

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 7/1/2008, and ending 6/30/2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Lahontan Audubon Society</u>		D Employer identification number <u>23-7181150</u>	
		Number and street (or P O box, if mail is not delivered to street address) <u>PO Box 5406</u>		E Telephone number <u>775-832-9222</u>	
		City, town, or country <u>Incline Village</u>	State <u>NV</u>	Room/suite <u></u>	F Group Exemption Number <u>N/A</u>
		ZIP + 4 <u>89450-5406</u>	G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ <u></u>		

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

I Website: ▶ www.nevadaaudubon.org

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

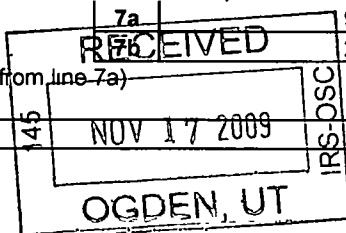
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 277,440

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	<u>261,302</u>
	2 Program service revenue including government fees and contracts	2	<u>678</u>
	3 Membership dues and assessments	3	<u>5,038</u>
	4 Investment income	4	<u>1,730</u>
	5a Gross amount from sale of assets other than inventory	5a	<u>7,736</u>
	b Less cost or other basis and sales expenses	5b	<u>10,919</u>
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	<u>-3,183</u>
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	<u>0</u>
	b Less direct expenses other than fundraising expenses	6b	<u>0</u>
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>0</u>	
7a Gross sales of inventory, less returns and allowances	7a	<u>956</u>	
b Less cost of goods sold	7b	<u>237</u>	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>719</u>	
8 Other revenue (describe ▶ <u></u>)	8	<u>0</u>	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>266,284</u>	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	<u>1,042</u>
	11 Benefits paid to or for members	11	<u></u>
	12 Salaries, other compensation, and employee benefits	12	<u></u>
	13 Professional fees and other payments to independent contractors	13	<u>10,647</u>
	14 Occupancy, rent, utilities, and maintenance	14	<u>136</u>
	15 Printing, publications, postage, and shipping	15	<u>7,601</u>
	16 Other expenses (describe ▶ <u>See attached statement</u>)	16	<u>87,978</u>
17 Total expenses. Add lines 10 through 16	17	<u>107,404</u>	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>158,880</u>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>144,158</u>
	20 Other changes in net assets or fund balances (attach explanation)	20	<u>-1,387</u>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>301,651</u>



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		<u>139,964</u>	22 <u>197,121</u>
23 Land and buildings			23
24 Other assets (describe ▶ <u>See attached statement</u>)		<u>4,658</u>	24 <u>107,159</u>
25 Total assets		<u>144,622</u>	25 <u>304,280</u>
26 Total liabilities (describe ▶ <u>See attached statement</u>)		<u>464</u>	26 <u>2,629</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		<u>144,158</u>	27 <u>301,651</u>

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? <u>To conserve and improve habitat for birds and other wildlife</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28 Nevada Important Bird Area Program Identify, conserve and monitor a network of sites throughout Nevada that provide essential habitat for bird populations, developed 10 projects that attracted 331 volunteers (Grants \$ <u>186,446</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		82,863
29 Conservation and Advocacy Worked with partners (including the mining industry) to pass Senate Bill 108 to remove mine markers by Nov. Provided support for conservation projects at Silver Saddle Ranch, Swan Lake, Porter Springs, Kiley Ranch (Grants \$ <u>2,650</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		500
30 Education Providing Speakers and education materials to schools and the public Reached 500 people at general meetings using 20 volunteers Provided transport and binoculars reached over 450 people using 35 volunteers (Grants \$ <u>3,500</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		424
31 Other program services (attach schedule) (Grants \$ <u>5,200</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		6,501
32 Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32		90,288

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
Name <u>Karen Kish</u> Str <u>2220 Waterford Place</u> City <u>Carson City</u> ST <u>NV</u> ZIP <u>89703</u>	Title <u>President</u> Hr/WK <u>20 00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Alan Gubanich</u> Str <u>7271 Bold Venture Ct</u> City <u>Reno</u> ST <u>NV</u> ZIP <u>89502</u>	Title <u>Vice President</u> Hr/WK <u>15 00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jane Burnham</u> Str <u>8071 Big River Drive</u> City <u>Reno</u> ST <u>NV</u> ZIP <u>89506</u>	Title <u>Treasurer</u> Hr/WK <u>7 00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Bonnie Wagner</u> Str <u>245 Moonbeam Drive</u> City <u>Sparks</u> ST <u>NV</u> ZIP <u>89441</u>	Title <u>Secretary</u> Hr/WK <u>2 00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Dave Straley</u> Str <u>999 Driver Way</u> City <u>Incline Village</u> ST <u>NV</u> ZIP <u>89450</u>	Title <u>Trustee</u> Hr/WK <u>3 00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Robin Powell</u> Str <u>1112 Alta Vista Court</u> City <u>Sparks</u> ST <u>NV</u> ZIP <u>89431</u>	Title <u>Director</u> Hr/WK <u>40 00</u>	<u>52,897</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 ▶		0

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: Alan Gubanich Date: 11/12/09
 Type or print name and title: Alan Gubanich, Acting President

Paid Preparer's Use Only

Preparer's signature: Dave Straley Date: 11/12/2009 Check if self-employed: Preparer's Identifying Number (See instructions): P00322364
 Firm's name (or yours if self-employed), address, and ZIP +4: Dave B Straley, CPA EIN: 38-3776130
PO Box 5406, Incline Village, NV 89450 Phone no: 775 832 9222

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Lahontan Audubon Society

Employer identification number

23-7181150

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

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 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)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	0	0			0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total Add lines 1-3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0			0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			0
11 Total support. Add lines 7 through 10						0

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	85,281	60,115	45,041	156,969	209,368	556,774
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	19,904	4,451	4,421	2,743	1,397	32,916
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	105,185	64,566	49,462	159,712	210,765	589,690
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						589,690

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	105,185	64,566	49,462	159,712	210,765	589,690
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,464	1,660	1,660	2,210	1,730	8,724
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,464	1,660	1,660	2,210	1,730	8,724
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12)						598,414

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.54%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.46%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

Area with horizontal dashed lines for supplemental information.

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1 Contributions	1	63,821
2 NonCash contributions	2	10,410
3 Membership dues and assessments (contributions from the public)	3	
4 Government contributions (grants)	4	
5 Commercial co-venture	5	
6 Special events contributions (Line 6 - Special Events)	6	0
7 Associated organization contributions	7	
8 Collaborative Funding Grant	8	625
9 Important Bird Area Grants	9	186,446
10	10	
11 Total	11	261,302

Part I, Line 4 (990-EZ) - Investment Income

1 Interest on savings and temporary cash investments	1	30
2 Dividends and interest from securities	2	1,700
3 Gross rents	3	
4 Other investment income	4	
5 Total	5	1,730

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)	Cost, other basis and expenses		Description of Basis Method
											Cost	Expense of sale and cost of improvements	
1	Vanquard Value	X				5/15/2007	buy	9/30/2008	2,546	3,647			
2	Vanquard Value	X				6/6/2008	buy	9/30/2008	2,546	3,105			
3	Ishares S&P Nat resources	X				6/20/2007	buy	1/6/2009	404	622			
4	Osterweis Fund	X				10/7/2005	buy	1/6/2009	679	1,000			
5	Osterweis Fund	X				2/6/2006	buy	1/6/2009	681	1,000			
6	Osterweis Fund	X				8/29/2006	buy	1/6/2009	141	205			
7	Powershares Clean Energy	X				6/20/2007	buy	1/6/2009	129	317			
8	Powershares Clean Energy	X				6/20/2007	buy	1/6/2009	121	272			
9	PAX World Fund	X				2/7/2007	buy	2/17/2009	489	751			
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Totals

Public Securities	Gross sales	7,736	Cost, other basis and expenses	10,919
Non-Public Securities		0		0
Other sales		0		0

Part I, Line 16 (990-EZ) - Other Expenses

87,978

1	Travel, Meals and Entertainment		
	a Travel	1a	10,645
	b Total meals and entertainment	1b	2,610
2	Fundraising	2	621
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	1,137
5	Depreciation, depletion, etc	5	1,941
6	Equipment rental and maintenance	6	
7	Interest	7	9
8	Supplies	8	12,159
9	Telephone	9	1,835
10	Unrelated business income taxes	10	0
11	Licenses and Permits	11	115
12	Bank Fees	12	69
13	Dues and Subscriptions	13	75
14	Insurance	14	1,298
15	Office Expense	15	2,010
16	Special Events Fees (Tune in to Kids)	16	172
17	Advertising (Spring Wings)	17	135
18	Advocacy	18	250
19	Reimbursement to National Audubon for work done by Robin Powell Nevada IBA Director	19	52,897
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

-1,387

Description		Amount	
1	Unrealized capital gains	1	-1,387
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

Part II, Line 24 (990-EZ) - Other Assets

4,658

107,159

Description		Beginning	End
1	Inventory	915	1,016
2	Accounts Receivable	257	57
3	Grants Receivable	1,667	106,086
4	Total fixed assets	1,451	0
5	Undeposited funds	368	0
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

		464	2,629
Description		Beginning	End
1	PIF Poster Pass Through Funds	464	464
2	Accounts Payable		710
3	Accounts Payable Credit Card		1,455
4			
5			
6			
7			
8			
9			
10			