

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **MICHIGAN AUDUBON SOCIETY**
 Number and street (or P O box if mail is not delivered to street address): **6011 W SAINT JOSEPH STE 403**
 City or town, state or country, and ZIP + 4: **LANSING MI 48917**

D Employer identification number: **38-1686621**

E Telephone number: **517-886-9144**

F Accounting method: Cash Accrual Other (specify) _____

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

H and are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates: _____

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: **5135**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Website: **www.michiganaudubon.org**

Organization type
(check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **608,140**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Contributions to donor advised funds	1a				
	b	Direct public support (not included on line 1a)	1b	41,611			
	c	Indirect public support (not included on line 1a)	1c				
	d	Government contributions (grants) (not included on line 1a)	1d				
	e	Total (add lines 1a through 1d) (cash \$ 41,611 noncash \$ _____)	1e		41,611		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		180,290		
	3	Membership dues and assessments	3		39,423		
	4	Interest on savings and temporary cash investments	4		71,779		
	5	Dividends and interest from securities	5				
Expenses	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c				
	7	Other investment income (describe: See Statement 2)	7		217,066		
	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
			8a				
			8b				
	c	Gain or (loss) (attach schedule)	8c				
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
Net Assets	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	17,098			
	b	Less direct expenses other than fundraising expenses	9b				
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		17,098		
	10a	Gross sales of inventory less returns and allowances	10a	15,878			
	b	Less cost of goods sold	10b	11,222			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		4,656			
11	Other revenue (from Part VII, line 103)	11		24,995			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		596,918			
Net Assets	13	Program services (from line 44, column (B))	13		420,641		
	14	Management and general (from line 44, column (C))	14		76,688		
	15	Fundraising (from line 44, column (D))	15		59,426		
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses. Add lines 16 and 44, column (A)	17		556,755		
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		40,163			
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,547,256			
20	Other changes in net assets or fund balances (attach explanation)	20					
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		4,587,419			

ENVELOPE
POSTMARK DATE
DEC 15 2007
SCANNED JAN 22 2008
Revenue

RECEIVED
DEC 27 2007
GODEN UT

M ne P

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)				
25b	b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
25c	c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	97,576	61,455	16,891	19,230
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27	5,440	3,427	941	1,072
29	Payroll taxes	8,588	5,409	1,487	1,692
30	Professional fundraising fees				
31	Accounting fees	16,750		16,750	
32	Legal fees	2,856	1,590	1,266	
33	Supplies	3,087	2,077	472	538
34	Telephone	4,504	3,449	493	562
35	Postage and shipping	11,904	8,480	1,000	2,424
36	Occupancy	70,407	54,431	7,471	8,505
37	Equipment rental and maintenance	11,539	9,286	1,053	1,200
38	Printing and publications	24,694	17,820	3,215	3,659
39	Travel	6,506	4,132	1,110	1,264
40	Conferences, conventions, and meetings	13,868	8,937	2,306	2,625
41	Interest	35		35	
42	Depreciation, depletion, etc (attach schedule)	22,899	22,899		
43	Other expenses not covered above (itemize)				
43a	a See Statement 4	256,102	217,249	22,198	16,655
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	556,755	420,641	76,688	59,426

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

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ See Statement 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a PROGRAMS WHICH PROMOTE THE CONSERVATION OF WILDLIFE AND THEIR HABITAT THROUGH RESEARCH AND EDUCATION

(Grants and allocations \$) If this amount includes foreign grants, check here 420,641

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 420,641

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash-non-interest-bearing	962,655	45	113,365
	46 Savings and temporary cash investments		46	1,647,355
	47a Accounts receivable	19,077		
	47b Less allowance for doubtful accounts		47c	19,077
	48a Pledges receivable			
	48b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	50b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	51b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	13,834	52	18,082
	53 Prepaid expenses and deferred charges	37,773	53	8,245
	54a Investments—publicly-traded securities See Statement 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,587,863	54a	1,871,209
	54b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments-land, buildings, and equipment basis				
55b Less accumulated depreciation (attach schedule)		55c		
56 Investments-other (attach schedule)		56		
57a Land, buildings, and equipment basis	1,223,844			
57b Less accumulated depreciation (attach schedule) See Statement 7	291,996	57c	931,848	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	4,579,154	59	4,609,181	
Liabilities	60 Accounts payable and accrued expenses	31,898	60	21,762
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	64b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	31,898	66	21,762	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,978,933	67	3,033,817
	68 Temporarily restricted	820,567	68	828,745
	69 Permanently restricted	747,756	69	724,857
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	4,547,256	73	4,587,419	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,579,154	74	4,609,181	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	608,140
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4	11,222	
	See Statement 8			
	Add lines b1 through b4		b	11,222
c	Subtract line b from line a		c	596,918
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	596,918

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	567,977
b	Amounts included on line a but not Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4	11,222	
	See Statement 9			
	Add lines b1 through b4		b	11,222
c	Subtract line b from line a		c	556,755
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	556,755

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JACK LAPINSKI 6011 W SAINT JOSEPH ST STE 403 LANSING MI 48917	PRESIDENT 8	0	0	0
TOM FUNKE 6011 W SAINT JOSEPH ST STE 403 LANSING MI 48917	VICE PRES 6	0	0	0
DANA SCHINDLER 6011 W SAINT JOSEPH ST STE 403 LANSING MI 48917	SECRETARY 4	0	0	0
RON ANNELIN 6011 W SAINT JOSEPH ST STE 403 LANSING MI 48917	TREASURER 8	0	0	0
LORETTA GOLD 6011 W SAINT JOSEPH ST STE 403 LANSING MI 48917	PAST PRES 2	0	0	0

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85h			
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86a			
b	Gross receipts, included on line 12, for public use of club facilities		
86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0		
89c			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed None		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		4
90b			
91a	The books are in care of SID DUNNEBACKE 6011 W SAINT JOSEPH STE 403 Located at LANSING, MI	Telephone no 517-886-9144	
		ZIP + 4 48917	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X
91b			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a MEMBER ACTIVITIES					50,516
b TOURS					125,476
c SUBSCRIPTIONS					4,298
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					39,423
95 Interest on savings and temporary cash investments			14	71,779	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	217,066	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					17,098
102 Gross profit or (loss) from sales of inventory					4,656
103 Other revenue					
a					
b MISCELLANEOUS					24,995
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	288,845	266,462
105 Total (add line 104, columns (B), (D), and (E))					555,307

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Statement 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here

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

Signature of officer: Carolyn A. diNanno Date: 12/17/07

Type or print name and title: INTERIM EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 12/14/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: DAVID J. AMBROSE, CPA
836 CENTENNIAL WAY, SUITE 110
LANSING, MI 48917

Preparer's SSN or PTIN (See Gen Instr X): P00448238
EIN: 38-3572823
Phone no: 517-319-1040

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

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

MICHIGAN AUDUBON SOCIETY

Employer identification number

38-1686621

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year		_____
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		_____
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III-Functionally Intergrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

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

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	535,777	128,340	78,259	962,328	1,704,704
16 Membership fees received	38,495	9,225	27,812	3,460	78,992
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	181,723	148,289	144,258	19,085	493,355
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	23,768	25,480	19,293	3,460	72,001
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets Stmt 11	21,075				21,075
23 Total of lines 15 through 22	800,838	311,334	269,622	988,333	2,370,127
24 Line 23 minus line 17	619,115	163,045	125,364	969,248	1,876,772
25 Enter 1% of line 23	8,008	3,113	2,696	9,883	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test Enter line 24, column (e)					
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year (2005) 0 (2004) 0 (2003) 0 (2002) 0					0
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) 0 (2004) 0 (2003) 0 (2002) 0					0
c Add Amounts from column (e) for lines 15 1,704,704 16 78,992 17 493,355 20 _____ 21 _____					
d Add Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27f 2,370,127					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					96.0730%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					3.0379%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Federal Statements**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIPS	\$ 39,423
Total	\$ 39,423

Statement 2 - Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN ON INV	\$ 69,947
REALIZED GAIN ON SALE OF INV	147,119
Total	\$ 217,066

Statement 3 - Form 990, Line 10c - Sales of Inventory

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
MERCHANDISE SALES	\$ 15,878	\$ 11,222	\$ 4,656
Total	\$ 15,878	\$ 11,222	\$ 4,656

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund-Raising</u>
Expenses	\$	\$	\$	\$
CONTRACT SERVICES	13,352	10,862	2,490	
LICENSES	2,818	1,225	1,593	
STAFF/BOARD DEVELOPMENT	2,767	73	2,694	
PROGRAM SERVICES	42,604	40,271	1,512	821
TOUR EXPENSES	109,376	109,376		
MISCELLANEOUS	85,185	55,442	13,909	15,834
Total	\$ 256,102	\$ 217,249	\$ 22,198	\$ 16,655

Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

TO FOSTER AND PROMOTE APPRECIATION AND UNDERSTANDING OF THE
NATURAL WORLD BY EDUCATIONAL, SCIENTIFIC, INVESTIGATIVE,
LITERARY, PHILANTHROPIC AND CHARITABLE PURSUITS.

Federal Statements**Statement 6 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US and State Government Corporate Stock	\$	\$	
CORPORATE STOCK	2,587,863	1,540,861	Market
Corporate Bonds CORPORATE BONDS		330,348	Market
Total	<u>\$ 2,587,863</u>	<u>\$ 1,871,209</u>	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
LAND, BUILDINGS & EQUIPMENT	\$ 1,223,844	\$ 269,097	\$ 421,174	\$ 291,996
Total	<u>\$ 1,223,844</u>	<u>\$ 269,097</u>	<u>\$ 421,174</u>	<u>\$ 291,996</u>

Statement 8 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

<u>Description</u>	<u>Amount</u>
COST OF MERCHANDISE SOLD	\$ 11,222
Total	<u>\$ 11,222</u>

Statement 9 - Form 990, Part IV-B - Other Expenses included on Financial Statements

<u>Description</u>	<u>Amount</u>
COST OF MERCHANDISE SOLD	\$ 11,222
Total	<u>\$ 11,222</u>

Federal Statements

Statement 10 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93a	REVENUES USED TO FUND ACTIVITIES PROMOTING EDUCATION, RESEARCH AND CONSERVATION
93b	REVENUES USED TO FUND ACTIVITIES PROMOTING EDUCATION, RESEARCH AND CONSERVATION
93c	REVENUES USED TO FUND ACTIVITIES PROMOTING EDUCATION, RESEARCH AND CONSERVATION
94	MEMBERSHIP RECEIPTS USED TO SUPPORT DEVELOPMENT AND ADMINISTRATION OF MEMBER PROGRAMS
101	RAFFLE TO PROMOTE AND RAISE FUNDS TO SUPPORT WILDLIFE SANCTUARIES OPERATED BY THE SOCIETY
102	SALE OF ITEMS PROMOTING AND FOSTERING AWARENESS OF SOCIETY'S MISSION
103a	MISC ITEMS USED IN SUPPORT OF EXEMPT PURPOSE

Statement 11 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
OTHER	\$ 21,075	\$	\$	\$
Total	\$ 21,075	\$ 0	\$ 0	\$ 0

38-1686621

Federal Asset Report

FYE: 12/31/2006

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	LAND DELTA RIVER DR #3	9/25/91	33,000		33,000	0 -- Land	0	0
2	LAND - DELTA RIVER DR #4	9/25/91	38,500		38,500	0 -- Land	0	0
3	LAND - DELTA RIVER DR #5	9/25/91	44,000		44,000	0 -- Land	0	0
4	LAND - DELTA RIVER DR #6	9/25/91	7,600		7,600	0 -- Land	0	0
5	BUILDING - DELTA RIVER #6	9/25/91	71,100		71,100	20 MO S/L	50,660	3,555
6	LAND - DELTA RIVER DR #9 & 10	11/02/92	200,000		200,000	0 -- Land	0	0
7	LAND - DELTA TWSP #9 & 12	6/14/95	12,200		12,200	0 -- Land	0	0
8	LAND - EAGLE HARBOR TWSP #1 & 2	10/12/92	110,000		110,000	0 -- Land	0	0
9	LAND - SUITS ISLAND	5/01/91	16,000		16,000	0 -- Land	0	0
10	LAND - 4 6 ACRES	10/29/93	17,500		17,500	0 -- Land	0	0
11	BUILDING - 4 6 ACRES	10/29/93	282,500		282,500	20 MO S/L	169,500	14,125
12	LAND - WPBO	5/28/91	10,000		10,000	0 -- Land	0	0
13	BUILDING - WPBO	5/28/91	47,900		47,900	20 MO S/L	36,324	2,395
14	LAND	5/23/01	121,000		121,000	0 -- Land	0	0
15	COMPUTERS	11/30/93	5,554		5,554	5 MO S/L	5,554	0
16	LAND - LAKE BAILEY	6/30/03	50,070		50,070	0 -- Land	0	0
17	COMPUTERS - DELL	5/02/03	4,621		4,621	5 MO S/L	2,310	924
18	SOFTWARE	6/02/03	9,499		9,499	5 MO S/L	4,749	1,900
19	LAND - OTIS	12/31/01	142,800		142,800	0 -- Land	0	0
	Total Other Depreciation		<u>1,223,844</u>		<u>1,223,844</u>		<u>269,097</u>	<u>22,899</u>
	Total ACRS and Other Depreciation		<u>1,223,844</u>		<u>1,223,844</u>		<u>269,097</u>	<u>22,899</u>
	Grand Totals		1,223,844		1,223,844		269,097	22,899
	Less: Dispositions		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,223,844</u>		<u>1,223,844</u>		<u>269,097</u>	<u>22,899</u>

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box



Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Form with fields: Type or print, Name of Exempt Organization (MICHIGAN AUDUBON SOCIETY), Employer identification number (38-1686621), Number, street, and room or suite no. (6011 W SAINT JOSEPH STE 403), City, town or post office, state, and ZIP code (LANSING MI 48917)

Check type of return to be filed (File a separate application for each return)

Form with checkboxes for Form 990, Form 990-PF, Form 1041-A, Form 990-BL, Form 990-T (sec. 401(a) or 408(a) trust), Form 4720, Form 6069, Form 990-EZ, Form 990-T (trust other than above), Form 5227, Form 8870

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Form with checkboxes and text for: The books are in the care of, Telephone No, FAX No, If the organization does not have an office or place of business in the United States, check this box, If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

Form with text: I request an additional 3-month extension of time until 11/15/07, For calendar year 2006, or other tax year beginning, and ending, If this tax year is for less than 12 months, check reason, State in detail why you need the extension: Additional time is requested to gather information to prepare a complete and accurate return.

Form with fields: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits, 8a \$, 8b \$, 8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature and Date fields: Signature, Title (CPA), Date (8/14/07)

Notice to Applicant. (To Be Completed by the IRS)

Form with checkboxes: We have approved this application, We have not approved this application. However, we have granted a 10-day grace period, We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file, We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested, Other

Director and Date fields

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Form with fields: Name (DAVID J. AMBROSE, CPA), Number and street (836 CENTENNIAL WAY, SUITE 110), City or town, province or state, and country (LANSING MI 48917)