

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2015

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A** For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NATIONAL AUDUBON SOCIETY, INC. Doing Business As			<b>D</b> Employer identification number 13-1624102	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number (212) 979-3000		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10014		<b>G</b> Gross receipts \$ 163,205,454.		
	<b>F</b> Name and address of principal officer: DAVID YARNOLD 225 VARICK STREET 7TH FLOOR NEW YORK, NY 10014			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: ▶ WWW.AUDUBON.ORG					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
				<b>L</b> Year of formation: 1905 <b>M</b> State of legal domicile: NY	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>AUDUBON'S MISSION IS TO PROTECT BIRDS AND THE PLACES THEY NEED, TODAY AND TOMORROW.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 29.
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 29.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	5 994.
	6	Total number of volunteers (estimate if necessary) . . . . .	6 10,000.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 798,456.
7b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b -584.	
<b>Revenue</b>	<b>Revenue</b>		
	8	Contributions and grants (Part VIII, line 1h) . . . . .	81,279,144. 80,553,116.
	9	Program service revenue (Part VIII, line 2g) . . . . .	7,085,203. 6,393,290.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	22,654,493. 8,623,534.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	4,221,444. 4,084,683.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	115,240,284. 99,654,623.
<b>Expenses</b>	<b>Expenses</b>		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	3,518,193. 3,333,484.
	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	47,593,928. 49,324,820.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	1,523,275. 1,570,147.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,471,866.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	40,762,090. 42,676,828.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	93,397,486. 96,905,279.	
19	Revenue less expenses. Subtract line 18 from line 12 . . . . .	21,842,798. 2,749,344.	
<b>Net Assets or Fund Balances</b>	<b>Net Assets or Fund Balances</b>		
	20	Total assets (Part X, line 16) . . . . .	470,955,644. 456,231,397.
	21	Total liabilities (Part X, line 26) . . . . .	36,165,618. 40,649,397.
22	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	434,790,026. 415,582,000.	

**Part II Signature Block**

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.

<b>Sign Here</b>	▶ Signature of officer	12/15/2016
	▶ MARY BETH HENSON VP AND CFO Type or print name and title	Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SCOTT THOMPSETT	<i>Scott Thompsett</i>	12/15/2016		P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
Firm's address ▶ 757 THIRD AVE 4TH FLOOR NEW YORK, NY 10017-2013		Phone no. 212-599-0100			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

AUDUBON SAVES BIRDS AND THEIR HABITATS THROUGHOUT THE AMERICAS USING SCIENCE, ADVOCACY, EDUCATION AND ON-THE-GROUND CONSERVATION. (SEE SCHEDULE O FOR MORE)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 55,734,477. including grants of \$ 2,153,238. ) (Revenue \$ 5,510,872. )

ATTACHMENT 1

4b (Code: ) (Expenses \$ 23,594,504. including grants of \$ 1,180,246. ) (Revenue \$ 882,418. )

ATTACHMENT 2

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 79,328,981.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .	X	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .	X	
<b>9</b> 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 debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</b> 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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-9 (governing body relationships and documentation).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a-16b (local chapters, policies, conflict of interest, whistleblower, compensation, investments).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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:

SEAN MURPHY 225 VARICK STREET NEW YORK, NY 10014

212-979-3000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest 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 related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANE ALEXANDER DIRECTOR	8.00 0.	X					0.	0.	0.	
(2) KARIM AL-KHAFAJI DIRECTOR	8.00 0.	X					0.	0.	0.	
(3) PETER ALPERT DIRECTOR	8.00 0.	X					0.	0.	0.	
(4) LEIGH ALTADONNA DIRECTOR	8.00 0.	X					0.	0.	0.	
(5) SUSAN BELL ASST. SECRETARY	8.00 0.	X		X			0.	0.	0.	
(6) CARY A. BROWN DIRECTOR (AS OF MAY 19/2016)	8.00 0.	X					0.	0.	0.	
(7) COLEMAN BURKE DIRECTOR	8.00 0.	X					0.	0.	0.	
(8) MARY MCDERMOTT COOK DIRECTOR (THRU JAN 1/2016)	8.00 0.	X					0.	0.	0.	
(9) MICHELE CRIST DIRECTOR	8.00 0.	X					0.	0.	0.	
(10) JOSEPH ELLIS SECRETARY	8.00 0.	X		X			0.	0.	0.	
(11) DAVID B. FORD CHAIR	8.00 0.	X		X			0.	0.	0.	
(12) GEORGE S. GOLUMBESKI DIRECTOR	8.00 0.	X					0.	0.	0.	
(13) JEFFREY GOODBY DIRECTOR	8.00 0.	X					0.	0.	0.	
(14) JAMES C. GREENWOOD DIRECTOR	8.00 0.	X					0.	0.	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) DAVID HARTWELL VICE CHAIR	8.00 0.	X		X				0.	0.	0.
( 16) WILLIAM HECK DIRECTOR	8.00 0.	X						0.	0.	0.
( 17) JOY HESTER DIRECTOR	8.00 0.	X						0.	0.	0.
( 18) STEPHANIE LITTLE DIRECTOR	8.00 0.	X						0.	0.	0.
( 19) ALEXIS MAYBANK DIRECTOR	8.00 0.	X						0.	0.	0.
( 20) HECTOR E. MORALES JR. DIRECTOR	8.00 0.	X						0.	0.	0.
( 21) KRISTI PATTERSON TREASURER (THRU JAN 1/2016)	8.00 0.	X		X				0.	0.	0.
( 22) TERRY ROOT ASST. SECRETARY	8.00 0.	X		X				0.	0.	0.
( 23) DAVID ROUX VICE CHAIR	8.00 0.	X		X				0.	0.	0.
( 24) AJAY SHAH DIRECTOR	8.00 0.	X						0.	0.	0.
( 25) HUGH SIMMONS DIRECTOR	8.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								2,975,357.	0.	328,234.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,975,357.	0.	328,234.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 86

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 30



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) JACK STEWART ----- DIRECTOR	8.00 0.	X					0.	0.	0.	
( 27) PHIL SWAN ----- DIRECTOR (AS OF OCT 3/2015)	8.00 0.	X					0.	0.	0.	
( 28) STEPHEN TAN ----- DIRECTOR	8.00 0.	X					0.	0.	0.	
( 29) LILI TAYLOR ----- DIRECTOR	8.00 0.	X					0.	0.	0.	
( 30) MARGARET WALKER ----- VICE CHAIR (AS OF MAY 19/2016)	8.00 0.	X		X			0.	0.	0.	
( 31) ART WANG ----- DIRECTOR	8.00 0.	X					0.	0.	0.	
( 32) DAVID YARNOLD ----- PRESIDENT AND CEO	40.00 0.			X			580,448.	0.	41,035.	
( 33) SUSAN LUNDEN ----- CHIEF OPERATING OFFICER	40.00 0.			X			224,705.	0.	16,517.	
( 34) LORRAINE SCIARRA ----- VP/ GENERAL COUNSEL	40.00 0.			X			254,216.	0.	20,814.	
( 35) MARY BETH HENSON ----- VP AND CFO	40.00 0.			X			230,096.	0.	19,290.	
( 36) MARGARET OLSEN ----- VP/ATLANTIC FLYWAY&INT'L PRGMS	40.00 0.				X		212,088.	0.	23,957.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 86

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) BRIGID M MCCORMACK VP AND EXECUTIVE DIRECTOR	40.00 0.				X		207,912.	0.	36,478.	
( 38) JOSE M CARBONELL CHIEF MARKETING OFFICER	40.00 0.				X		151,241.	0.	19,422.	
( 39) KIMBERLY A KELLER VP, PRINCIPAL GIFTS	40.00 0.					X	252,303.	0.	20,888.	
( 40) ANNE LIEBERMAN CHIEF DEVELOPMENT OFFICER	40.00 0.					X	234,534.	0.	30,851.	
( 41) ANDREW J ROOS VP/ CIO	40.00 0.					X	216,375.	0.	36,426.	
( 42) GLENN E OLSON VICE PRESIDENT	40.00 0.					X	207,021.	0.	26,181.	
( 43) GARY M LANGHAM VP AND CHIEF SCIENTIST	40.00 0.					X	204,418.	0.	36,375.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **86**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	3,035,433.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	9,224,008.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	68,293,675.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		1,232,054.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			80,553,116.				
	<b>Program Service Revenue</b>	<b>2a</b> <u>CONTRACTUAL REVENUE</u>			<b>Business Code</b>			
				900099	1,915,662.	1,915,662.		
<b>b</b> <u>ADMISSIONS</u>			900099	1,617,135.	1,617,135.			
<b>c</b> <u>REGISTRATION FEES</u>			900099	1,183,602.	1,183,602.			
<b>d</b> <u>TUITION INCOME</u>			900099	1,040,232.	1,040,232.			
<b>e</b> <u>CARBON CREDITS</u>			900099	486,635.	486,635.			
<b>f</b> All other program service revenue . . . . .				150,024.	150,024.			
<b>g Total.</b> Add lines 2a-2f . . . . .				6,393,290.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			6,712,116.		6,050.	6,706,066.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.				
	<b>5</b> Royalties . . . . .			984,889.			984,889.	
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		1,267,613.						
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .		1,267,613.				
	<b>d</b> Net rental income or (loss) . . . . .			1,267,613.			1,267,613.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		63,551,505.	3,504.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		61,643,591.				
		<b>c</b> Gain or (loss) . . . . .		1,907,914.	3,504.			
	<b>d</b> Net gain or (loss) . . . . .			1,911,418.			1,911,418.	
	<b>8a</b> Gross income from fundraising events (not including \$ 3,035,433. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		493,464.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	1,238,975.				
		<b>c</b> Net income or (loss) from fundraising events. . . . .			-745,511.			-745,511.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		7,023.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities. . . . .				7,023.			7,023.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		1,614,813.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	668,265.					
	<b>c</b> Net income or (loss) from sales of inventory. . . . .			946,548.			946,548.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> <u>ADVERTISING</u>			900099	781,261.		781,261.		
	<b>b</b> <u>LIST RENTAL</u>			474,998.			474,998.	
	<b>c</b> <u>NEWS ADS</u>			11,145.		11,145.		
	<b>d</b> All other revenue . . . . .		900099	356,717.			356,717.	
	<b>e Total.</b> Add lines 11a-11d . . . . .			1,624,121.				
<b>12 Total revenue.</b> See instructions. . . . .			99,654,623.	6,393,290.	798,456.	11,909,761.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,608,642.	2,608,642.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	8,163.	8,163.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	716,679.	716,679.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,038,218.	1,409,331.	483,794.	145,093.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	37,205,232.	31,520,726.	685,952.	4,998,554.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,837,550.	2,381,052.	84,580.	371,918.
9 Other employee benefits . . . . .	4,232,420.	3,551,518.	126,158.	554,744.
10 Payroll taxes . . . . .	3,011,400.	2,526,933.	89,762.	394,705.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	205,235.	90,888.	36,267.	78,080.
c Accounting . . . . .	146,175.		146,175.	
d Lobbying . . . . .	123,341.	123,341.		
e Professional fundraising services. See Part IV, line 17.	1,570,147.			1,570,147.
f Investment management fees . . . . .	578,584.		578,584.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	9,346,259.	9,148,985.		197,274.
12 Advertising and promotion . . . . .	732,126.	520,799.		211,327.
13 Office expenses . . . . .	13,279,797.	10,102,645.	109,611.	3,067,541.
14 Information technology . . . . .	867,379.	669,945.	146,386.	51,048.
15 Royalties . . . . .	183,388.	183,388.		
16 Occupancy . . . . .	3,642,973.	3,090,792.	345,142.	207,039.
17 Travel . . . . .	2,699,884.	2,376,720.	77,711.	245,453.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	816,164.	508,757.	70,854.	236,553.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	3,212,530.	2,786,357.	425,783.	390.
23 Insurance . . . . .	1,485,545.	1,266,362.	117,119.	102,064.
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.)				
a MEMBERSHIP FULFILLMENT -----	1,050,688.	666,304.	55,290.	329,094.
b SERVICE BUREAUS -----	1,484,261.	1,077,225.	182,880.	224,156.
c MAGAZINE PRINTING -----	618,788.	614,192.		4,596.
d COMMISSIONS -----	251,936.	203,118.		48,818.
e All other expenses -----	1,951,775.	1,176,119.	342,384.	433,272.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	96,905,279.	79,328,981.	4,104,432.	13,471,866.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	9,325,000.	6,184,000.		3,141,000.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X. . . . .

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	22,084,576.	<b>1</b>	24,020,548.
	<b>2</b> Savings and temporary cash investments . . . . .	29,328,101.	<b>2</b>	26,786,490.
	<b>3</b> Pledges and grants receivable, net . . . . .	6,817,026.	<b>3</b>	10,658,123.
	<b>4</b> Accounts receivable, net . . . . .	6,731,229.	<b>4</b>	8,145,961.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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 organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	338,000.	<b>8</b>	299,541.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,521,190.	<b>9</b>	2,300,709.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 184,495,486.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 37,343,519.	148,052,243.	<b>10c</b> 147,151,967.
	<b>11</b> Investments - publicly traded securities . . . . .	137,262,574.	<b>11</b>	128,751,535.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	117,681,296.	<b>12</b>	107,968,805.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	25,500.	<b>14</b>	25,500.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	113,909.	<b>15</b>	122,218.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	470,955,644.	<b>16</b>	456,231,397.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,894,654.	<b>17</b>	8,614,880.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	6,587,925.	<b>19</b>	6,207,147.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	2,291,265.	<b>21</b>	2,771,103.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	120,785.	<b>24</b>	100,000.
	<b>25</b> 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 . . . . .	18,270,989.	<b>25</b>	22,956,267.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	36,165,618.	<b>26</b>	40,649,397.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	188,527,972.	<b>27</b>	182,017,209.
	<b>28</b> Temporarily restricted net assets . . . . .	143,794,227.	<b>28</b>	133,868,225.
	<b>29</b> Permanently restricted net assets . . . . .	102,467,827.	<b>29</b>	99,696,566.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	434,790,026.	<b>33</b>	415,582,000.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	470,955,644.	<b>34</b>	456,231,397.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	99,654,623.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	96,905,279.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,749,344.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	434,790,026.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-13,047,347.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-8,910,023.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	415,582,000.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
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
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

<b>Name of the organization</b> NATIONAL AUDUBON SOCIETY, INC.	<b>Employer identification number</b> 13-1624102
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 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)**.
- 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 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 86.02%; 15 Public support percentage from 2014 Schedule A, Part II, line 14 84.89%; 16a 33 1/3% support test - 2015. 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 [X]; 16b 33 1/3% support test - 2014. 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; 17a 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 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 Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b>	Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j 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 and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
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; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
INSURANCE RECOVERY	138,850.	154,949.		152,107.	45,205.	491,111.
MANAGEMENT FEE	563,259.	2,000.		5,870.	21,630.	592,759.
MISCELLANEOUS	97,959.	32,290.	64,132.	140,490.	86,793.	421,664.
HONORARIUM	34,964.			7,139.	8,869.	50,972.
SPECIAL EVENTS	424,488.	478,172.	464,696.	499,082.	493,464.	2,359,902.
LIST RENTAL	470,067.	412,889.	497,406.	426,465.	474,998.	2,281,825.
SPONSORSHIP		12,396.	70,259.	26,530.	194,220.	303,405.
GAMING					7,023.	7,023.
<b>TOTALS</b>	<u>1,729,587.</u>	<u>1,092,696.</u>	<u>1,096,493.</u>	<u>1,257,683.</u>	<u>1,332,202.</u>	<u>6,508,661.</u>

**Schedule of Contributors**

**2015**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> NATIONAL AUDUBON SOCIETY, INC.	<b>Employer identification number</b> 13-1624102
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **NATIONAL AUDUBON SOCIETY, INC.**

Employer identification number  
13-1624102

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 9,480,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 3,939,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,623,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization NATIONAL AUDUBON SOCIETY, INC.

Employer identification number  
13-1624102

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," on 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," on 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-A. 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," on 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 NATIONAL AUDUBON SOCIETY, INC.	Employer identification number 13-1624102
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 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 filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	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 over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
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 over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV 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.

PART II-B, LINE - LOBBYING ACTIVITIES
AUDUBON'S LOBBYING ACTIVITIES INCLUDE MEETING WITH GOVERNMENT OFFICIALS,
DISTRIBUTING MATERIAL THROUGH VARIOUS MEDIA INCLUDING E-MAIL TO THE
GENERAL PUBLIC ON ENVIRONMENTAL ISSUES AND WORKING WITH OUTSIDE
CONSULTANTS TO DEVELOP STRATEGIES TO INFLUENCE LEGISLATION.

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**Part IV** Supplemental Information *(continued)*

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**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

▶ 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.

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

**Open to Public Inspection**

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

NATIONAL AUDUBON SOCIETY, INC.

13-1624102

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 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).

<input checked="" type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a 27.
b Total acreage restricted by conservation easements . . . . .	2b 5,355.00
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_ 8.

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_ 86.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_ 2,399.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 . . . . .	▶ \$ _____ 79,200.
(ii) Assets included in Form 990, Part X . . . . .	▶ \$ _____ 383,753.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 . . . . .	▶ \$ _____
b Assets included in Form 990, Part X . . . . .	▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a [X] Public exhibition
b [ ] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange programs
e [ ] Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [X] No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [X] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [X] Yes [ ] No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII [ ]

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment [ ] %
b Permanent endowment [ ] 70.1400 %
c Temporarily restricted endowment [ ] 29.8600 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations [X] Yes [ ] No
(ii) related organizations [ ] Yes [X] No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? [ ]

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) COMMON TRUST FUNDS	9,304,009.	
(B) ALTERNATIVE INVESTMENTS	61,539,917.	
(C) BENEFICIAL INTEREST IN	37,124,879.	
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	107,968,805.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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 income taxes	
(2) OBLIGATIONS UNDER CHARITABLE TRUSTS	7,944,416.
(3) PENSION AND POSTRETIREMENT BENEFIT	15,011,851.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	22,956,267.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	78,211,725.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-13,047,347.	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	37,469.	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-9,093,411.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-22,103,289.	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	100,315,014.	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	578,584.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-1,238,975.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-660,391.	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	99,654,623.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	97,419,751.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	37,469.	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,238,975.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,276,444.	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	96,143,307.	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	578,584.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	183,388.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	761,972.	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	96,905,279.	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII Supplemental Information** (continued)

DESCRIPTION OF HOW THE ORGANIZATION REPORTS CONSERVATION EASEMENTS--PART II  
AUDUBON HAS WRITTEN POLICIES AND PROCEDURES FOR ACQUISITION, MONITORING  
AND ENFORCING CONSERVATION EASEMENTS. THESE POLICIES INCLUDED MEETING  
WITH THE LANDOWNERS, SITE REVIEWS, COMPLETION OF QUESTIONNAIRES TO ENSURE  
THE LANDOWNER COMPLIANCE, ANNUAL INSPECTIONS, ASSIGNMENT OF STAFF, AND  
BOARD APPROVAL OF SIGNIFICANT ITEMS.

FORM 990, PART II, LINE 9 AUDUBON DOES NOT INCLUDE A FOOTNOTE IN ITS  
AUDITED FINANCIAL STATEMENTS TO DESCRIBE ITS ACCOUNTING FOR CONSERVATION  
EASEMENTS. AUDUBON RECORDS THE ACQUISITION OF EASEMENTS AND SANCTUARIES  
AT COST WHEN PURCHASED AND FAIR MARKET VALUE WHEN DONATED.

## ARTWORK - PART III, LINE 4

FROM TIME TO TIME AUDUBON RECEIVES ARTWORK RELEVANT TO OUR MISSION, SUCH  
AS DRAWINGS AND ILLUSTRATIONS OF BIRDS, AND DISPLAYS SUCH ART IN VARIOUS  
AUDUBON CENTERS AND SANCTUARIES. IN THE YEAR ENDING JUNE 30, 2016,  
AUDUBON RECEIVED \$79,200 IN DONATED ARTWORK, NONE OF WHICH WAS  
INDIVIDUALLY GREATER THAN \$5,000, AND AS SUCH, NO ARTWORK WAS  
CAPITALIZED.

## FUNDS HELD FOR OTHERS - PART IV

AUDUBON HOLDS APPROXIMATELY \$2,724,000 IN AGENCY FUNDS FOR OTHER  
ORGANIZATIONS AND INDEPENDENT AUDUBON CHAPTERS AND \$47,000 IN FUNDS HELD  
FOR EMPLOYEES AND FORMER EMPLOYEES OF AUDUBON RELATED TO A DEFERRED  
COMPENSATION PLAN TO WHICH FUNDS ARE NO LONGER BEING CONTRIBUTED. THESE  
AMOUNTS HAVE BEEN RECORDED IN PART X ON THE BALANCE SHEET.

**Part XIII Supplemental Information** (continued)

DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS - PART V, LINE 4

THE ENDOWMENT FUNDS ARE FUNDS RESTRICTED BY DONORS TO BE HELD IN PERPETUITY. THE BOARD HAS ESTABLISHED BUDGETED SPENDING LIMITS FOR SPECIFIC ENDOWMENT FUNDS; 2%, 3.5% OR 4.5% OF THE AVERAGE OF THE ROLLING FIVE YEAR MARKET VALUES, SUBJECT TO LIMITATIONS WHERE APPLICABLE UNDER DONOR RESTRICTIONS OR REGULATORY REQUIREMENTS. THESE FUNDS ARE USED TO FURTHER AUDUBON'S MISSION.

FIN 48 - PART X, LINE 2

AUDUBON FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

AUDUBON IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. AUDUBON HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDING JUNE 30, 2013, 2014, 2015 AND 2016 ARE STILL OPEN TO AUDIT

**Part XIII** Supplemental Information (continued)

FOR BOTH FEDERAL AND STATE PURPOSES. AUDUBON HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

## PART XI, LINE 2D

RECLASS OF ROYALTY EXPENSE	(183,388)
CHANGE IN VALUE OF CHARITABLE TRUSTS	(5,906,437)
PENSION AND POSTRETIREMENT RELATED CHANGES	
OTHER THAN NET PERIODIC COSTS	(3,610,330)
CHARITABLE TRUST ADDITIONS	606,744
TOTAL	(9,093,411)

## PART XI, LINE 4B

RECLASSIFICATION OF SPECIAL EVENTS EXPENSES FROM THE FUNCTIONAL EXPENSE SECTION TO THE STATEMENT OF REVENUE -(1,238,975)

## PART XII, LINE 2D

RECLASSIFICATION OF SPECIAL EVENTS EXPENSES FROM THE FUNCTIONAL EXPENSE SECTION TO THE STATEMENT OF REVENUE - 1,238,975

## PART XII, LINE 4B

RECLASSIFICATION OF ROYALTY EXPENSE FROM THE STATEMENT OF REVENUE TO FUNCTIONAL EXPENSE SECTION - 183,388

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			GRANTMAKING		15,000.
(2) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		253,584.
(3) SOUTH AMERICA			GRANTMAKING		252,361.
(4) EUROPE			GRANTMAKING		195,734.
(5) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		23,344,458.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					24,061,137.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					24,061,137.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	56,071.				
(2)			SOUTH AMERICA	GENERAL SUPP	133,012.				
(3)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	195,734.				
(4)			SOUTH AMERICA	GENERAL SUPP	64,000.				
(5)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	27,000.				
(6)			NORTH AMERICA	GENERAL SUPP	15,000.				
(7)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	35,000.				
(8)			SOUTH AMERICA	GENERAL SUPP	10,000.				
(9)			SOUTH AMERICA	GENERAL SUPP	137,062.				
(10)			SOUTH AMERICA	GENERAL SUPP	41,300.				
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . **10.**

3 Enter total number of other organizations or entities. . . . . **10.**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PROCEDURE FOR MONITORING GRANTS OUTSIDE THE US

SCHEDULE F, PART I, LINE 2

AUDUBON WORKS WITH BIRDLIFE INTERNATIONAL AND OTHER ORGANIZATIONS THROUGHOUT THE AMERICAS TO ENSURE CONSERVATION EFFORTS ARE INCLUDED IN DEVELOPMENTAL PLANS--INTEGRATING SOCIETAL, ECONOMIC AND BIODIVERSITY NEEDS TO STEM THE LOSS OF BIRD SPECIES WHILE IMPROVING PEOPLE'S LIVES. DURING THE PAST TWO YEARS, AUDUBON HAS RECEIVED PUBLIC FUNDING FROM THE USFWS FOR WORK IN PANAMA AND CHILE, AND A SIGNIFICANT 3-YEAR PROJECT FROM THE INTER-AMERICAN DEVELOPMENT BANK FOR A REGIONAL TOURISM PROJECT COVERING FOUR COUNTRIES, THE BAHAMAS, BELIZE, GUATEMALA AND PARAGUAY. AUDUBON VALUES ITS CLOSE WORKING RELATIONSHIPS WITH OUR INTERNATIONAL PARTNERS, AND MAKES GRANTS TO ORGANIZATIONS IN SUPPORT OF PROJECTS THAT ADVANCE OUR STRATEGIC PLAN.

WE BELIEVE CAREFUL OVERSIGHT AND CLEAR DELIVERABLES AID US IN BUILDING LOCAL CAPACITY, AND ESTABLISHING TRUST TO FURTHER OUR SUPPORT OF HEMISPHERIC WIDE CONSERVATION PROJECTS. ALL OF OUR GRANTS TO FOREIGN ENTITIES ARE BASED ON WRITTEN CONTRACTS THAT ESTABLISH SPECIFIC DELIVERABLES AND DETAILED BUDGETS FOR THE EXPENDITURE OF FUNDS ON JOINT PROGRAMS OF WORK.

WE MONITOR COMPLIANCE OF GRANT CONTRACTS THROUGH SITE VISITS, WRITTEN REPORTS, AND FREQUENT INTERACTION THROUGH CALLS AND EMAILS. AUDUBON'S FOREIGN GRANTS MAY BE IN THE FORM OF CASH AND/OR EQUIPMENT. EQUIPMENT (OTHER THAN VEHICLES) IS PURCHASED BY AUDUBON AND DONATED TO THE

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

RECIPIENT ORGANIZATION. VEHICLES ARE PURCHASED LOCALLY ONLY AFTER  
INDEPENDENT QUOTES ARE OBTAINED TO VERIFY EFFECTIVE USE OF ORGANIZATIONAL  
FUNDS.

FORM 990, SCHEDULE F, PART IV

AUDUBON INVESTS IN DOMESTIC AND FOREIGN INVESTMENT VEHICLES THAT MAY OWN  
AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY,  
OR FOREIGN PARTNERSHIP. NEVERTHELESS, AUDUBON'S INVESTMENT ACTIVITIES  
MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 5471,  
8621 OR 8865. TO THE EXTENT SUCH A FORM WAS COMPLETED, IT HAS BEEN FILED  
WITH THE ORGANIZATION'S FORM 990-T.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....					1,535,529.	-1,535,529.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL,  
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		AE MEDAL DINNER (event type)	LEADERSHIP (event type)	30 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	1,108,560.	725,312.	1,695,026.	3,528,898.
	2	Less: Contributions . . . . .	1,047,360.	659,342.	1,328,731.	3,035,433.
	3	Gross income (line 1 minus line 2) . . . . .	61,200.	65,970.	366,295.	493,465.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .	40,000.	1,454.	64,149.	105,603.
	7	Food and beverages . . . . .	67,925.	56,795.	139,058.	263,778.
	8	Entertainment . . . . .	103,010.	5,179.		108,189.
	9	Other direct expenses . . . . .	203,719.	180,342.	377,345.	761,406.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,238,976.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-745,511.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue . . . . .				
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FORM 990, SCHEDULE G, PART I

THE NATIONAL AUDUBON SOCIETY ENGAGES FUNDRAISING CONSULTANTS TO ADVISE THE SOCIETY ON ASPECTS OF VARIOUS METHODS OF SOLITICTING DONORS, BUT NOT TO SOLICIT FUNDS DIRECTLY. AS A RESULT, IT IS NOT POSSIBLE TO DETERMINE HOW MUCH EACH SPECIFIC FUNDRAISER RAISED ON ITS BEHALF; ACCORDINGLY, IN SCHEDULE G, THE SOCIETY IS LEAVING PART I, COLUMN (IV) BLANK.

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FORM 990, SCHEDULE G, PART I, LINE 3

AUDUBON SOLICITS CONTRIBUTIONS IN ALL 50 STATES. THE STATES LISTED ON SCHEDULE G, PART I, SECTION 3, REPRESENT THOSE STATES THAT REQUIRE REGISTRATION.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
PMX AGENCY INC.  5 HANOVER SQUARE NEW YORK NY 10004	COUNSEL		X		553,906.	-553,906.
INTEGRAL-DC, LLC  P.O. BOX 33091 WASHINGTON DC 20033	COUNSEL		X		300,000.	-300,000.
DONORVOICE LLC  11710 PLAZA AMERICA DR. RESTSON VA 20190	COUNSEL		X		163,007.	-163,007.
SEA CHANGE STRATEGIES  7409 BIRCH AVENUE TAKOMA MD 20912	COUNSEL		X		125,836.	-125,836.
STAGECOACH DIGITAL, INC.  44 BOOTH ST. BURLINGTON VT 05401	COUNSEL		X		76,188.	-76,188.



EVENT ASSOCIATES, INC.

162 WEST 56TH STREET NEW YORK NY 10019	COUNSEL	X	71,899.	-71,899.
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DONOR SERVICES GROUP, LLC

6715 SUNSET BLVD. LOS ANGELES CA 90028	TELEMKTG	X	70,081.	-70,081.
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FAIRMOUNT VENTURES, INC.

2 PENN CENTER, SUITE 1150, 1500 JFK BLVD PHILADELPHIA PA 19102	COUNSEL	X	68,162.	-68,162.
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CARRIE WAIBLE & COMPANY L

152 MADISON AVENUE, SUITE 906 NEW YORK NY 10016	COUNSEL	X	61,479.	-61,479.
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GIFT STRATEGIES LLC

1539 FALL RIVER AVE, SUITE 3 SEEKONK MA 02771	COUNSEL	X	44,971.	-44,971.
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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PEOPLE FOR A CLEAN AND HEALTHY BAY 2350 KERNER BLVD SAN RAFAEL, CA 94901	94-6078420	501(C)(3)	170,000.				LOBBYING
<b>(2)</b> CONSERVATION MINNESOTA 1101 W. RIV. PKWY MINNEAPOLIS, MN 55415	41-2017329	501(C)(3)	114,000.				GENERAL SUPPORT
<b>(3)</b> PROSPECT PARK ALLIANCE 95 PROSPECT PK W. BROOKLYN, NY 11215	11-2843763	501(C)(3)	80,000.				GENERAL SUPPORT
<b>(4)</b> US FOREST SERVICE P.O. BOX 301550 LOS ANGELES, CA 90030-1550	72-0564834	GOV'T ENTITY	67,678.				GENERAL SUPPORT
<b>(5)</b> WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVRD. BRONX, NY 10460	13-1740011	501(C)(3)	67,434.				GENERAL SUPPORT
<b>(6)</b> IOWA DEPARTMENT OF NATURAL RESOURCES 502 E 9TH ST. DES MOINES, IA 50319-0034	42-6004572	GOV'T ENTITY	62,611.				GENERAL SUPPORT
<b>(7)</b> VIRGINIA POLYTECHNIC INSTITUTE AND STATE UN 0170 300 TURNER ST. BLACKSBURG, VA 24061	54-6001805	GOV'T ENTITY	59,227.				GENERAL SUPPORT
<b>(8)</b> FIRST AMERICAN TITLE CO. 5 FIRST AMERICAN WAY SANTA ANA, CA 92707	95-2566122		50,000.				GENERAL SUPPORT
<b>(9)</b> IOWA NATURAL HERITAGE FOUNDATION 505 5TH AVE. STE. #444 DES MOINES, IA 50309	42-1127544	501(C)(3)	50,000.				GENERAL SUPPORT
<b>(10)</b> OCEANA, INC. 175 S FRANKLIN ST. JUNEAU, AK 99801	51-0401308	501(C)(3)	50,000.				GENERAL SUPPORT
<b>(11)</b> AUDUBON SOCIETY OF PORTLAND 5151 NW CORNELL RD. PORTLAND, OR 97210	93-6026088	501(C)(3)	48,065.				GENERAL SUPPORT
<b>(12)</b> LOUISIANA STATE UNIVERSITY OFF. OF ACCOUNTING BATON ROUGE, LA 70803	72-6000848	GOV'T ENTITY	45,198.				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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<b>(1)</b> THE CONSUMPTION LITERACY PROJECT 4875 STUART ST. DENVER, CO 80212	47-4672171	501(C)(3)	40,000.				GENERAL SUPPORT
<b>(2)</b> APPALACHIAN TRAIL CONSERVANCY P.O. BOX 625 BOILING SPRINGS, PA 17007-0625	52-6046689	501(C)(3)	36,800.				GENERAL SUPPORT
<b>(3)</b> PLUMAS AUDUBON SOCIETY 429 MAIN ST., STE A QUINCY, CA 95971	68-0212117	501(C)(3)	32,972.				GENERAL SUPPORT
<b>(4)</b> OLD REPUBLIC TITLE COMPANY 545 FOURTH ST. SAN RAFAEL, CA 94901	94-1692173		30,000.				GENERAL SUPPORT
<b>(5)</b> MICHIGAN AUDUBON SOCIETY 2310 SCIENCE PKWY. OKEMOS, MI 48864	38-1686621	501(C)(3)	28,787.				GENERAL SUPPORT
<b>(6)</b> AUDUBON OF THE WESTERN EVERGLADES 1020 8TH AVE SO. STE 2 NAPLES, FL 34102	23-7030698	501(C)(3)	26,880.				GENERAL SUPPORT
<b>(7)</b> COMMON GROUND HIGH SCHOOL 358 SPRINGSIDE AVENUE NEW HAVEN, CT 06515	22-3171185	501(C)(3)	25,617.				GENERAL SUPPORT
<b>(8)</b> NATURE'S BEST PUBLISHING, LLC 1930 ISAAC NEWTON SQ. RESTON, VA 20190	20-1670789	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(9)</b> CITY OF BRIDGEPORT 45 LYON TERRACE BRIDGEPORT, CT 06604	06-6001865	GOV'T ENTITY	21,516.				GENERAL SUPPORT
<b>(10)</b> MONTANA AUDUBON SOCIETY P.O. BOX 595 HELENA, MT 59624	81-0412530	501(C)(3)	21,371.				GENERAL SUPPORT
<b>(11)</b> NEW HAVEN URBAN RESOURCES INITIATIVE 195 PROSPECT ST. NEW HAVEN, CT 06411	06-1343983	501(C)(3)	21,295.				GENERAL SUPPORT
<b>(12)</b> SAN DIEGO AUDUBON SOCIETY 4010 MORENA BLVD SAN DIEGO, CA 92117	95-6100273	501(C)(3)	20,419.				GENERAL SUPPORT

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(1) NEW YORK CITY AUDUBON SOCIETY, INC. 71 W. 23RD ST STE. 1523 NEW YORK, NY 10010	13-3057954	501(C)(3)	18,567.				GENERAL SUPPORT
(2) SANTA CLARA VALLEY AUDUBON SOCIETY 22221 MCCLELLAN RD. CUPERTINO, CA 95014	94-6081420	501(C)(3)	18,145.				GENERAL SUPPORT
(3) THE COALITION TO RESTORE COASTAL LOUISIANA 6160 PERKINS RD. BATON ROUGE, LA 70808	72-1115589	501(C)(3)	17,740.				GENERAL SUPPORT
(4) FRESH ENERGY 408 PETER ST. ST. PAUL, MN 55105-1125	41-1735501	501(C)(3)	17,500.				GENERAL SUPPORT
(5) GOLDEN GATE AUDUBON SOCIETY, INC. 2530 SAN PABLO AVE. BERKELEY, CA 94702	94-6086896	501(C)(3)	16,856.				GENERAL SUPPORT
(6) DEPARTMENT OF ENVIRONMENTAL PROTECTION P.O. BOX 3070 TALLAHASSEE, FL 32315-3070	59-6007353	GOV'T ENTITY	16,520.				GENERAL SUPPORT
(7) SEQUOIA AUDUBON SOCIETY PO BOX 620292 WOODSIDE, CA 94062-0292	94-6092953	501(C)(3)	16,114.				GENERAL SUPPORT
(8) DETROIT AUDUBON SOCIETY 24433 W. 9 MILE SOUTHFIELD, MI 48033	38-6004962	501(C)(3)	15,933.				GENERAL SUPPORT
(9) NAPA-SOLANO AUDUBON SOCIETY 1234 THIRD AVE. NAPA, CA 94558	94-2375760	501(C)(3)	15,451.				GENERAL SUPPORT
(10) LEWIS & CLARK COMMUNITY COLLEGE 5800 GODFREY RD. GODFREY, IL 62035	37-0919339	GOV'T ENTITY	14,958.				GENERAL SUPPORT
(11) SOUTH CAROLINA DEPARTMENT OF NATURAL RESOUR PO BOX 167 COLUMBIA, SC 29202	57-6000286	GOV'T ENTITY	14,000.				GENERAL SUPPORT
(12) SACRAMENTO AUDUBON SOCIETY PO BOX 160694 SACRAMENTO, CA 95816	94-1615830	501(C)(3)	12,917.				GENERAL SUPPORT

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<b>(1)</b> NORTH AMERICAN ORNITHOLOGICAL CONFERENCE 200 PARK AVE. FALLS CHURCH, VA 22046	46-5329506	501(C)(3)	12,500.				GENERAL SUPPORT
<b>(2)</b> ATLANTA AUDUBON SOCIETY EADY CREEK RD. BARNESVILLE, GA 30204	58-1834323	501(C)(3)	11,870.				GENERAL SUPPORT
<b>(3)</b> REDBUD AUDUBON SOCIETY, INC PO BOX 5780 CLEARLAKE, CA 95422	23-7445051	501(C)(3)	11,493.				GENERAL SUPPORT
<b>(4)</b> MENDOCINO COAST AUDUBON SOCIETY P.O. BOX 2297 BRAGG, CA 95437	31-1578005	501(C)(3)	10,989.				GENERAL SUPPORT
<b>(5)</b> SEATTLE AUDUBON SOCIETY 8050 35TH AVE NE SEATTLE, WA 98115	91-6009716	501(C)(3)	10,932.				GENERAL SUPPORT
<b>(6)</b> CHICAGO AUDUBON SOCIETY 5801-C NORTH PULASKI CHICAGO, IL 60646	23-7245647	501(C)(3)	10,575.				GENERAL SUPPORT
<b>(7)</b> AUDUBON SOCIETY OF NORTHERN VIRGINIA 11100 WILDLIFE CTR.DR. RESTON, VA 20190	51-0248323	501(C)(3)	10,558.				GENERAL SUPPORT
<b>(8)</b> SAN BERNARDINO VALLEY AUDUBON SOCIETY PO BOX 10973 SAN BERNARDINO, CA 92423	95-2593738	501(C)(3)	10,391.				GENERAL SUPPORT
<b>(9)</b> HOUSTON AUDUBON SOCIETY, INC. 440 WILCHESTER BLVRD. HOUSTON, TX 77079	23-7011870	501(C)(3)	10,133.				GENERAL SUPPORT
<b>(10)</b> AUDUBON DALLAS PO BOX 12713 DALLAS, TX 75225	75-2876262	501(C)(3)	10,031.				GENERAL SUPPORT
<b>(11)</b> CONSERVE WILDLIFE FOUNDATION OF NEW JERSEY, 501 EAST STATE ST. TRENTON, NJ 08625-042	22-3130406	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(12)</b> GREENLATINOS 801 PENNSYLVANIA AVE. WASHINGTON, DC 20004	26-3386082	501(C)(3)	10,000.				GENERAL SUPPORT

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<b>(1)</b> ORANGE WATER AND SEWER AUTHORITY 400 JONES FERRY RD. CARRBORO, NC 27510	56-1157098	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(2)</b> TUCSON AUDUBON SOCIETY 738 N. 5TH AVE STE 100 TUCSON, AZ 85705	86-6053779	501(C)(3)	9,878.				GENERAL SUPPORT
<b>(3)</b> AUDUBON SOCIETY OF FORSYTH COUNTY PO BOX 15111 WINSTON-SALEM, NC 27113	58-1339557	501(C)(3)	9,606.				GENERAL SUPPORT
<b>(4)</b> COLUMBUS AUDUBON SOCIETY 505 W. WHITTIER ST. COLUMBUS, OH 43215	23-7455976	501(C)(3)	9,599.				GENERAL SUPPORT
<b>(5)</b> PEABODY MUSEUM PO BOX 208118 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	9,555.				GENERAL SUPPORT
<b>(6)</b> ALTACAL AUDUBON SOCIETY PO BOX 3671 CHICO CALIFORNIA 95927	68-0015173	501(C)(3)	9,331.				GENERAL SUPPORT
<b>(7)</b> YOLO AUDUBON SOCIETY PO BOX 886 DAVIS, CA 95617	23-7281889	501(C)(3)	9,148.				GENERAL SUPPORT
<b>(8)</b> MADISON AUDUBON SOCIETY INC. 1400 E.WASHIGTON AVE. MADISON, WI 53703	39-1393389	501(C)(3)	8,708.				GENERAL SUPPORT
<b>(9)</b> VALLEY FORGE AUDUBON SOCIETY 1201 PAWLINGS RD PENNSYLVANIA, PA 19403	23-7067359	501(C)(3)	8,649.				GENERAL SUPPORT
<b>(10)</b> AUDUBON SOCIETY OF WESTERN PENNSYLVANIA 614 DORSEYVILLE RD. PITTSBURGH, PA 15238	25-1324559	501(C)(3)	8,627.				GENERAL SUPPORT
<b>(11)</b> GROW DAT YOUTH FARM 1 PALM DRIVE NEW ORLEANS, LA 70124	45-3142732	501(C)(3)	8,469.				GENERAL SUPPORT
<b>(12)</b> AUDUBON SOCIETY OF GREATER DENVER 9308 S WADSWORTH BLVD LITTLETON, CO 80128	23-7063701	501(C)(3)	8,370.				GENERAL SUPPORT

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<b>(1)</b> BUFFALO AUDUBON SOCIETY 1610 WELCH RD. JAVA, NY 14113	16-6088768	501(C)(3)	8,313.				GENERAL SUPPORT
<b>(2)</b> PELICAN ISLAND AUDUBON SOCIETY 295 COCONUT PALM RD. VERO BEACH, FL 32963	59-6197617	501(C)(3)	8,285.				GENERAL SUPPORT
<b>(3)</b> SOUTH FLORIDA AUDUBON SOCIETY 10871 CLAIRMONT CIR. TAMARAC, FL 33321-5806	59-6196137	501(C)(3)	8,054.				GENERAL SUPPORT
<b>(4)</b> STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	8,000.				GENERAL SUPPORT
<b>(5)</b> BURROUGHS AUDUBON SOCIETY OF GREATER KANSAS 7300 W. PARK RD. BLUE SPRINGS, MO 64015	23-7211916	501(C)(3)	7,963.				GENERAL SUPPORT
<b>(6)</b> REFUGE FRIENDS INC 3815 AMERICAN BLVD BLOOMINGTON, MN 55425	20-8644416	501(C)(3)	7,500.				GENERAL SUPPORT
<b>(7)</b> THE OHIO STATE UNIVERSITY 1960 KENNY RD. COLUMBUS, OH 43210-1063	31-6401599	GOV'T ENTITY	7,500.				GENERAL SUPPORT
<b>(8)</b> BEXAR AUDUBON SOCIETY PO BOX 6084 SAN ANTONIO, TX 78209	74-2287736	501(C)(3)	7,177.				GENERAL SUPPORT
<b>(9)</b> SIERRA FOOTHILLS AUDUBON SOCIETY PO BOX 1937 GRASS VALLEY, CA 95945	94-2770544	501(C)(3)	7,163.				GENERAL SUPPORT
<b>(10)</b> SEA AND SAGE AUDUBON SOCIETY PO BOX 5447 IRVINE, CA 92616	23-7003681	501(C)(3)	7,065.				GENERAL SUPPORT
<b>(11)</b> BRAIDED RIVER 1001 SW KLUCKITAT WAY SEATTLE, WA 98134	74-3237379	501(C)(3)	7,000.				GENERAL SUPPORT
<b>(12)</b> FLORIDA AUDUBON SOCIETY 4500 BISCAYNE BLVD., MIAMI, FL 33137	59-0245495	501(C)(3)	7,000.				GENERAL SUPPORT

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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AUDUBON CHAPTER OF MINNEAPOLIS PO BOX 3801 MINNEAPOLIS, MN 55403	41-6029296	501(C)(3)	6,896.				GENERAL SUPPORT
<b>(2)</b> CHESAPEAKE AUDUBON SOCIETY PO BOX 3173 BALTIMORE, MD 21228	52-1038833	501(C)(3)	6,841.				GENERAL SUPPORT
<b>(3)</b> GOMLF PO BOX 523 KENNEBUNK, ME 04043	01-0535494	501(C)(3)	6,750.				GENERAL SUPPORT
<b>(4)</b> MOUNT DIABLO AUDUBON SOCIETY PO BOX 53 WALNUT CREEK, CA 94597	23-7089801	501(C)(3)	6,449.				GENERAL SUPPORT
<b>(5)</b> VENTURA AUDUBON SOCIETY 104 N. EVERGREEN DR. VENTURA, CA 93003	95-3538623	501(C)(3)	6,352.				GENERAL SUPPORT
<b>(6)</b> ST. LOUIS AUDUBON SOCIETY PO BOX 220227 ST. LOUIS, MO 63122-0227	43-6052063	501(C)(3)	6,342.				GENERAL SUPPORT
<b>(7)</b> ST. PAUL AUDUBON SOCIETY PO BOX 7275 ST. PAUL, MN 55107-7275	23-7024404	501(C)(3)	6,242.				GENERAL SUPPORT
<b>(8)</b> MARICOPA AUDUBON SOCIETY 13585 N. 92ND PL. SCOTTSDALE, AZ 85260	86-6040458	501(C)(3)	6,238.				GENERAL SUPPORT
<b>(9)</b> MECKLENBURG AUDUBON SOCIETY PO BOX 221093 CHARLOTTE, NC 28222	56-6164702	501(C)(3)	6,032.				GENERAL SUPPORT
<b>(10)</b> TRAVIS AUDUBON SOCIETY 3710 CEDAR STREET BOX 5 AUSTIN, TX 78705	74-6046937	501(C)(3)	5,724.				GENERAL SUPPORT
<b>(11)</b> MILWAUKEE AUDUBON SOCIETY 1015 17TH AVENUE GRAFTON GRAFTON, WI 53024	39-1233634	501(C)(3)	5,661.				GENERAL SUPPORT
<b>(12)</b> AMOS W. BUTLER AUDUBON SOCIETY PO BOX 80024 INDIANAPOLIS, IN 46280	23-7253434	501(C)(3)	5,529.				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MADRONE AUDUBON SOCIETY 8050 ELPHICK SEBASTOPOLE SEBASTOPO, CA 95472	94-6172986	501(C)(3)	5,461.				GENERAL SUPPORT
<b>(2)</b> TAHOMA AUDUBON SOCIETY 2917 MORRISON UNIVERSITY PL., WA 98466	23-7450873	501(C)(3)	5,459.				GENERAL SUPPORT
<b>(3)</b> FRESNO AUDUBON SOCIETY PO BOX 9324 FRESNO, CA 93791	23-7443047	501(C)(3)	5,425.				GENERAL SUPPORT
<b>(4)</b> SAN FERNANDO VALLEY AUDUBON SOCIETY PO BOX 7769 VAN NUYS, CA 91409-7769	95-1856339	501(C)(3)	5,364.				GENERAL SUPPORT
<b>(5)</b> AUDUBON SOCIETY OF OHIO 3398 W GALBRAITH RD. CINCINNATI, OH 45239	31-6037851	501(C)(3)	5,190.				GENERAL SUPPORT
<b>(6)</b> KERN AUDUBON SOCIETY PO BOX 3581 BAKERSFIELD, CA 93385	23-7307076	501(C)(3)	5,177.				GENERAL SUPPORT
<b>(7)</b> SOUTH SHORE AUDUBON SOCIETY PO BOX 31 FREEPORT, NY 11520	23-7300504	501(C)(3)	5,108.				GENERAL SUPPORT
<b>(8)</b> STANISLAUS AUDUBON SOCIETY 1108 CAMBRIDGE COURT MODESTO, CA 95350	94-2675613	501(C)(3)	5,107.				GENERAL SUPPORT
<b>(9)</b> LOS ANGELES AUDUBON SOCIETY PO BOX 931057 LOS ANGELES, CA 90093	95-6093704	501(C)(3)	5,081.				GENERAL SUPPORT
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 82.

3 Enter total number of other organizations listed in the line 1 table ▶ 11.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STIPENDS	7.	8,163.			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING GRANTS IN THE US

THE PROGRAM DEPARTMENT IS RESPONSIBLE FOR SELECTING THE RECIPIENTS OF GRANTS CREATING A GRANT AGREEMENT AND TRAINING GRANTEEES WITH RESPECT TO PROGRAM REQUIREMENTS. GRANTEEES ARE REQUIRED TO SUBMIT FINANCIAL AND PROGRAM REPORTS ON A TIMELY BASIS AND TO PARTICIPATE IN AN EVALUATION PROCESS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

13-1624102

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID YARNOLD PRESIDENT AND CEO	(i)	481,904.	75,000.	23,544.	21,200.	19,835.	621,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SUSAN LUNDEN CHIEF OPERATING OFFICER	(i)	222,899.	0.	1,806.	9,065.	7,452.	241,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 LORRAINE SCIARRA VP/ GENERAL COUNSEL	(i)	245,182.	3,700.	5,334.	19,652.	1,162.	275,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MARY BETH HENSON VP AND CFO	(i)	226,600.	0.	3,496.	18,128.	1,162.	249,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 KIMBERLY A KELLER VP, PRINCIPAL GIFTS	(i)	236,673.	15,000.	630.	13,662.	7,226.	273,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ANNE LIEBERMAN CHIEF DEVELOPMENT OFFICER	(i)	230,636.	0.	3,898.	19,119.	11,732.	265,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ANDREW J ROOS VP/ CIO	(i)	202,879.	10,000.	3,496.	17,200.	19,226.	252,801.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 GLENN E OLSON VICE PRESIDENT	(i)	163,783.	0.	43,238.	13,818.	12,363.	233,202.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 GARY M LANGHAM VP AND CHIEF SCIENTIST	(i)	202,696.	0.	1,722.	16,800.	19,575.	240,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MARGARET OLSEN VP/ATLANTIC FLYWAY&INT'L PRGMS	(i)	205,392.	3,200.	3,496.	16,731.	7,226.	236,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 BRIGID M MCCORMACK VP AND EXECUTIVE DIRECTOR	(i)	200,814.	5,000.	2,098.	17,312.	19,166.	244,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 JOSE M CARBONELL CHIEF MARKETING OFFICER	(i)	145,996.	5,000.	245.	11,375.	8,047.	170,663.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 4(A)

AUDUBON HAS A KEYSOP PLAN IN PLACE; THIS PLAN IS A NONQUALIFIED DEFERRED COMPENSATION PLAN. NO CONTRIBUTIONS HAVE BEEN ALLOWED TO THIS PLAN SINCE 2002. ALL DEFERRED COMPENSATION MUST BE REALIZED BY JANUARY 2017. AS OF JUNE 30, 2016, THERE IS \$47,000 INCLUDED IN PART X ON THE BALANCE SHEET RELATED TO THIS PLAN.

FORM 990, SCHEDULE J, PART I, LINE 7

AUDUBON HAS A BONUS POOL EQUAL TO ONE PERCENT OF SALARIES. BONUSES ARE AWARDED BASED ON MERIT AND ARE REVIEWED BY HUMAN RESOURCES AND SENIOR MANAGEMENT. NO INDIVIDUAL THAT RECEIVES A BONUS HAS ANY INPUT INTO THE DECISION-MAKING PROCESS ON THE AWARDING OF THE BONUSES.

THE PRESIDENT/CEO'S BONUS IS DETERMINED BY THE BOARD OF DIRECTORS AND MEMORIALIZED IN BOARD MINUTES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	10 .	79,200 .	FAIR MARKET VALUE
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		220 .	FAIR MARKET VALUE
5 Clothing and household goods . . . . .	X		16,794 .	FAIR MARKET VALUE
6 Cars and other vehicles . . . . .	X	2 .	9,875 .	FAIR MARKET VALUE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	99 .	1,036,878 .	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .	X	1 .	25,090 .	FAIR MARKET VALUE
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1 . . . . .)		57 .	63,997 .	
26 Other ▶ ( . . . . .)				
27 Other ▶ ( . . . . .)				
28 Other ▶ ( . . . . .)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 2 .

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

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PAGE 63

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

PART I, LINE 31

CONTRIBUTIONS MUST BE ACCEPTABLE TO NATIONAL AUDUBON SOCIETY, WHICH  
RESERVES THE RIGHT TO DECLINE ANY CONTRIBUTIONS, VERIFY THE SOURCE OF ANY  
FUNDS, AND IN THE CASE OF NONMARKETABLE ASSETS REQUIRE AN INDEPENDENT  
APPRAISAL OF VALUE.

PART I, LINE 32B

TO THE EXTENT THAT THE ORGANIZATION RECEIVES DONATIONS OF SECURITIES, ITS  
INVESTMENT BROKER/MANAGER IS TASKED WITH SELLING THOSE SECURITIES.

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
FURNITURE	X	2.	2,500.	FAIR MARKET VALUE
EXPERIENCES	X	26.	37,002.	FAIR MARKET VALUE
CAMPING EQUIPMENT	X	23.	10,923.	FAIR MARKET VALUE
ALL OTHER	X	6.	13,572.	FAIR MARKET VALUE
TOTALS		<u>57.</u>	<u>63,997.</u>	



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

Department of the Treasury  
Internal Revenue Service

**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.**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION CONTINUED

AUDUBON OPERATES AN EXTENSIVE NETWORK OF NATIONAL CONSERVATION PROGRAMS,  
23 STATE AND REGIONAL OFFICES, 41 CENTERS, 23 SANCTUARIES AND 463  
INDEPENDENT CHAPTERS. OUR WORK IS A POWERFUL COMBINATION OF SCIENCE, ON  
THE GROUND CONSERVATION, POLICY AND ENGAGEMENT EXPERTISE THAT STRIVES TO  
PROTECT AND RESTORE HABITAT, AND TO BUILD THE DURABLE PUBLIC WILL TO  
IMPLEMENT POLICIES THAT SAFEGUARD BIRDS, OTHER WILDLIFE AND THE RESOURCES  
THAT SUSTAIN US ALL-IN THE U.S. AND ACROSS THE AMERICAS.

FORM 990, PART VI, SECTION A, LINE 6

UNDER THE BYLAWS, ANY INDIVIDUAL OR ORGANIZATION APPROVING THE PURPOSES  
AND OBJECTIVES OF THE NATIONAL AUDUBON SOCIETY IS ELIGIBLE FOR  
MEMBERSHIP. THE MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL  
MEETING. FORM 990, PART VI, SECTION A, LINE 7A AUDUBON'S BYLAWS  
AUTHORIZE ITS MEMBERS TO ELECT THE INDIVIDUALS THAT SHALL SERVE ON THE  
BOARD OF DIRECTORS. AUTHORIZE ITS MEMBERS TO ELECT THE INDIVIDUALS THAT  
SHALL SERVE ON THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11

THE FORM 990 IS PREPARED BY STAFF AND A NATIONALLY RECOGNIZED ACCOUNTING  
FIRM, PRIOR TO ITS ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE.  
AFTER THE FORM 990 HAS BEEN REVIEWED BY MANAGEMENT AND THE BOARD AUDIT &  
ETHICS COMMITTEE, IT IS MADE AVAILABLE ELECTRONICALLY VIA A  
PASSWORD-PROTECTED WEBSITE TO THE FULL BOARD OF DIRECTORS. DIRECTORS ARE

Name of the organization NATIONAL AUDUBON SOCIETY, INC.	Employer identification number 13-1624102
--	--

GIVEN A WEEK TO PROVIDE FEEDBACK, WHICH IS INCORPORATED PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C

AUDUBON'S CONFLICT OF INTEREST POLICY COVERS ALL EMPLOYEES, DIRECTORS AND OFFICERS OF THE CORPORATION. DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AN ANNUAL QUESTIONNAIRE WHICH ELICITS INFORMATION WITH RESPECT TO POTENTIAL CONFLICTS. THE OFFICE OF GENERAL COUNSEL REVIEWS ANY POTENTIAL CONFLICTS IDENTIFIED ON THE QUESTIONNAIRE. IN THE EVENT OF A CONFLICT, THE INDIVIDUAL WHO HAS A CONFLICT MUST RECUSE HIM OR HERSELF FROM ANY PART OF ANY DISCUSSION OR DECISION THAT PERTAINS TO THE CONFLICT. THE AUDIT AND ETHICS COMMITTEE, WITH THE ASSISTANCE OF AUDUBON'S GENERAL COUNSEL, MONITORS ADHERENCE TO AND COMPLIANCE WITH AUDUBON'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A

THE COMPENSATION COMMITTEE OF AUDUBON'S BOARD OF DIRECTORS REVIEWS THE PERFORMANCE AND COMPENSATION OF AUDUBON'S PRESIDENT/CEO USING INDEPENDENT DATA INCLUDING COMPARABLES FOR SIMILARLY SITUATED ORGANIZATIONS. DELIBERATIONS AND DECISIONS ARE MEMORIALIZED IN WRITING WHEN MADE. THE ORGANIZATION UNDERTOOK A COMPENSATION STUDY IN THE BEGINNING OF 2016.

FORM 990, PART VI, SECTION C, LINE 19

ON AUDUBON'S WEBSITE, AUDUBON'S FORM 990, AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT ARE AVAILABLE TO THE PUBLIC. THE CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

Name of the organization NATIONAL AUDUBON SOCIETY, INC.	Employer identification number 13-1624102
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FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF CHARITABLE TRUSTS	(5,906,437)
PENSION & PERIODIC POSTRETIREMENT CHANGES	(3,610,330)
CHARITABLE TRUST ADDITIONS	606,744
TOTAL CHANGES IN NET ASSETS	(8,910,023)

FORM 990, PART XII, LINE 2C

AUDUBON HAS AN AUDIT & ETHICS COMMITTEE OF THE BOARD OF DIRECTORS THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

FIELD CONSERVATION: IN 2016, AUDUBON ADOPTED A NEW STRATEGIC PLAN WITH THE GOAL OF PROTECTING BIRDS DURING EVERY POINT OF THEIR LIFECYCLES THROUGHOUT THE AMERICAS. AUDUBON MAXIMIZES ITS CONSERVATION RESULTS BY FOCUSING ON FIVE STRATEGIES CRITICAL FOR BIRDS:

1. COASTS: AUDUBON AND ITS PARTNERS IN LATIN AMERICA WORK TO STRENGTHEN POPULATIONS OF SHOREBIRDS, WHILE PRESERVING THE BREEDING, STOPOVER AND WINTERING SITES IN VITAL HABITATS ALONG THE COASTS OF THE AMERICAS. IN FY16, AUDUBON PLAYED A KEY ROLE IN TWO LANDMARK DECISIONS REGARDING THE OCEAN HABITAT CRITICAL TO SHOREBIRDS. MORE THAN 20,000 MEMBERS SENT LETTERS SUPPORTING

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ATTACHMENT 1 (CONT'D)

NOAA'S RULES TO PRESERVE 200,000 SQUARE MILES OF PACIFIC FISHERIES. OUR RESEARCH ON THE WINTERING GROUNDS OF THE ATLANTIC PUFFIN SUPPORTED THE OBAMA ADMINISTRATION DECISION TO CREATE THE NORTHEAST CANYONS AND SEAMOUNTS MARINE NATIONAL MONUMENT.

2. WORKING LANDS: AUDUBON WORKS WITH LANDOWNERS, LAND MANAGERS, PRIVATE INDUSTRY AND GOVERNMENT AGENCIES TO CREATE BIRD FRIENDLY, SUSTAINABLE LAND-MANAGEMENT PRACTICES ON THE MILLIONS OF ACRES ACROSS THE HEMISPHERE THAT ARE DEDICATED TO AGRICULTURE AND GRAZING. IN FY16, AUDUBON CALIFORNIA WORKED COOPERATIVELY WITH CENTRAL VALLEY FARMERS TO PROTECT ALL OF THE TRICOLORED BLACKBIRD COLONIES NESTING IN AGRICULTURAL FIELDS - THESE 57,000 BIRDS REPRESENT ONE-THIRD OF THE GLOBAL POPULATION OF THE SPECIES.

3. WATER: AUDUBON WORKS TO ENSURE THAT CRITICAL WETLANDS, IN PERIL DUE TO WATER ALLOCATION AND QUALITY ISSUES, GET THE WATER THEY NEED TO REMAIN IMPORTANT WINTERING AND MIGRATORY STOPOVER HABITATS AND SUSTAIN WILDLIFE. IN FY16, WORKING WITH LOCAL WATER AGENCIES AND LEVERAGING THE POWER OF OUR WESTERN RIVERS ACTION NETWORK, AUDUBON HELPED SHAPE CRITICAL WATER-USE POLICY IN COLORADO. THE POLICY NOW PROTECTS STREAMS COVERING 80% OF THE STATE'S WATERSHED BY 2030. IN NEW MEXICO, AUDUBON BROKERED A HISTORIC WATER DONATION FOR STRICTLY ENVIRONMENTAL PURPOSES, DELIVER 264 MILLION GALLONS OF WATER TO THE MIDDLE RIO GRANDE.

Name of the organization NATIONAL AUDUBON SOCIETY, INC.	Employer identification number 13-1624102
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ATTACHMENT 1 (CONT'D)

4. CLIMATE: AUDUBON SEEKS TO CREATE GREATER DEMAND TO CHANGE ON THE CLIMATE ISSUE BY TAPPING INTO PEOPLE'S PASSION FOR BIRDS TO PROTECT THE 314 NORTH AMERICAN BIRD SPECIES THREATENED BY CLIMATE CHANGE BY CARING FOR THE PLACES THEY NEED NOW AND IN A CLIMATE-CHANGED FUTURE. IN FY16, STAFF IN AUDUBON MINNESOTA AND THE NATIONAL CLIMATE INITIATIVE HELPED CREATE AND PASS A MINNESOTA BILL TO SET VOLUNTARY STANDARDS FOR SOLAR ENERGY SITES THAT ARE BIRD-FRIENDLY AND PLANTED WITH NATIVE PLANTS TO BENEFIT BIRDS AND OTHER POLLINATORS.

5. BIRD-FRIENDLY COMMUNITIES: AUDUBON'S NETWORK WORKS IN AMERICA'S CITIES AND TOWNS, THE PLACES WHERE BIRDS AND PEOPLE INTERSECT THE MOST, TO PROTECT AND RESTORE BIRD POPULATIONS BY PROVIDING FOOD, SHELTER, SAFE PASSAGE AND PLACES TO RAISE THEIR YOUNG. IN FY16, AUDUBON LAUNCHED A NATIONAL PLANTS FOR BIRDS NATIVE-PLANTS PROGRAM THAT SEEKS TO CREATE SUITABLE HABITAT IN BACKYARDS, LOCAL PARKS AND COMMERCIAL PROPERTY TO ATTRACT AND PROTECT BIRDS AND OTHER HABITAT. OUR GOALS INCLUDE THE INSTALLATION OF 5-10 MILLION NATIVE PLANTS AND AT LEAST 500 COMMUNITY-LEVEL PROGRAMS AND PARTNERSHIPS.

FIELD CONSERVATION PROGRAMS OPERATE AUDUBON'S 23 REGIONAL AND STATE OFFICES AND COMBINE LOCAL POLICY, SCIENCE AND ON THE GROUND CONSERVATION EFFORTS TO ADVANCE AUDUBON'S MISSION. THE FIELD CONSERVATION PROGRAMS ALSO CONNECT THE WORK OF AUDUBON CHAPTERS,

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ATTACHMENT 1 (CONT'D)

NATURE CENTERS, VOLUNTEERS, PARTNERS, AND OTHER SUPPORTERS ALONG EACH OF THE FOUR MIGRATORY FLYWAYS.

THROUGH THIS WORK, AUDUBON WEAVES A SEAMLESS WEB TO ACHIEVE FULL LIFECYCLE CONSERVATION FOR BOTH MIGRATORY AND NON-MIGRATORY SPECIES. INTEGRATED, SHARED FLYWAY CONSERVATION GOALS ENHANCE OUR IMPACT, AND COORDINATED RESOURCES AND EXPERTISE INCREASES EFFICIENCY ACROSS THE NETWORK. IMPACT, AND COORDINATED RESOURCES AND EXPERTISE INCREASES EFFICIENCY ACROSS THE NETWORK.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

NATIONAL CONSERVATION PROGRAMS FOCUS AND ALIGN AUDUBON'S UNPARALLELED NETWORK TO MEET TODAY'S UNPRECEDENTED ENVIRONMENTAL CHALLENGES. NATIONAL CONSERVATION PROVIDES STRATEGY, EXPERTISE AND LEADERSHIP FOR AUDUBON'S CONSERVATION WORK AND ENSURES EFFORTS ARE INTEGRATED FOR MAXIMUM EFFECTIVENESS.

NATIONAL PROGRAMS INCLUDE:

- CLIMATE INITIATIVE WORKS TO PROTECT THE PLACES BIRDS NEED IN A WARMER WORLD, AND ADVOCATE FOR SIGNIFICANT PUBLIC POLICY CHANGES AT THE LOCAL, STATE AND FEDERAL LEVELS. AUDUBON SEEKS TO CREATE GREATER DEMAND FOR CHANGE ON THE CLIMATE ISSUE BY BUILDING SUSTAINED GRASSROOTS INFLUENCE AMONG AUDUBON'S BIPARTISAN, 1 MILLION MEMBERS AND SUPPORTERS. OUR WORK INCLUDES ACTION TO

Name of the organization NATIONAL AUDUBON SOCIETY, INC.	Employer identification number 13-1624102
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ATTACHMENT 2 (CONT'D)

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PROTECT AND MONITOR CLIMATE STRONGHOLDS (PLACES WHERE BIRDS WILL HAVE THE BEST CHANCE TO SURVIVE), AND INFLUENCE POLICIES AND REGULATIONS THAT REDUCE GREENHOUSE GASES AND ENCOURAGE RENEWABLE ENERGY.

- NETWORK WORKS TO INCREASE THE CAPACITY, DIVERSITY, CONNECTEDNESS AND EFFECTIVENESS OF AUDUBON'S NETWORK. WORKING WITH AUDUBON STAFF IN STATE OFFICES AND CENTERS, AND OUR 463 INDEPENDENT CHAPTERS, NETWORK DEVELOPS TOOLS AND PROGRAMS THAT ADVANCE OUR SHARED CONSERVATION PRIORITIES. THE GOAL IS TO BRING AUDUBON'S CONSERVATION MISSION TO LIFE IN COMMUNITIES THROUGH CREATIVE AND RELEVANT LOCAL ACTION THAT ACHIEVES LASTING OUTCOMES AND BUILDS DURABLE PUBLIC SUPPORT FOR BIRDS AND CONSERVATION. AUDUBON NATURE CENTERS ARE ONE OF THE PRINCIPLE ELEMENTS OF AUDUBON'S NETWORK, REACHING A MILLION VISITORS EACH YEAR.

- SCIENCE ENGAGES IN RESEARCH AND ANALYSIS TO SUPPORT THE DEVELOPMENT OF OUR CONSERVATION STRATEGIES, AND BUILD OUR AUTHORITY AS A SCIENCE-LED THOUGHT LEADER. THE SCIENCE PROGRAM ESTABLISHES COMMON METRICS TO TRACK PROGRESS ACROSS INITIATIVES AND FLYWAYS, INCLUDING BIOLOGICAL RESPONSE OF SPECIES, AND ACRES OF HABITAT RESTORED, PROTECTED OR MANAGED.

IT CONDUCTS CITIZEN SCIENCE BIRD MONITORING AND DATA COLLECTION THROUGH THE CHRISTMAS BIRD COUNT AND GREAT BACKYARD BIRD COUNT, AND THE CLIMATE WATCH PROGRAM, TO GAIN A UNIQUE VIEW ON BIRD

Name of the organization NATIONAL AUDUBON SOCIETY, INC.	Employer identification number 13-1624102
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ATTACHMENT 2 (CONT'D)

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TRENDS ACROSS THE HEMISPHERE TO IDENTIFY AND UNDERSTAND THREATS LIKE CLIMATE CHANGE. SCIENCE'S WORK WAS AT THE CENTER OF THE CLIMATE INITIATIVE LAUNCH, BASED ON AN ANALYSIS OF MORE THAN 100 YEARS OF OBSERVATIONS FROM OUR CITIZEN SCIENTISTS THAT INDICATED THAT MORE THAN HALF OF AMERICA'S 314 BIRD SPECIES ARE IN PERIL FROM CHANGING CLIMATIC CONDITIONS.

- POLICY USES A CENTRIST APPROACH TO ENVIRONMENTAL ADVOCACY THAT HAS EARNED A REPUTATION AS A TRUSTED AND INFLUENTIAL VOICE. WE COMBINE GRASSROOTS ORGANIZING, ADVOCACY AND COMMUNICATION TO SUPPORT LARGE STATE AND MULTI-STATE EFFORTS SUCH AS: THE RESTORATION OF LARGE ICONIC ECOSYSTEMS, LIKE THE ARCTIC SLOPE IN ALASKA, THE WETLANDS OF THE EVERGLADES, AND THE MISSISSIPPI RIVER DELTA; PROTECTION OF 2,838 IMPORTANT BIRD AREAS COVERING APPROXIMATELY 400 MILLION ACRES OF PUBLIC AND PRIVATE LANDS; AND SAFEGUARDING COMMON SENSE LAWS LIKE THE CLEAN AIR ACT, CLEAN WATER ACT, ENDANGERED SPECIES ACT AND THE NEOTROPICAL MIGRATORY BIRD CONSERVATION ACT.

- MARKETING & ENGAGEMENT BUILDS THE SIZE AND EFFECTIVENESS OF AUDUBON'S NETWORK OF SUPPORTERS AND VOLUNTEERS SO THAT MORE PEOPLE TAKE ACTION FOR BIRDS AND THE ENVIRONMENT. WE REACH SUPPORTERS THROUGH A VARIETY OF CHANNELS INCLUDING WWW.AUDUBON.ORG, SOCIAL MEDIA, EMAIL MARKETING, AND AUDUBON MAGAZINE, WHICH REACHES APPROXIMATELY 1.5 MILLION READERS. IN APRIL 2015, AUDUBON ACQUIRED THE ASSETS OF DIGITAL APPLICATIONS BEARING THE AUDUBON



Name of the organization NATIONAL AUDUBON SOCIETY, INC.	Employer identification number 13-1624102
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ATTACHMENT 2 (CONT'D)

BRANDED NATURE GUIDES. THE GUIDES HAVE BEEN DOWNLOADED MORE THAN 1 MILLION TIMES, AND ADVANCE AUDUBON'S MISSION OF EDUCATING PEOPLE ABOUT BIRDS.

- HEMISPHERIC STRATEGY WORKS THROUGH PARTNER ORGANIZATIONS AS PART OF BIRDLIFE INTERNATIONAL TO DELIVER CONCRETE, ON THE GROUND ACTIONS THAT ADDRESS CRITICAL THREATS TO AUDUBON'S PRIORITY BIRD SPECIES. AUDUBON PROVIDES SCIENCE, TECHNICAL EXPERTISE, AND POLICY DEVELOPMENT TOOLS TO BUILD THE CONSERVATION CAPACITIES OF IN-COUNTRY ORGANIZATIONS. AUDUBON COLLABORATES WITH INTERNATIONAL PARTNERS IN NINE COUNTRIES ON CONSERVATION WORK AND FIVE MORE TO FOSTER GRASSROOTS ACTION ON CLIMATE CHANGE ISSUES. WE ARE THE BIRDLIFE INTERNATIONAL PARTNER FOR THE UNITED STATES.

- DIVERSITY AND INCLUSION IS A CORE VALUE AND STRATEGIC IMPERATIVE FOR AUDUBON. ACHIEVING OUR CONSERVATION GOALS REQUIRES AUTHENTIC REPRESENTATION OF ALL THE COMMUNITIES WE WORK IN TO BUILD A BRIGHTER FUTURE FOR BIRDS. AUDUBON'S DIVERSITY AND INCLUSION EFFORTS WILL BROADEN OUR NETWORK OF SUPPORTERS AND INCREASE OUR STAFF DIVERSITY, INSPIRING MORE PEOPLE TO WORK TO CONSERVE MORE HABITATS.

AUDUBON IS DEDICATED TO PROVIDING A WORK ENVIRONMENT THAT PRIORITIZES FAIRNESS AND RESPECT, AND A WORKPLACE FREE OF ANY KIND OF DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX, AGE, SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION, DISABILITY, NATIONAL

Name of the organization NATIONAL AUDUBON SOCIETY, INC.	Employer identification number 13-1624102
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ATTACHMENT 2 (CONT'D)

OR ETHNIC ORIGIN, POLITICS OR VETERAN STATUS.

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PRODUCTION SOLUTIONS, INC. 1953 GALLOWS ROAD, SUITE 600 VIENNA, VA 22182	MAILING SERVICES	4,120,394.
PALM COAST DATA LLC 3787 SOLUTIONS CENTER CHICAGO, IL 60677-3007	MEMBER PROCESSING	1,781,911.
COASTAL WASTE CO., INC. PO BOX 6127 D'LBERVILLE, MS 39540	CONSTRUCTION	1,325,399.
QUAD GRAPHICS, INC. P.O. BOX 644840 BOSTON, MA 02284-2858	MAGAZINE PRODUCTION	444,535.
LINDENMEYR CENTRAL P.O. BOX 100431 ATLANTA, GA 30384-0431	MAGAZINE PRODUCTION	400,700.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

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**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL AUDUBON SOCIETY OF COASTAL CT 23-7263861 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	LAND HOLDING	CT	501 (C) (3)	07	NAS, INC.	X	
(2) NATIONAL AUDUBON SOCIETY OF SHARON INC. 23-7245359 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	LAND HOLDING	CT	501 (C) (3)	07	NAS, INC.	X	
(3) LINCOLN AUDUBON SOCIETY 51-0196442 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	LAND HOLDING	ME	501 (C) (3)	07	NAS, INC.	X	
(4) NATIONAL AUDUBON SOCIETY OF GREENWICH 23-7245358 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	LAND HOLDING	CT	501 (C) (3)	07	NAS, INC.	X	
(5) EAST PARK LEADERSHIP & CONSERVATION CNTR 46-2907677 3250 WEST SEDGLY DRIVE PHILADELPHIA, PA 19130	SUPPORT ORG	PA	501 (C) (3)	11A	NAS/OTWD BD	X	
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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