

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Department A B

OMB No 1545-0047

artment of the Treasury mal Revenue Service	► Information about Form 990 and its instr		Open to Public Inspection		
For the 2015 calend	lar year, or tax year beginning	10-01	, 2015, and ending	09-30	, 20 1 6
Check if applicable.	C Name of organization MONTANA AUDUBON			D Emp	loyer identification no
Address change	Doing business as			81-0	412530
Name change	Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telep	hone number
Initial return	PO BOX 595			(406)443-3949
Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code			1	,784,998
Amended return	Helena, MT 59624			G Gross	s receipts\$

/	Address o	change	Doing business as		81-0412530
] 1	Name cha	ange	Number and street (or P O box if mail is not delivered to street address)	Room/surte	E Telephone number
]	indal retu	מחג	PO BOX 595		(406)443-3949
] ,	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code		1,784,998
X .	Amended	d return	Helena, MT 59624		G Gross receipts\$
] ,	Applicatio	on pending	F Name and address of principal officer: ALFRED WEISBECKER	H(a) to this a server	ohum for
			Same as C above	H(a) is this a group n subordinates?	Yes X No
<u> </u>	Тах-ехеп	napt status 🐰	501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	H(b) Are all subordin	ates included? Yes No ach a list. (see instructions)
J	Website:		UDUBON.ORG	H(c) Group exemption	n number
K !	Form of o	organization:	Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L. Year of formation: 1	982 M State of le	gal domicile: MT
Pa	rt l	Summar	<u>y</u>		
	1	Briefly descr	ibe the organization's mission or most significant activities: TO PROMOTE THE I	APPRECIATION,	KNOWLEDGE, AND
6h		CONSERVA	TION OF NATIVE BIRDS		
Š		AND OTHE	R WILDLIFE AND THEIR HABITATS.		
Governance			•		
Š	2	Check this b	ox $lacktriangle$ if the organization discontinued its operations or disposed of more than 25% of	of its net assets.	1
ڻ ما	3		oting members of the governing body (Part VI, line 1a)		17
es (4	Number of it		17	
Activities &	5	Total numbe	r of individuals employed in calendar year 2015 (Part V, line 2a)	5	36
ŧ	6		r of volunteers (estimate if necessary)	6	
•	7a	Total unrelat	ted business revenue from Part VIII, column (C), line 12	7.	a 0
	b	Net unrelate	d business taxable income from Form 990-T, line 34		b 0
			~ · ·	Prior Year	Current Year
	8	Contribution		623,7	
ž	9	Program sei	vice revenue (Part VIII, line 2g)	225,2	89 113,859
Revenue	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)	54,9	
æ	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,1	64 97,316
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	937,1	57 749,215
	13		similar amounts paid (Part IX, column (A), lines 1-3)		1,600
	14	•	d to or for members (Part IX, column (A), line 4)		
6 0	15	Salaries, oth	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	624,91	682,449
Expenses	16a		I fundraising fees (Part IX, column (A), line 11e)		
je d	Ь		ising expenses (Part IX, column (D), line 25) ▶	<u> </u>	
ă	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	342,4	276,645
	18	Total expens	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	967,3	95 960,694
	19	Revenue les	s expenses. Subtract line 18 from line 12	(30,2	38) (211,479
5	8			Beginning of Current Yea	r End of Year
ssets or	20	Total assets	(Part X, line 16)	1,261,5	05 1,158,688
30	6 04	Takal Babiliki	na (Part V lina 26)	112 0	nd 00 200

90		1 to to to the training to the first training to the training training to the		
Expens	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 56,680		
五	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	342,412	276,64
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	967,395	960,69
	19	Revenue less expenses. Subtract line 18 from line 12	(30,238) (211,47
58			Beginning of Current Year	End of Year
star E	20	Total assets (Part X, line 16)	1,261,505	1,158,68
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)	112,826	98,39
2 5	22	Net assets or fund balances. Subtract line 21 from line 20	1,148,679	1,060,28
Par	tII	Signature Block		

Part II		ignature biot	R				_
Inder penalticue, correct, a	es of pe	rjury, I declare that I han eplete. Declaration of pr	re examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is epaylor (other than officer) is based on all information of which preparer has any knowledge.			,	
-		1Con.	Tremon	10	30	17	
Sign		Signature of officer		Date	•		

ייפיט ן	Signature or on page /					-	1.0
Here	RON FARMER,	TREASURER					
	Type or print name and	title					
	Print/Type preparer's name		Preparer's signature	Date		Check I If	PTIN
Paid	James M Oates			10-10-2017		self-employed	P01413315
Preparer	Firm's name	JAMES M	DATES CPA PC		Firm's	EIN ►	
Use Only	Firm's address	PO BOX 4	25		Phone	no.	
		Polson M	r 59860			406-	270-7826
May the IRS	discuss this return with	the preparer sho	own above? (see instructions)				Yes 🛛 No

For Paperwork Reduction Act Notice, see the separate instructions.

. 🗌 Yes 🛛 No Form 990 (2015)

@CANCED XX .. @ 2017

Form	990 (2015) MONTANA AUDUBON	81-0412530	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	TO PROMOTE THE APPRECIATION, KNOWLEDGE, AND CONSERVATION OF NATIVE BIRDS		
	AND OTHER WILDLIFE AND THEIR HABITATS		- <u> </u>
		<u>_</u>	
2	Did the organization undertake any significant program services during the year which were not listed on the	пν	⊡
	prior Form 990 or 990-EZ?	Yes	IXI No
2	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services? program	Yes	⊠ No
	If "Yes," describe these changes on Schedule O	☐ res	⊠ 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or		
	the total expenses, and revenue, if any, for each program service reported		
	(Code:) (Expenses \$ 400,311 including grants of \$) (Revenue	\$ 32	9,096)
	OUTREACH PROGRAM AND EDUCATION-WORK TO OPERATE THE AUDUBON CENTER IN BILLII		
	PROVIDES OUTDOOR, HANDS-0N ENVIRONMENTAL SCIENCE EDUCATION PROGRAMS FOR K-	12 AND COLL	EGE
	STUDENTS AS WELL AS FAMILIES WITH A FOCUS ON NATURAL AND CULTURAL HISTORY OF I	HE YELLOW	STONE
	RIVER ECOSYSTEM AND ADJACENT PRAIRIE HABITATS		
			·
			
			
			
-45	(Code) (Expenses \$ 129,560 including grants of \$) (Revenue	\$ 6	88,869)
4b	(Code) (Expenses \$129,560 including grants of \$) (Revenue BIRD CONSERVATION-MONITORING AND PROTECTING CRITICAL BIRD HABITAT FOR RARE, SE		
	DECLINING SPECIES, ESPECIALLY THROUGH THE IMPORTANT BIRD AREA (IBAs)PROGRAM	INOTITY E, AIV	
	DESCRIPTION OF ESTABLE THROUGH THE INTO ORTHUR BIRD THE TROOP TO ORTHUR		
			 :
4c	(Code) (Expenses \$50,054 including grants of \$) (Revenue		31,115)
	PUBLIC POLICY-MONTANA AUDUBON IS A RESPECTED AND INFLUENTIAL VOICE ON COMPLEX		
	RESOURCE ISSUES ACROSS THE STATE, WITH A PROVEN ABILITY TO WORK WITH DIVERSE S		
	SOLVE TOUGH PROBLEMS PUBLIC POLICY IS AN IMPORTANT ELEMENT OF OUR CONSERVAT		0
	SAFEGUARD MONTANA'S NATURAL HERITAGE AND TO PROTECT THE HEALTHY ENVIRONMEN	II AND RICH	
	BIODIVERSITY		
			
			
4d	Other program services (Describe in Schedule O.)		 -
-	(Expenses \$ 203,936 including grants of \$) (Revenue \$)	
4e_	Total program service expenses ► 783,861		
EEA		Fo	rm 990 (2015)

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 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 Χ 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14h 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

(continued)

Checklist of Required Schedules

		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Qid the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X_{\perp}
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ļ		
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization 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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			- `
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<u>=</u>		
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1 33		 ^
5 4	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		 ^
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
26		330		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable	26		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	_36		 ^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	0.7		Х
20	Part VI	37		-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	30	Х	ļ
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 36 X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За 3а If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 Х account)? **4**a If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ ба If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c) Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? . 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes." indicate the number of Forms 8282 filed during the year 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoning organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b h 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) Section 4947(a)(1) non-exempt chantable trusts Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c С Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s		_
	Check if Schedule O contains a response or note to any line in this Part VI			<u>X</u>
Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	7_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee?	_ 2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			, ,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			, ,
	one or more members of the governing body?	7:	1	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7	<u> </u>	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.	-		
а	The governing body?	8		
b	Each committee with authority to act on behalf of the governing body?	8) X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_ 9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10	a X	_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			, ,
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11.	3 X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		-	- 5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	b	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12		 -
13	Did the organization have a written whistleblower policy?	1:		X
14	Did the organization have a written document retention and destruction policy?	1.	1	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15		\perp
þ	Other officers or key employees of the organization	15	ь	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ŀ	
	with a taxable entity during the year?	16	a	<u> </u>
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			-
	organization's exempt status with respect to such arrangements?	16	b	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
46	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
00	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RON FARMER (406)443-3949, PO BOX 595, Helena, MT 59624			

Form 990	(2015) MONTANA AUDUBON	81-0412530	Page 7
Part VII	Compensation of Officers, Directors, Truste	ees, Key Employees, Highest Compensated Employees, and	
	Independent Contractors		
	Check if Schedule O contains a response or note to ar	ny line in this Part VII	
Section A	Officers, Directors, Trustees, Key Employees, and High	lest Compensated Employees	

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any re					C)			Т		
(A) Name and Title .	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m s per	sition fore the son is rector	an one as both to stee employee	 (D) Reportable compensation from the organization (W-2/1099-MISC)		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1) DON ROBERTS DIRECTOR	100	x				- d	 	a	0	
2) JIM ROGERS DIRECTOR	1.00	х						q	0	
B) ROBERT MACKIN DIRECTOR	1.00	х					 	q	0	<u> </u>
1) JUDY TURECK DIRECTOR	1.00	Х						q	0	
5) JOE BATTS DIRECTOR 5) JACK KIRKLEY	1 00	Х						0	0	
DIRECTOR) BOB LEE	1 00	Х						0	0	
DIRECTOR BOB MARTINKA	1 00	Х						q	0	· · · · · · · · · · · · · · · · · · ·
DIRECTOR)) BECKY PETERS	1 00	Х	_				 	d	0	
DIRECTOR 0)DONALD SEIBERT	1.00	Х			_			q	0	- ·
DIRECTOR 1) MIKE VIVION	1.00	Х	_					q	0	
DIRECTOR 2)NORA GRAY	1 00	Х					 	0	0	
DIRECTOR 3)RACHEL VAN WINGEN	1.00	Х	_					q	0	
DIRECTOR 4)ROSE LEACH	1.00	Х						q	0	
DIRECTOR		x						d	0	

(A)	(B)	, and n		(C) Positi		erisate		(D)	(E)		(F)	
Name and title	Average hours per	box, u	nless	perso	n is t	an one both an		Reportable compensation	Reportable compensation from	1	stimated mount of	
•	week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	or	other ripensation from the ganization d related ganization	on In d
(15)ALFRED WEISBECKER PRESIDENT	_ 3 00 _	x		X				0	0			0
(16)RON FARMER TREASURER	2.00	x		X				0	0			0
(17)CARY LUND SECRETARY	1.00	X		X				0	0			0
(18)STEVE HOFFMAN EXECUTIVE DIRECTOR	40.00				X			70,075	0		•	0
(19)												
(20)												
(21)					Ì							
(22)												
(23)												
(24)											_	
(25)												
1b Sub-total						,	•					
d Total (add lines 1b and 1c)		ted abo	ve) v	who	rece	eived n	nore	70,075 than \$100,000 of	0	1		0
reportable compensation from the organization									0		Yes	No
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule of the schedule						nest cor				3		Х
For any individual listed on line 1a, is the sum of reportant organization and related organizations greater than	ortable comp	pensatio	on ar	nd ot	her	compe	nsat	ion from the				
ındivıdual										4		X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"			-			_	zatio	on or individual	·	5	<u> </u>	X_
Section B. Independent Contractors 1 Complete this table for your five highest compensate	nd independe	nt contr	racto	ec th	at r	0001/0/	d mo	re than \$100 000	of		<u> </u>	
 Complete this table for your five highest compensate compensation from the organization. Report compe year. 												
(A) Name and business address								(B) Description of	services	Com	(C) pensatio	n
				•••								
	-											
Total number of independent contractors (including received more than \$100,000 of compensation from			ose I	listed	ab	ove) w	ho	•				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Total revenue Related or Unrelated Revenue excluded from tax under sections 512-514 exempt function business revenue Federated campaigns Contributions, Giffs, Grants and Other Similar Amounts Membership dues 23,684 1b Fundraising events 1c Related organizations 1d Government grants (contributions) ... 1e 28,521 All other contributions, gifts, grants, and similar amounts not included above 526,058 1f Noncash contributions included in lines 1a-1f \$ 578.263 Total Add lines 1a-1f **Business Code** 2a wildlife programs 900099 113,859 113,859 Program Service Revenue f All other program service revenue Total Add lines 2a-2f 113,859 Investment income (including dividends, interest, 51,666 51,666 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less. rental expenses. c Rental income or (loss) ... d Net rental income or (loss) ... (II) Other (i) Securities 7a Gross amount from sales of 835,130 assets other than inventory b Less cost or other basis 927,019 and sales expenses c Gain or (loss) (91,889)(91,889)(91,889)d Net gain or (loss) 8a Gross income from fundraising Other Revenue events (not including of contributions reported on line 1c) See Part IV, line 18 165,567 108,764 b Less direct expenses b c Net income or (loss) from fundraising events 56,803 56,803 9a Gross income from garning activities See Part IV, line 19 а b Less direct expenses h c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less 34,862 returns and allowances а b Less. cost of goods sold c Net income or (loss) from sales of inventory 34.862 34.862 **Business Code** Miscellaneous Revenue 900099 5,651 11a in kind contributions 5,651 b d All other revenue 5,651 e Total. Add lines 11a-11d 114,149 56,803 Total revenue See instructions 749,215

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b. (B) (C) (D) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1,600 1,600 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 70,075 43,491 19,194 7,390 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 488,757 Other salaries and wages 412.079 58.282 18,396 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 62,523 49,169 10,478 2,876 10 61,094 52.794 6.160 2,140 Fees for services (non-employees) 2,750 2,750 Legal..... b С Accounting 15,560 13,099 2.094 367 d Professional fundraising services. See Part IV, line 17. e Investment management fees 7,231 7,231 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ... 17,163 15,755 608 800 12 Advertising and promotion 11,687 11.487 200 3,437 800 13 Office expenses 2,552 85 Information technology 14 9,938 7,357 1,553 1,028 15 16 43,901 33,343 6,367 4,191 31,339 17 Travel 28,375 1,581 1,383 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest..... 21 Payments to affiliates 22 Depreciation, depletion, and amortization 18.032 15.985 1.784 263 23 12,206 11,792 Insurance 312 102 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 31,098 17.892 а Printing & Copying 386 12,820 Telephone 10,027 7.164 1.945 918 **Educational Programs** 15,935 15,935 С Special Project Expenses 2,955 d 25,280 22.266 59 21,061 11,745 5,654 All other expenses 3,662 Total functional expenses. Add lines 1 through 24e 25 960,694 783,861 120,153 56,680 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

81-0412530

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 88,265 1 10,720 2 2 Savings and temporary cash investments 52,409 3 3 Pledges and grants receivable, net 44,660 4 5,000 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 8 25,675 9 g Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 190,510 10c 10b 70,482 122,083 120,028 þ Investments - publicly traded securities 935,161 11 924,870 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 45,661 45,661 15 15 Other assets See Part IV, line 11 1,261,505 16 1,158,688 Total assets Add lines 1 through 15 (must equal line 34) 16 54,498 17 68,011 17 Accounts payable and accrued expenses 18 18 Deferred revenue 58,328 19 24,011 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 6,377 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 98,399 112,826 Total liabilities Add lines 17 through 25 ▶ X and Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34 Net Assets or Fund Balances Unrestricted net assets 1,052,743 27 973,544 27 44,192 28 35,001 Temporarily restricted net assets 28 51,744 51,744 29 29 Permanently restricted net assets ■ and Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,148,679 33 1,060,289 33 Total net assets or fund balances Total liabilities and net assets/fund balances 1,261,505 34 1,158,688 34

orm	990 (2015) WON LANA AUDUBON	81-0412330		76	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	···			<u>X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	49,2	15
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	60,69	94
3	Revenue less expenses Subtract line 2 from line 1	3	(2	11,47	9)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,14	18 <u>,</u> 67	9
5	Net unrealized gains (losses) on investments	5		31,2	00
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		91,8	89
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,00	60,28	9
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990	<u>.</u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1		,
	Schedule O		<u></u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a_		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				;
	reviewed on a separate basis, consolidated basis, or both.]
	Separate basis Consolidated basis Both consolidated and separate basis]	_	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		_		ļ.,
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
50	the Single Audit Act and OMB Circular A-133?		3a_		X
b	of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Ì	

EEA

Form 990 (2015)

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Employer identification number MONTANA AUDUBON 81-0412530 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) 2 П A school described in section 170(b)(1)(A)(ii) (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the 4 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) An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 33 1/3% 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 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). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

Total

(E)

Pa	rt II Support Schedule for Orga	anizations Des	cribed in Section	ons 170(b)(1)(A	A)(iv) and 170	81-0412530 (h)(1)(Δ)(vi)		
	(Complete only if you ched	ked the box o	n line 5, 7, or 8	of Part I or if the	he organizatio	n failed to qualif	v under	
	Part III If the organization	fails to qualify	under the tests	s listed below.	please comple	ete Part III)	y under	
Sec	tion A. Public Support			,	production of the production o	sto i art iii.)		
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not				(=,=,-,-	(0) 2310	(r) Total	
	include any "unusual grants ")				ļ			
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	-	 			<u> </u>		
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	İ						
	shown on line 11, column (f)							
6	Public support Subtract line 5 from line 4	-	 			 		
	tion B. Total Support		<u> </u>	 -	<u> </u>		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(a) 2015	(f) T-4-1	
7	Amounts from line 4	(4) 401.	(0) 2012	(0) 2013	(u) 2014	(e) 2015	(f) Total	
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 VI)							
11	Total support Add lines 7 through 10 .		 				 -	
12	Gross receipts from related activities, etc. (see instructions)		<u> </u>	<u></u>	12		
13	First five years. If the Form 990 is for the org	anızatıon's first, s	econd, third, fourth.	or fifth tax vear as	a section 501(c)(
<u> </u>	organization, check this box and stop here			<u></u>	··		▶□_	
	tion C. Computation of Public Supp							
14 15	Public support percentage for 2015 (line 6, o					14	%	
15 16-	Public support percentage from 2014 Sched					15	%	
16a	33 1/3% support test - 2015. If the organiza	tion did not check	the box on line 13,				_	
L	box and stop here The organization qualifie				• • • • • • • • • • • • • • • • • • • •	••	▶ □	
b	33 1/3% support test - 2014 If the organiza	tion did not check	a box on line 13 or	16a, and line 15 is	33 1/3% or more	,	_	
47-	check this box and stop here. The organizat						▶ 📙	
17a	10%-facts-and-circumstances test - 2015. If	the organization of	did not check a box	on line 13, 16a, or	16b, and line 14	S		
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.							
					s a publicly suppo	rted		
L	organization							
b	10%-facts-and-circumstances test - 2014 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 VI how the organization mee				qualifies as a pub	licly		
40	supported organization						▶ □	
18	Private foundation If the organization did no				ns box and see		_	
FFA	instructions	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	····			<u> </u>	

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	585,689	709,668	717,125	623,758	578,263	3,214,503
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	248,391	312,370	368,291	260,969	205,524	1,395,545
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .				_		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5	834,080	1,022,038	1,085,416	_ 884,727	783,787	4,610,048
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	21,133	31,413	25,517	40,036	34,496	152,595
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						
C	Add lines 7a and 7b	21,133	31,413	25,517	40,036	34,496	152,595
8	Public support (Subtract line 7c from						
	line 6)					l	4,457,453
	ction B. Total Support					7	
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	834,080	1,022,038	1,085,416	884,727	783,787	4,610,048
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,698	66,359	60,779	54,946	51,666	260,448
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	26,698	66,359	60,779	54,946	51,666	260,448
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support (Add lines 9, 10c, 11, and 12)	860,778	1,088,397	1,146,195	939,673	835,453	4,870,496
14	First five years If the Form 990 is for the organization, check this box and stop here			r fifth tax year as a	, , , ,		
Sec	ction C. Computation of Public Supp						
15	Public support percentage for 2015 (line 8, co	olumn (f) divided by	line 13, column (f))		15	91.52 %
16	Public support percentage from 2014 Schedu					16	91.90 %
Sec	ction D. Computation of Investment I						5 00 %
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))							
18	Investment income percentage from 2014 Sci	nedule A, Part III, lii	ne 17			18	<u>4 81</u> %
19a	33 1/3% support tests - 2015. If the organiza 17 is not more than 33 1/3%, check this box		•		•		► 🛛
b	33 1/3% support tests - 2014. If the organiza line 18 is not more than 33 1/3%, check this b	oox and stop here	The organization q	ualifies as a publicl	y supported organ		▶ 🗆
20	Private foundation If the organization did not	check a box on line	e 14, 19a, or 19b, o	check this box and	see instructions		▶ 🛘

Part IV Supporting Organizations

> (Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	All S	upporting	Organ	iizations
-----------	-------	-----------	-------	-----------

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation If historic and continuing relationship, explain

- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b e A (Form 990 or 990-EZ) 2015	1 41	 ,		
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		1	-	
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		2		:
3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3a		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b 10b		3b		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	İ	3с		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4a		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4b		
5a		4c		
5b 5c 6 7 8 9a 9b 9c 10a 10b				: :
5c 6 7 8 9a 9b 9c 10a 10b		5a		
7 8 9a 9b 9c				
9a 9b 9c 10a		6		,
9a 9b 9c 10a		7		
9b 9c 10a		8_		
9c 10a		9a		
10a		9b		
10b		9c		
		10a		
				3) 62:-

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2015 MONTANA AUDUBON		81-0412	2530 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	zatio	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov 20, 1970, See in	nstructions. All
other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(op.ional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			ı
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2	<u> </u>	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Mınimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	·	
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to		·	-
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-		rated Type III supporting	organization (see
instructions).	- 3	71	

	(rouseriable educe required eee metrociterie)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
- 1	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h	l		
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			
8	Breakdown of line 7:		<u> </u>	
а				
b				
C	Excess from 2013			

d Excess from 2014 e Excess from 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
•	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	ines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	

Schedule A (Form 990 or 990-EZ) 2015

EEA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Attach to Form 990 or Form 990-EZ

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Open to Public Inspection

OMB No 1545-0047

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization Employer identification number MONTANA AUDUBON 81-0412530 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3) Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1) (2)(3)(4)(5)

(6)

Schedu	le C (Form 990 or 990-EZ) 2015 MON I ANA AUDU				<u>81-04125</u>			
Par	t II-A Complete if the organization is	s exempt under	section 501(c)(and filed Form	5768 (election ui	nder		
	section 501(h)).			 				
A C	theck if the filing organization belongs to			- •	ember's			
	name, address, EIN, expenses, and							
<u>B</u> C	theck If the filing organization checked be		ntrol" provisions app	oly				
	•	ing Expenditures			(a) Filing	(b) Affiliated		
	(The term "expenditures" mea				organization's totals	group totals		
1a	Total lobbying expenditures to influence public op							
Ь	Total lobbying expenditures to influence a legisla-			••••				
С	Total lobbying expenditures (add lines 1a and 1b)							
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 1c	•						
f	Lobbying nontaxable amount. Enter the amount for	rom the following tab	le in both					
_	columns							
L	If the amount on line 1e, column (a) or (b) is.	The lobbying n	ontaxable amount is	S:		ı		
L	Not over \$500,000	20% of the amo	ount on line 1e					
L	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		r		
L	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000				
	Over \$17,000,000	\$1,000,000						
g	Grassroots nontaxable amount (enter 25% of line	e 1f)						
h	Subtract line 1g from line 1a If zero or less, enter	r <i>-</i> 0						
- 1	Subtract line 1f from line 1c If zero or less, enter -0-							
J	If there is an amount other than zero on either line	e 1h or line 1i, did the	e organization file F	orm 4720				
	reporting section 4911 tax for this year?	<u></u>	· · · · · · · · · · · · · · · · · · ·	··-		Yes No		
		4-Year Averaging	n Period Under s	ection 501(h)				
	(Some organizations that made a sect		=	• •	five columns helow			
	` <u> </u>	the separate inst		•	iive colaiiiiis beleii	•		
	Lobby	ng Expenditures Dui	ing 4-Year Averagi	ng Perioa T				
	Calendar year (or fiscal year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
	beginning in)							
				 				
2a	Lobbying nontaxable amount							
	Lable and a section of the section o			<u> </u>	_			
b	Lobbying ceiling amount (150% of line 2a, column (e))							
	(130 % Of line 2a, column (c))							
С	Total lobbying expenditures	2,547		1,251	l i	3,798		
		2,011		1,201				
đ	Grassroots nontaxable amount	77				77		
	Consents selling amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))					116		
	(100 % Of file 20, colored (e))			 				
f	Grassroots lobbying expenditures							
EEA					Schedule C (For	m 990 or 990-EZ) 2015		

EEA

FFA

Schedule C (Form 990 or 990-EZ) 2015

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of а Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? е Grants to other organizations for lobbying purposes? f Direct contact with legislators, their staffs, government officials, or a legislative body? a Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid) 2a Carryover from last year 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

	of the organization			fication number	er	
	NTANA AUDUBON	81	-041	2530		
Par						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
	(a) Donor advised funds	(b)	Funds an	d other accou	ints	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)		_			
3	Aggregate value of grants from (dunng year)			_		
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised					
	funds are the organization's property, subject to the organization's exclusive legal control?				Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used					
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose					
	conferring impermissible private benefit?				Yes	☐ No
Pai	t II Conservation Easements.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply)					
	Preservation of land for public use (e.g., recreation or education)	ımporta	nt land	area		
	☑ Protection of natural habitat ☐ Preservation of a certified his					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	ervation	n			
	easement on the last day of the tax year			the End of	the Tax	Year
а	Total number of conservation easements	2a				1
b	Total acreage restricted by conservation easements	2b				2.50
c	Number of conservation easements on a certified historic structure included in (a)	2c				2.00
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a					
u	historic structure listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization		unna th			
3		zation u	uning tr	ie		
,	tax year >					
4	Number of states where property subject to conservation easement is located 1					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			1	☐ Yes	X No
_	violations, and enforcement of the conservation easements it holds?					⊠ NO
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easeme	ents aur	ing the yea	ar	
_						
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements	during t	the year		
	\$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	·)(ı)			-	
	and section 170(h)(4)(B)(ii)?				Yes	∐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that of	describe	es the			
	organization's accounting for conservation easements					
Ра	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sım	ıılar As	ssets			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	d baland	ce shee	t		
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance	e of			
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	3				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	lance sl	heet			
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance	e of			
	public service, provide the following amounts relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$		
	(ii) Assets included in Form 990, Part X		•	\$		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide t	the			
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
а	Revenue included on Form 990, Part VIII, line 1		•	\$		
b	Assets included in Form 990, Part X		•			

Schedu	ule D (Form 990) 2015 MONTANA AUDUB					<u>81-041253</u>		Page 2
Par	t III Organizations Maintaining Coll	ections of Art, Hi	storical Treasur	res, or Othe	r Sim	ilar Assets (con	tinued)	
3	Using the organization's acquisition, accession, a	and other records, cho	eck any of the follow	ring that are a s	signific	ant use of its		
	collection items (check all that apply):	·	•	J	•			
а	Public exhibition	d ∏ Loan	or exchange progra	ams				
b	Scholarly research	e Dothe		umo				
	= ·	e 🖂 Othe					_	
c	Preservation for future generations							
4	Provide a description of the organization's collection	tions and explain hov	v they further the or	ganization's ex	empt p	ourpose in Part		
	XIII.							
5	During the year, did the organization solicit or red				ar		_	_
	assets to be sold to raise funds rather than to be		of the organization's	collection?	<u> </u>		Yes	_ <u> </u>
Par								
	Complete if the organization an	swered "Yes" on	Form 990, Par	t IV, line 9, d	or rep	orted an amoun	t on Form	1
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian o	r other intermediary for	or contributions or o	ther assets not				
	included on Form 990, Part X?						☐ Yes	П №
b	If "Yes," explain the arrangement in Part XIII and	complete the following	ng table				_	_
			3			Amo	unt	
С	Beginning balance				10		<u> </u>	
	5 5				_	····		
d	Additions during the year				10			
e	Distributions during the year				16			
f	Ending balance				1f			
2a	Did the organization include an amount on Form				•		∐ Yes	∐ No
<u>_b</u>	If "Yes," explain the arrangement in Part XIII Ch	eck here if the explar	nation has been prov	vided on Part X				Ш.
Par								
	Complete if the organization an	<u>swered "Yes" on</u>	Form 990, Par	<u>t IV, line 10.</u>				
		(a) Current year	(b) Prior year	(c) Two years b	ack	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance	750,382	671,538	651,7	33	386,134	308	,004
b	Contributions		95,675			191,678	67	,000
С	Net investment earnings, gains, and		· · · · · · · · · · · · · · · · · · ·			,		,
-	losses	72,316	(16,831)	19,8	05	99,025	11	,130
d	Grants or scholarships	72,010	(10,001)	10,0		33,023	· ''	,100
_	Other expenditures for facilities and	·						
е	'					F 000		
	programs	7.004				5,299		
Ţ	Administrative expenses	7,231	750.000					
g	End of year balance	815,467	750,382	671,5	38	671,538	386	,134
2	Provide the estimated percentage of the current		e 1g, column (a)) he	eld as:				
а	Board designated or quasi-endowment	92 60 %						
b	Permanent endowment ► 7.40 %							
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should e	qual 100%						
За	Are there endowment funds not in the possession	on of the organization	that are held and a	dministered for	the			
	organization by	-					Ye	s No
	(i) unrelated organizations						3a(ı) X	
	(ii) related organizations						3a(II)	X
h	If "Yes" on 3a(ii), are the related organizations li						 	+^
b							3b	
4	Describe in Part XIII the intended uses of the or		ent tunas					
Pai	t VI Land, Buildings, and Equipmen		F 000 B	. 15 / 12 44 .		E. 000 B		•
	Complete if the organization an	swered "Yes" on	Form 990, Par	t IV, line 11a	a Se	e Form 990, Par	t X, line 1	<u>U.</u>
	Description of property	(a) Cost or other	1 ' '	or other basis		Accumulated	(d) Book val	ue
		(investmer	nt) (other)	d	epreciation		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			104,666		39,781	64	,885
e	Other STMD1	E		85,844		30,701		,143
	Add lines 1a through 1e (Column (d) must equa		olumn (B), line 10c			▶		.028

MONTANA AUDUBON

Schedule D (Form 990) 2015

81-0412530

(a) Description		(b) Book value
(1) TAXIDERMY COLLECTION		2,500
(2) CONSERVATION EASEMENTS		15,079
(3) BENEFICIAL INTERESTS		28,082
(4)		,
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 15.)	>	45,661
Dark V Other Linkliking		

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1	(a) Description of liability		(b) Book value
(1) Federal incon	ne taxes		
(2)			
(3)		L .	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must e	equal Form 990, Part X, col (B) line 25)	•	

2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2015 MONTANA AUDUBON			<u>1-0412530</u>	Page 4
Par				'n.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, lin	e 12a		
1	Total revenue, gains, and other support per audited financial statements			1	967,023
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	31,200		
b	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c	-	1	
d	Other (Describe in Part XIII)	2d	94,719	1	
e	Add lines 2a through 2d	L Zu	34,713	-	105.010
	Subtract line 2e from line 1			2e	125,919
3		1 1		3	841,104
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	.21.22.	4 1	
b	Other (Describe in Part XIII)	4b	(91,889)	<u> </u>	
С	Add lines 4a and 4b			4c	(91,889)
5	······································			5	749,215
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Ex	penses per Re	turn.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements			1	1,055,414
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
С	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d	94,720	1	
	Add lines 2a through 2d	20	54,720	 	04.700
e	•			2e	94,720
3	Subtract line 2e from line 1	1 1		3	960,694
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u> . ,		5	960,694
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV,	lines 1b and 2	b, Part V, line 4, Pa	ırt X, line	
2. Pa	irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional in	formation		
		•			
01	Other revenues not included on Form 990 (Part XI, line	2d)			
• • •	Carlot revenues net meladed en remines (rait 70, mie				
EVD	ENGES OF FUNDBAISING EVENTS 04 720				
	ENSES OF FUNDRAISING EVENTS 91,720				
			•		
	<u></u>				
					• •

81-0412530

Schedule D (Form 990) 2015

MONTANA AUDUBON

Schedule D (Form 990) 2015

EEA

Schedule D (Form 990) 2015 MONTANA AUDUBON	81-0412530	Page 5
Part XIII Supplemental Information (continued)		
02. Other revenues included on Form 990 (Part XI, line 4b)		
02. Other revenues included on 1 orm 990 (1 art XI, line 4b)		
direct expenses of fund raisers -108,764		
in kind contributions 5,651		
bad debts 200		
other tour related 8,188		
rounding -6		
03. Other expenses not included on Form 990 (Part XII, line	2d)	
direct expenses of fundraiser 108,764		
bad debt -200		
tour expenses -8188		
ın-kınd -5651		
rounding -5		
		· · · · · ·

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Open to Public Inspection

lame of the organization						Employer iden	tification number
MONTANA AUDUBON						81-041	2530
Part I Fundraising Activities. C	•	-		ered "Yes" on Fo	rm 990,		
Indicate whether the organization rais	· ·	-	•	tipe. Check all that ar	anh/	 _	
—	eu iunus mougn		_	-			
- - 				of non-government gra of government grants	ants		
b Internet and email solicitations				-			
c Phone solicitations		9 ⊔	Special tund	Iraising events			
d In-person solicitations							
2a Did the organization have a written or							_
or key employees listed in Form 990,	· · · · · · · · · · · · · · · ·		-	_		∐ Ye	-
b If "Yes," list the ten highest paid indivi		fundraisers)	pursuant to a	agreements under whi	ch the fun	draiser is to b	е
compensated at least \$5,000 by the c	rganization						
	Г	1					· · · · · · · · · · · · · · · · · · ·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or re fundras	ount paid to tained by) ser listed in ol (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			01 (1)	
1		103					
2							
3					<u></u>		
4							
5							
6							
7							
8							
9							
10							
Total	<u>.</u>	<u></u>					
3 List all states in which the organization		censed to so	olicit contribu	tions or has been noti	fied it is e	xempt fmm	
registration or licensing	no regional ed el il	0011000 10 00		and the state of t		Non-pt morn	

Pa	11				990, Part IV, line 18, or	
		than \$15,000 of fundraising		d gross income on Form	n 990-EZ, lines 1 and 6b	List events with
	_	gross receipts greater than		(h) F #0	(-) (-)	
			(a) Event #1 spec events	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through
	•		(event type)	(event type)	(total number)	col (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	109,947	55,620		165,567
Re		·	,			
	2	Less Contributions				
!	3	Gross income (line 1 minus				
		line 2)	109,947	55,620		165,567
	4	Cash prizes				
	5	Noncesh prizes				
	٦	Noncash prizes				
S.	6	Rent/facility costs				
SS.		remaining cool				
ă	7	Food and beverages				
Direct Expenses		_				, , , , , , , , , , , , , , , , , , , ,
ă	8	Entertainment				
	9	Other direct expenses	72,808	35,956		108,764
	40	B	44 10 10			
	10	Direct expense summary Add line Net income summary Subtract line				108,764
Pa	<u> 11</u> irt					56,803
		than \$15,000 on Form 99	_		v, into 10, of reported in	nore
G)	1		/ , _	(b) Pull tabs/instant		(d) Total gaming (add
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue			(a) Bingo	1	(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo	1	(c) Other gaming	
Revenue			(a) Bingo	1	(c) Other gaming	
	1 2	Gross revenue	(a) Bingo	1	(c) Other gaming	
	2	Cash prizes	(a) Bingo	1	(c) Other gaming	
xbeuses			(a) Bingo	1	(c) Other gaming	
xbeuses	3	Cash prizes Noncash prizes	(a) Bingo	1	(c) Other gaming	
	2	Cash prizes	(a) Bingo	1	(c) Other gaming	
xbeuses	3	Cash prizes Noncash prizes	(a) Bingo	1	(c) Other gaming	
xbeuses	2 3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	1	(c) Other gaming	
xbeuses	2 3 4	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		
xbeuses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	☐ Yes %	bingo/progressive bingo	Yes%	
xbeuses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	☐ Yes %	bingo/progressive bingo	Yes%	
xbeuses	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line	Yes % No s 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes%	
xbeuses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No s 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes%	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Sub	Yes % No s 2 through 5 in column (d)	bingo/progressive bingo Yes % No	☐ Yes%	
xbeuses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line	Yes % No s 2 through 5 in column (d) stract line 7 from line 1, column	bingo/progressive bingo Yes % No mn (d)	☐ Yes% ☐ No	
ο Direct Expenses	2 3 4 5 6 7 8 Enter last	Cash prizes	Yes % No s 2 through 5 in column (d) stract line 7 from line 1, column	bingo/progressive bingo Yes % No mn (d)	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Enter last	Cash prizes	Yes % No s 2 through 5 in column (d) stract line 7 from line 1, column ation conducts gaming activities gaming activities in each of	bingo/progressive bingo Yes % No mn (d)	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 End is is in the contract of the	Cash prizes	Yes % No s 2 through 5 in column (d) stract line 7 from line 1, column (d) stron conducts gaming activities activities in each of	bingo/progressive bingo Yes % No mn (d)	☐ Yes% No ▶	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 End a ls is in the control of the con	Cash prizes	Yes % No s 2 through 5 in column (d) stract line 7 from line 1, column (d) stron conducts gaming activities activities in each of	bingo/progressive bingo Yes % No mn (d)	☐ Yes% No ▶	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 End a ls is in the control of the con	Cash prizes	Yes % No s 2 through 5 in column (d) stract line 7 from line 1, column (d) stron conducts gaming activities activities in each of	bingo/progressive bingo Yes % No mn (d)	☐ Yes% No ▶	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 End a ls is in the control of the con	Cash prizes	Yes % No s 2 through 5 in column (d) stract line 7 from line 1, column (d) stron conducts gaming activities activities in each of	bingo/progressive bingo Yes % No mn (d)	☐ Yes% No ▶	col (a) through col (c))

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

Attach to Form 990 or 990-EZ

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Employer identification number

MONTANA AUDUBON	81-0412530
01 Local chapters, branches, affiliates (Part VI, line 10a)	
local chapters are autonomous	
02 Form 990 governing body review (Part VI, line 11)	
pdf copy emailed to all members of governing body	
03. CEO, executive director, top management comp (Part VI, line 15a)	
determined by executive committee with comparative information	
04. Governing documents, etc, available to public (Part VI, line 19)	
upon reasonable requests, info will be provided	
05. Explanation of other changes in net assets or fund balances (Part XI, line 9)	
REALIZED LOSS ON INVESTMENTS 91889	
06. General explanation attachment	
Form 990, Part III, line 4	
various smaller programs	
07. Explanation for Amended Return Form 990, Prior Year and Current Year Comparison	
In the originally filed 990 return for 2015, incorrect Prior Year expenses were used when	the preparer took
numbers from the wrong Prior Year. - Line 15 Salaries, other compensation, employee benefits was corrected to \$624;	983 instead of \$144 039
Line 17 Other expenses was corrected to \$342,412 instead of \$49,446.	
Line 18 Total Expenses corrected to \$967,395.	
• Line 19 Revenue less expenses corrected to (\$30,238).	