (if available) and you can print or email your itineraries

Updated Itinerary

Wednesday, December 2, 2009
Northwest Airlines # 5388
Operated by HORIZON AIR -- AS 2289 - Please check in with the operating carrier

Kalispell Glacier National Park (FCA) to Seattle/Tacoma Intl (SEA)
Departure (FCA) December 2, 6 00 AM MST (morning)
Arrival (SEA) December 2, 6 30 AM PST (morning)
Class Economy

| SEA
Wednesday, December 2, 2009
Northwest Airlines # 232

Seattle/Tacoma Intl (SEA) to Amsterdam-Schiphol (AMS)
Departure (SEA) December 2, 12 45 PM PST (afternoon)
Arrival (AMS) December 3, 7 45 AM CET (morning)
Class Economy

View the latest airport conditions at SEA
Thursday, December 3, 2009
Northwest Airlines # 8489
Operated by KLM ROYAL DUTCH AIRLINES -- KL 1601 - Please check in with the operating carrier

Amsterdam-Schiphol (AMS) to Rome Intercontinental Airport Leonardo da Vinci (FCO)
Departure (AMS) December 3, 9 35 AM CET (morning)
Arrival (FCO) December 3, 11 50 AM CET (morning)
Class Economy

Wednesday, December 16, 2009
Delta Air Lines # 149

Rome Intercontinental Airport Leonardo da Vinci (FCO) to New York John F Kennedy Intl (JFK)
Departure (FCO) December 16, 10 20 AM CET (morning)
Arrival (JFK) December 16, 2 29 PM EST (afternoon)
Class Economy

| JFK
Wednesday, December 16, 2009
Delta Air Lines # 95

New York John F Kennedy Intl (JFK) to Salt Lake City International (SLC)
Departure (JFK) December 16, 3 50 PM EST (afternoon)
Arrival (SLC) December 16, 7 45 PM MST (evening)
Class Economy

View the latest airport conditions at JFK | SLC

Wednesday, December 16, 2009
Delta Air Lines # 4832

Salt Lake City International (SLC) to Kalispell Glacier National Park (FCA)

Part IV

Name and Address	Title and average number of hours worked	Compensation	Contributions	Expense Account
Robert Lee 730 Creston Hatchery Rd., Kalispell, MT 59901	President	0	0	0
Paula Smith 321 Canal St., Bigfor, MT 59911	Vice-President	0	0	0
Gail Sullivan 932 Columbia Ave., Whitefish, MT 59937	Secretary	0	0	0
Bruce Tannehill 239 Deer Trial, Whitefish, MT 59937	Treasurer	0	0	0
Mike Fanning 280 Tally Lake Road. Whitefish, MT 59937	Past-President	0	0	0
Mary Nelesen 485 Orchard Ridge Road, Kalispell, MT 59901	Director	0	0	0
Rod McIver 975 rose Crossing, Kalispell, MT 59901	Director	0	0	0
Linda Winnie 1450 Rogers Lake Road, Kalispell, MT 59901	Director	0	0	0
Linda dekort 1290 Lost Creek Drive, Kalispell, MT 59901	Director	0	0	0
Jill Fanning 280 Tally Lake Road, Whitefish, MT 59937	Director	0	0	0
Lewis Young 50 Garrison Drive, Eureka, MT 59917	Director	0	0	0
Ansley Ford PO Box 16, Somers, MT 59932	Director	0	0	0
Malissa Sladek PO Box 1013, Columbia Falls, MT 59912	Director	0	0	0
Richard Kuhl 867 North Main Street, Kalispell, MT 59901	Director	0	0	0
Bill Schustrom 1195 Bald Rock Road, Kalispell, MT 59901	Director	0	0	0
Brent Mitchell 960 Kienas Road, Kalispell, MT 59901	Director	0	0	0
Steven Gniadek 2284 Middle Road, Columbia Falls, MT 59912	Director	0	0	0
Kathy Ross 215 Williams Lane, Bigfork, MT 59911	Director	0	0	0
Ben Young 1034 4th Ave. East, Kalispell, MT 59901	Director	0	0	0
Dennis Hester 160 Buckboard Lane, Kalispell, MT 59901	Director	0	0	0