

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

|  |  |   |  |
|--|--|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>MASSACHUSETTS AUDUBON SOCIETY, INC.</b>                          |   | <b>D</b> Employer identification number<br><b>04-2104702</b>   |
|  | Doing business as  |   | <b>E</b> Telephone number<br><b>781-259-9500</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                           | Room/suite  | <b>G</b> Gross receipts \$ <b>71,473,123.</b>  |
|  | <b>208 SOUTH GREAT ROAD</b>  |   |  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>LINCOLN, MA 01773</b> |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>F</b> Name and address of principal officer: <b>BANCROFT POOR</b><br><b>208 SOUTH GREAT ROAD, LINCOLN, MA 01773</b>   |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <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  |  | If "No," attach a list. See instructions  |  |
| <b>J</b> Website: <b>HTTP://WWW.MASSAUDUBON.ORG</b>  |  | <b>H(c)</b> Group exemption number ▶  |  |
| <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: <b>1896</b> <b>M</b> State of legal domicile: <b>MA</b>                 |  |

| Part I Summary  |   | Prior Year  | Current Year                              |
|---|---|---|---|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>LAND AND HABITAT CONSERVATION AND ENVIRONMENTAL EDUCATION AND ADVOCACY.</b> |   |   |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                    |   |   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>  | <b>29</b>                                 |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>  | <b>29</b>                                 |
|   | <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)   | <b>5</b>  | <b>867</b>                                |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>  | <b>3275</b>                               |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>   | <b>0.</b>                                 |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>   | <b>90,821.</b>  |   |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>20,071,462.</b>                                      | <b>23,422,342.</b>                        |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>6,221,136.</b>                                       | <b>7,979,630.</b>                         |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>4,028,896.</b>                                       | <b>5,916,565.</b>                         |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>7,987,299.</b>                                       | <b>667,760.</b>                           |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>38,308,793.</b>                                      | <b>37,986,297.</b>                        |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>377,899.</b>   | <b>173,225.</b>                           |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>   | <b>0.</b>                                 |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>22,901,819.</b>                                      | <b>20,024,232.</b>                        |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>   | <b>0.</b>                                 |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,286,169.</b>  |   |   |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>8,703,553.</b>                                       | <b>8,344,558.</b>                         |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>31,983,271.</b>                                      | <b>28,542,015.</b>                        |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                  | <b>6,325,522.</b>   | <b>9,444,282.</b>                                       |   |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br><b>290,978,469.</b> | <b>End of Year</b><br><b>355,065,966.</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>8,865,463.</b>                                       | <b>16,991,204.</b>                        |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>282,113,006.</b>                                     | <b>338,074,762.</b>                       |

**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: <i>Bancroft P. Poor</i>                                  | Date: <b>1/5/2022</b>                           |
|                          | <b>BANCROFT POOR, ASSISTANT TREASURER, CFO</b><br>Type or print name and title |   |
| <b>Paid</b>              | Print/Type preparer's name<br><b>JOHN BUCKLEY, CPA</b>                         | Preparer's signature<br><i>John Buckley CPA</i> |
| <b>Preparer Use Only</b> | Firm's name ▶ <b>AAFCPAS, INC.</b>   | Firm's EIN ▶ <b>04-2571780</b>                  |
|                          | Firm's address ▶ <b>50 WASHINGTON STREET<br/>WESTBOROUGH, MA 01581</b>         | Phone no. <b>508-366-9100</b>                   |

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

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: TO PROTECT THE NATURE OF MASSACHUSETTS FOR PEOPLE AND FOR WILDLIFE THROUGH EDUCATION, LAND CONSERVATION, ADVOCACY, SCIENTIFIC RESEARCH, AND HABITAT STEWARDSHIP.

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.

4a (Code: ) (Expenses \$ 17,987,424. including grants of \$ 173,225. ) (Revenue \$ 7,527,779. ) ENVIRONMENTAL EDUCATION AND WILDLIFE SANCTUARY STEWARDSHIP: MASS AUDUBON MAINTAINS 25 FIELD OFFICES AND STAFFED WILDLIFE SANCTUARIES (INCLUDING 20 SANCTUARIES WITH NATURE CENTERS, TWO OF WHICH ARE IN URBAN AREAS) AND AN ADDITIONAL 35 UNSTAFFED WILDLIFE SANCTUARIES WHICH ARE PREPARED FOR PUBLIC VISITATION. MASS AUDUBON SANCTUARIES SERVE AS THE BASE FOR NATURE AND ENVIRONMENTAL EDUCATION COURSES AND PROGRAMS, SCIENTIFIC RESEARCH, ECOLOGICAL MANAGEMENT AND OTHER CONSERVATION-RELATED ACTIVITIES.

AS OF JUNE 30, 2021, MASS AUDUBON PROTECTED 40,434 ACRES OF OPEN SPACE IN MASSACHUSETTS, OWNING 32,820 ACRES IN FEE AND PROTECTING THE REMAINDER WITH CONSERVATION EASEMENTS. THESE DIVERSE PROTECTED

4b (Code: ) (Expenses \$ 1,880,468. including grants of \$ ) (Revenue \$ 178,267. ) MEMBER SERVICES: IN ADDITION TO THE MEMBER SERVICES PROVIDED BY THE NETWORK OF SANCTUARIES AND THE EDUCATION PROGRAMMING REFERENCED IN 4A ABOVE, MASS AUDUBON PRODUCES A NEWSLETTER FOUR TIMES PER YEAR FOR MEMBERS (EXPLORE) AS WELL AS AN E-NEWSLETTER (EXPLORATIONS) WHICH IS ALSO PRODUCED FOUR TIMES PER YEAR, A COMPREHENSIVE ANNUAL REPORT, AND PUBLICATIONS TO INCREASE PUBLIC AWARENESS OF WILDLIFE, NATURE, AND ENVIRONMENTAL ISSUES. FOR EXAMPLE, IN FY 2020 MASS AUDUBON COMPLETED WORK ON THE SIXTH EDITION OF ITS DEFINITIVE REPORT ON LAND USE IN MASSACHUSETTS ENTITLED LOSING GROUND: NATURE'S VALUE IN A CHANGING CLIMATE. THIS REPORT CALCULATES AND ANALYZES THE CAUSES ASSOCIATED WITH THE LOSS OF OPEN SPACE IN MASSACHUSETTS AND CALLS FOR A BOLD STATE-WIDE LAND CONSERVATION GOAL TO PRESERVE OPEN SPACE AND COMBAT

4c (Code: ) (Expenses \$ 1,014,596. including grants of \$ ) (Revenue \$ 268,010. ) CONSERVATION SCIENCE: MASS AUDUBON UTILIZES AND DEVELOPS SCIENTIFIC KNOWLEDGE TO SUPPORT ITS LONGSTANDING TRADITION AS AN ORGANIZATION WHICH USES SCIENCE AS THE UNDERPINNING FOR ITS EDUCATION, LAND PROTECTION, ADVOCACY AND HABITAT STEWARDSHIP ACTIVITIES. CURRENT RESEARCH AND/OR ECOLOGICAL MANAGEMENT WORK FOCUSES ON THE PROTECTION AND STEWARDSHIP OF SELECTED MASSACHUSETTS HABITATS SUCH AS GRASSLANDS, COASTAL HEATHLANDS AND SALT MARSHES. IN ADDITION, MONITORING OF KEY GROUPS OF ORGANISMS SUCH AS BIRDS, AMPHIBIANS, INVERTEBRATES AND PLANTS CONTINUES ACROSS THE STATE IN ORDER TO PROVIDE AN IMPORTANT BASELINE TO EVALUATE CHANGING ENVIRONMENTAL CONDITIONS ASSOCIATED WITH CLIMATE CHANGE AND LAND DEVELOPMENT. MASS AUDUBON HAS ALSO DEVELOPED AND IMPLEMENTS AN INVASIVE SPECIES MANAGEMENT STRATEGY TO PROTECT THE

4d Other program services (Describe on Schedule O.) (Expenses \$ 703,356. including grants of \$ ) (Revenue \$ 5,574.)

4e Total program service expenses 21,585,844.

**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)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | 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 donor-restricted endowments or in 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?<br><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> .....   | 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   |    |
| <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  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|  |  | Yes        | No |
|--|--|------------|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |    |
|  | <b>2a</b> 867  |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | X          |    |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |            |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | X          |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | X          |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |            | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |            |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |            | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |            |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | X          |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | X          |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |            | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |            |    |
|  | <b>7d</b>  |            |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |            | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |            | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            | X  |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | X          |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |            |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |            |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |            |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |    |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |    |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | X  |

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 on 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 (29), 1b (29), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CT, DC, FL, MA, MD, NH, NJ, NY, OH, PA, RI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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 BANCROFT POOR - MASSACHUSETTS AUDUBON SOCIETY - 781-259-9500 208 SOUTH GREAT ROAD, LINCOLN, MA 01773

**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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) GARY CLAYTON<br>FORMER PRESIDENT                      | 40.00   |   |                       |         |              |                              | X      | 295,845.   | 0.  | 39,496.   |
| (2) DAVID J. O'NEILL<br>PRESIDENT                         | 39.50<br>0.50   |   |                       | X       |              |                              |        | 240,131.   | 0.  | 36,860.   |
| (3) BANCROFT POOR<br>VP FINANCE/ASST TREASURER            | 39.50<br>0.50   |   |                       | X       |              |                              |        | 168,401.   | 0.  | 39,322.   |
| (4) NORA FRANK<br>VP OF PHILANTHROPY (UNTIL 1/31/21)      | 40.00   |   |                       | X       |              |                              |        | 154,293.   | 0.  | 36,027.   |
| (5) GAIL YEO<br>VP OF WILDLIFE SANCTUARIES                | 40.00   |   |                       |         |              | X                            |        | 149,904.   | 0.  | 26,757.   |
| (6) HILLARY TRUSLOW<br>ACTING VP FOR MARKETING            | 40.00   |   |                       |         |              | X                            |        | 118,687.   | 0.  | 42,657.   |
| (7) JEFFREY COLLINS<br>DIRECTOR OF CONSERVATION SCIENCE   | 40.00   |   |                       |         |              | X                            |        | 110,389.   | 0.  | 25,467.   |
| (8) ROBERT WILBER<br>DIRECTOR OF LAND PROTECTION          | 40.00   |   |                       |         |              | X                            |        | 108,115.   | 0.  | 25,245.   |
| (9) JAN O'NEIL<br>DIR. MEMBERSHIP/ASST. TREASURER         | 40.00   |   |                       | X       |              |                              |        | 107,109.   | 0.  | 25,010.   |
| (10) AMY NORREGAARD<br>CONTROLLER & BUDGET MANAGER        | 40.00   |   |                       |         |              | X                            |        | 111,209.   | 0.  | 19,851.   |
| (11) ELLEN MCBRIDE<br>CORP. SECRETARY/EA TO PRESIDENT     | 40.00   |   |                       | X       |              |                              |        | 65,965.  | 0.  | 13,424.   |
| (12) NICOLE MCKOON<br>ASST. TREASURER/ASST. TO VP OF OPS. | 40.00   |   |                       | X       |              |                              |        | 63,181.  | 0.  | 14,752.   |
| (13) KRISTIN BARR<br>ASSISTANT CORPORATE SECRETARY        | 24.00   |   |                       | X       |              |                              |        | 36,023.  | 0.  | 6,250.  |
| (14) BETH KRESSLEY GOLDSTEIN<br>DIRECTOR/CHAIR            | 6.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (15) CHRISTOPHER KLEM<br>DIRECTOR/VICE CHAIR              | 4.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (16) ANNE SNYDER<br>DIRECTOR/VICE CHAIR                   | 4.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (17) ROBERT BALL<br>DIRECTOR/TREASURER                    | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (18) PETER BERNARD<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (19) TRACEY BOLOTNICK<br>DIRECTOR                              | 1.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (20) THOMAS DEMARCO<br>DIRECTOR                                | 1.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (21) BIRGITTA DICKERSON<br>DIRECTOR                            | 1.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (22) KATHLEEN EMRICH<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (23) ANDREW FALENDER<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (24) CAROL GREGORY<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (25) KEVIN MCLELLAN<br>DIRECTOR                                | 1.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (26) ELIZABETH GILMORE<br>DIRECTOR                             | 1.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 1,729,252. | 0.   | 351,118.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 1,729,252. | 0.   | 351,118.  |   |

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 **10**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| PRIME BUCHHOLZ LLC, P. O. BOX 16011<br>LEWISTON, LEWISTON, ME 04243-9588 | INVESTMENT ADVISOR             | 141,880.            |
| ISAACSON MILLER INC., 263 SUMMER STREET,<br>7TH FLOOR, BOSTON, MA 02210  | EXECUTIVE SEARCH               | 109,126.            |
| JILL NEUBAUER ARCHITECTS INC.<br>15 DEPOT AVENUE, FALMOUTH, MA 02540     | ARCHITECT                      | 105,504.            |
| JAMES HARWOOD<br>34 WALKER STREET, LENOX, MA 01240                       | ARCHITECT                      | 105,309.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A)<br>Name and title                           | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) ROBERT MURCHISON<br>DIRECTOR               | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (28) MICHAEL PAPPONE<br>DIRECTOR                | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (29) BRIAN HICKS<br>DIRECTOR                    | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (30) ANN HOLLINGSWORTH<br>DIRECTOR              | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (31) LINDA JONES<br>DIRECTOR                    | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (32) ALBERT NIERENBERG<br>DIRECTOR              | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (33) PETER ROSENBLUM<br>DIRECTOR                | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (34) ROSAMOND VAULE<br>DIRECTOR                 | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (35) RANDOLPH WENTWORTH<br>DIRECTOR             | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (36) HENRY WOOLSEY<br>DIRECTOR                  | 1.00<br>0.50  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (37) DELPHINE ZURKIYA<br>DIRECTOR               | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (38) SCOTT EDWARDS<br>DIRECTOR                  | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (39) LORNA GIBSON<br>DIRECTOR                   | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (40) NAGESH MAHANTHAPPA<br>DIRECTOR             | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (41) DAVID PHELAN<br>DIRECTOR                   | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (42) PATRICIA SPENCE<br>DIRECTOR                | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (43) JARED CHASE<br>DIRECTOR (UNTIL 11/2020)    | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (44) PAULA CORTES<br>DIRECTOR (UNTIL 11/2020)   | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (45) JAMES SPERLING<br>DIRECTOR (UNTIL 11/2020) | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| Total to Part VII, Section A, line 1c           |   |  |                       |         |              |                              |        |  |   |   |

**Part VIII Statement of Revenue**

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

|   |   |                        | (A)                  | (B)                                | (C)                        | (D)  |  |
|---|---|------------------------|----------------------|------------------------------------|----------------------------|--|--|
|   |   |                        | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns  | <b>1a</b>              |                      |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>              | 2,039,293.           |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>              | 24,608.              |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>              |                      |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>              | 1,658,354.           |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>              | 19,700,087.          |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>              | \$ 2,255,665.        |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |                        |                      | 23,422,342.                        |                            |  |  |
|   | <b>Program Service Revenue</b>  | <b>2 a</b> SANCTUARIES | <b>Business Code</b> | 722320                             | 6,143,404.                 | 6,143,404.   |  |
| <b>b</b> MEMBERSHIP DUES  |   |                        | 722320               | 1,836,226.                         | 1,836,226.                 |  |  |
| <b>c</b>  |   |                        |                      |                                    |                            |  |  |
| <b>d</b>  |   |                        |                      |                                    |                            |  |  |
| <b>e</b>  |   |                        |                      |                                    |                            |  |  |
| <b>f</b> All other program service revenue  |   |                        |                      |                                    |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f   |   |                        |                      | 7,979,630.                         |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                        |                      | 814,933.                           |                            | 814,933.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |                        |                      |                                    |                            |  |  |
|   | <b>5</b> Royalties  |                        |                      |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>              | (i) Real             | 266,161.                           |                            |  |  |
|   |   |                        | (ii) Personal        |                                    |                            |  |  |
|   |   |                        |                      |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>              |                      | 0.                                 |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>              |                      | 266,161.                           |                            |  |  |
|   | <b>d</b> Net rental income or (loss)  |                        |                      | 266,161.                           |                            | 266,161.   |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>              | (i) Securities       | 37,600,047.                        |                            |  |  |
|   |   |                        | (ii) Other           |                                    |                            |  |  |
|   |   |                        |                      |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>              |                      | 32,498,415.                        |                            |  |  |
|   | <b>c</b> Gain or (loss)   | <b>7c</b>              |                      | 5,101,632.                         |                            |  |  |
| <b>d</b> Net gain or (loss)   |   |                        | 5,101,632.           |                                    | 5,101,632.                 |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ 24,608. of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                        | 24,742.              |                                    |                            |  |  |
|   |   |                        | 1,559.               |                                    |                            |  |  |
|   |   |                        |                      |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>8b</b>   |                        |                      |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |                        | 23,183.              |                                    | 23,183.                    |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |                        | 26,978.              |                                    |                            |  |  |
|   |   |                        | 3,714.               |                                    |                            |  |  |
|   |   |                        |                      |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>9b</b>   |                        |                      |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |                        | 23,264.              |                                    | 23,264.                    |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |                        | 1,338,290.           |                                    |                            |  |  |
|   |   |                        | 983,138.             |                                    |                            |  |  |
|   |   |                        |                      |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>  |                        |                      |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |                        | 355,152.             |                                    | 355,152.                   |  |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b>   | <b>Business Code</b>   |                      |                                    |                            |  |  |
|   | <b>b</b>  |                        |                      |                                    |                            |  |  |
|   | <b>c</b>  |                        |                      |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |                        |                      |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d   |                        |                      |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions   |   |                        | 37,986,297.          | 7,979,630.                         | 0.                         | 6,584,325.   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   | 70,225.               | 70,225.                         |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  | 103,000.              | 103,000.                        |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 1,191,462.            | 148,595.                        | 855,795.                               | 187,072.                    |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| 7 Other salaries and wages  | 14,818,335.           | 12,108,314.                     | 1,106,858.                             | 1,603,163.                  |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 829,301.              | 647,576.                        | 84,257.                                | 97,468.                     |
| 9 Other employee benefits   | 2,010,736.            | 1,595,123.                      | 170,682.                               | 244,931.                    |
| 10 Payroll taxes  | 1,174,398.            | 883,100.                        | 151,230.                               | 140,068.                    |
| 11 Fees for services (nonemployees):  |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 113,303.              | 39,946.                         | 73,357.                                |                             |
| c Accounting  | 50,473.               |                                 | 50,473.                                |                             |
| d Lobbying  | 144,237.              |                                 | 144,237.                               |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  | 194,623.              |                                 | 194,623.                               |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 747,736.              | 428,806.                        | 120,318.                               | 198,612.                    |
| 12 Advertising and promotion  | 92,287.               |                                 | 92,287.                                |                             |
| 13 Office expenses  | 1,846,464.            | 1,280,786.                      | 34,812.                                | 530,866.                    |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 519,322.              | 449,142.                        | 56,886.                                | 13,294.                     |
| 17 Travel   | 189,805.              | 183,498.                        | 6,266.                                 | 41.                         |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 24,544.               | 20,424.                         | 1,015.                                 | 3,105.                      |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 2,564,401.            | 2,483,584.                      | 79,399.                                | 1,418.                      |
| 23 Insurance  | 405,487.              | 357,454.                        | 48,033.                                |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| a <b>SERVICE CONTRACTS</b>  | 660,419.              | 301,376.                        | 100,946.                               | 258,097.                    |
| b <b>MISCELLANEOUS</b>  | 385,401.              | 369,111.                        | 12,178.                                | 4,112.                      |
| c <b>DUES AND SUBSCRIPTIONS</b>   | 334,640.              | 57,923.                         | 273,731.                               | 2,986.                      |
| d <b>FACILITY AND EQUIPMENT</b>   | 44,620.               | 43,287.                         | 1,333.                                 |                             |
| e All other expenses  | 26,796.               | 14,574.                         | 11,286.                                | 936.                        |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 28,542,015.           | 21,585,844.                     | 3,670,002.                             | 3,286,169.                  |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |  | (A)                     |              | (B)          |
|--|--|-------------------------|--------------|--------------|
|  |  | Beginning of year       |              | End of year  |
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 8,052,639.              | <b>1</b>     | 16,291,851.  |
|  | <b>2</b> Savings and temporary cash investments .....  | 8,699,079.              | <b>2</b>     | 18,303,379.  |
|  | <b>3</b> Pledges and grants receivable, net .....  | 1,518,122.              | <b>3</b>     | 3,283,630.   |
|  | <b>4</b> Accounts receivable, net .....  | 1,163,951.              | <b>4</b>     | 489,924.     |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                         | <b>5</b>     |              |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                         | <b>6</b>     |              |
|  | <b>7</b> Notes and loans receivable, net .....   |                         | <b>7</b>     |              |
|  | <b>8</b> Inventories for sale or use .....   | 240,480.                | <b>8</b>     | 180,784.     |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 263,720.                | <b>9</b>     | 177,010.     |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 134,764,622. |              |              |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 25,402,520.  |              |              |
|  | <b>11</b> Investments - publicly traded securities .....   | 107,483,137.            | <b>10c</b>   | 109,362,102. |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 45,174,741.             | <b>11</b>    | 77,598,183.  |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 116,991,178.            | <b>12</b>    | 129,379,103. |
|  | <b>14</b> Intangible assets .....  |                         | <b>13</b>    |              |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 1,391,422.              | <b>14</b>    | 0.           |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....   | 290,978,469.   | <b>15</b>               | 355,065,966. |              |
| <b>17</b> Accounts payable and accrued expenses .....  | 2,459,988.   | <b>16</b>               | 2,290,943.   |              |
| <b>18</b> Grants payable .....   |  | <b>17</b>               |              |              |
| <b>19</b> Deferred revenue .....   | 1,574,174.   | <b>18</b>               | 5,385,148.   |              |
| <b>20</b> Tax-exempt bond liabilities .....  |  | <b>19</b>               |              |              |
| <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |  | <b>20</b>               |              |              |
| <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |  | <b>21</b>               |              |              |
| <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |  | <b>22</b>               |              |              |
| <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |  | <b>23</b>               | 4,700,000.   |              |
| <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 .....                                      | 4,831,301.   | <b>24</b>               | 4,615,113.   |              |
| <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 8,865,463.   | <b>25</b>               | 16,991,204.  |              |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                         |              |              |
|  | <b>27</b> Net assets without donor restrictions .....  | 81,255,189.             | <b>26</b>    | 87,460,069.  |
|  | <b>28</b> Net assets with donor restrictions .....   | 200,857,817.            | <b>27</b>    | 250,614,693. |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                         |              |              |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                         | <b>28</b>    |              |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                         | <b>29</b>    |              |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                         | <b>30</b>    |              |
|  | <b>32</b> Total net assets or fund balances .....  | 282,113,006.            | <b>31</b>    | 338,074,762. |
| <b>33</b> Total liabilities and net assets/fund balances .....   | 290,978,469.   | <b>32</b>               | 355,065,966. |              |

**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>  | 37,986,297.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 28,542,015.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 9,444,282.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 282,113,006. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 45,985,037.  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |              |
| <b>7</b>  | Investment expenses  | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | -1,391,422.  |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 1,923,859.   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 338,074,762. |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>c</b>  | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| <b>3a</b> | 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? _____  |     | X  |
| <b>b</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 on Schedule O and describe any steps taken to undergo such audits _____  |     |    |



**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**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2016    | (b) 2017    | (c) 2018    | (d) 2019    | (e) 2020    | (f) Total    |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 17,618,747. | 18,522,364. | 31,994,890. | 20,071,462. | 23,422,342. | 111,629,805. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 17,618,747. | 18,522,364. | 31,994,890. | 20,071,462. | 23,422,342. | 111,629,805. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |             |             |             |             |             | 8,869,536.   |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 102,760,269. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2016    | (b) 2017    | (c) 2018    | (d) 2019    | (e) 2020    | (f) Total                |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 17,618,747. | 18,522,364. | 31,994,890. | 20,071,462. | 23,422,342. | 111,629,805.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...  | 1,362,753.  | 1,227,991.  | 1,963,077.  | 1,142,894.  | 1,081,094.  | 6,777,809.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...   | 134,190.    | 107,500.    | 142,215.    | 43,825.     | 170,083.    | 597,813.                 |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |             |             |             |             |             |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |             |             |             |             |             | 119,005,427.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |             |             |             |             | 12          | 45,312,210.              |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |             |             |             |             |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....  | <b>14</b> | 86.35 %                             |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....  | <b>15</b> | 86.82 %                             |
| <b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 10 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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 lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>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>1</b>  |     |    |
| <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>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>3</b> By reason of the relationship described in line 2, above, 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>1</b>  |     |    |
| <b>2</b>  |     |    |
| <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 line 2 below.  |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |     |    |
| <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. |  | Yes | No |
| <b>b</b> Did the activities described in line 2a, above, 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>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in <b>Part VI</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>2a</b>   |  |     |    |
| <b>2b</b>   |  |     |    |
| <b>3a</b>   |  |     |    |
| <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 (explain in Part VI). 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 Part VI):   |                |                             |
| 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 0.015 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 0.035.   | 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 0.85 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)

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2020 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2020</b> | <b>(iii)<br/>Distributable<br/>Amount for 2020</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2020   |                                     |   |  |
| <b>a</b> From 2015   |                                     |   |  |
| <b>b</b> From 2016   |                                     |   |  |
| <b>c</b> From 2017   |                                     |   |  |
| <b>d</b> From 2018   |                                     |   |  |
| <b>e</b> From 2019   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2020 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2016  |                                     |   |  |
| <b>b</b> Excess from 2017  |                                     |   |  |
| <b>c</b> Excess from 2018  |                                     |   |  |
| <b>d</b> Excess from 2019  |                                     |   |  |
| <b>e</b> Excess from 2020  |                                     |   |  |



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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<br><b>MASSACHUSETTS AUDUBON SOCIETY, INC.</b> | Employer identification number<br><b>04-2104702</b> |
|--|---|

**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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**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><br>(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 (grassroots lobbying) .....   | 5,546.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 138,691.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b) .....   | 144,237.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>  | Other exempt purpose expenditures .....   | 28,397,778.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d) .....   | 28,542,015.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 1,000,000.                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="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) .....   | 250,000.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0- .....   | 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<br>(or fiscal year beginning in)                      | (a) 2017   | (b) 2018   | (c) 2019   | (d) 2020   | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |            |            |            |            | 6,000,000. |
| <b>c</b> Total lobbying expenditures                                | 115,718.   | 109,258.   | 121,736.   | 144,237.   | 490,949.   |
| <b>d</b> Grassroots nontaxable amount                               | 250,000.   | 250,000.   | 250,000.   | 250,000.   | 1,000,000. |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |            |            |            |            | 1,500,000. |
| <b>f</b> Grassroots lobbying expenditures                           | 29,777.    | 31,772.    | 32,671.    | 5,546.     | 99,766.    |

**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)).**

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  |     |    |        |
| <b>c</b> Media advertisements? .....  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  |     |    |        |
| <b>i</b> Other activities? .....  |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....   |     |    |        |
| <b>d</b> 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).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....  | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ..... | <b>3</b> |    |

**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."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).  |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....  | <b>3</b>  |  |
| <b>4</b> 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? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....   | <b>5</b>  |  |

**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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **MASSACHUSETTS AUDUBON SOCIETY, INC.** Employer identification number **04-2104702**

**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).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 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 128                          |
| b Total acreage restricted by conservation easements .....   | 2b 7,614.00                     |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c 0                            |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d 0                            |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 2121

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 110,800.

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)? .....

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 FASB 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 FASB 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 on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**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 make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - 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  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  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 147,184,290.     | 147,911,196.   | 134,057,029.       | 127,130,794.         | 113,080,603.        |
| b Contributions                                  | 3,455,064.       | 2,386,972.     | 12,516,594.        | 2,598,301.           | 3,852,244.          |
| c Net investment earnings, gains, and losses     | 50,662,215.      | 1,944,720.     | 7,220,305.         | 9,749,758.           | 14,072,267.         |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 10,204,871.      | 5,058,598.     | 5,882,732.         | 5,232,619.           | 3,723,567.          |
| f Administrative expenses                        |                  |                |                    | 189,205.             | 150,753.            |
| g End of year balance                            | 191,096,698.     | 147,184,290.   | 147,911,196.       | 134,057,029.         | 127,130,794.        |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  5.0000 %
  - b Permanent endowment  47.0000 %
  - c Term endowment  48.0000 %
- 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:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value      |
|--|--------------------------------------|---------------------------------|------------------------------|---------------------|
| 1a Land  |                                      | 64,420,988.                     |                              | 64,420,988.         |
| b Buildings  |                                      | 55,411,778.                     | 22,845,987.                  | 32,565,791.         |
| c Leasehold improvements   |                                      |                                 |                              |                     |
| d Equipment  |                                      | 1,569,196.                      | 1,258,577.                   | 310,619.            |
| e Other  |                                      | 13,362,660.                     | 1,297,956.                   | 12,064,704.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>109,362,102.</b> |

**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) ALTERNATIVE INVESTMENTS   | 129,379,103.   | END-OF-YEAR MARKET VALUE                                  |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 129,379,103.   |   |

**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> (Col. (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) SPLIT INTEREST AGREEMENT  |                |
| (3) LIABILITIES   | 4,158,568.     |
| (4) DUE TO AFFILIATE  | 456,545.       |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 4,615,113.     |

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 FASB 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>  |
| <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> |           |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  |
| <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> |           |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> |
| <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>  |

**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>  |
| <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> |           |
| <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> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  |
| <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> |           |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> |
| <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>  |

**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.

**PART II, LINE 3:**

**CONSERVATION RESTRICTIONS (CR) TRANSFERRED:**

- LINCOLN 01A - MACDOWELL -74.51 ACRES
- WAYLAND 01 - MACDOWELL - 11.04 ACRES
- GOSNOLD-01 (PARTIAL) - PONZECCHI 29.5 ACRES
- WAREHAM 03 - SACRED HEARTS - 93.06 ACRES

THE LINCOLN, WAYLAND AND WAREHAM CRS WERE TRANSFERRED BECAUSE MASS AUDUBON TOOK THE FEE INTEREST FOR THE LAND. THE LINCOLN AND WAYLAND CRS WERE TRANSFERRED TO LINCOLN LAND CONSERVATION TRUST. THE WAREHAM CR IS HELD BY THE DEPARTMENT OF CONSERVATION AND RECREATION. THE GOSNOLD CR WAS TRANSFERRED TO THE TOWN OF GOSNOLD'S CONSERVATION COMMISSION. IN ALL CASES, ADDITIONAL CONSERVATION WAS A ACHIEVED BY ACQUIRING THE FEE

**Part XIII** Supplemental Information (continued)

INTEREST FROM A PRIVATE LAND OWNER AND PRESERVING THE EXISTING CR.

CONSERVATION RESTRICTIONS (CR) AMENDED:

-NORTHAMPTON 03 - OPEN AND SHUT - AUGUST 28TH 2019 - 1.57 ACRES

THIS CR WAS AMENDED BECAUSE THE COVERAGE OF THE CR WAS EXPANDED BY 1.57 ACRES.

PART II, LINE 5:

MASS AUDUBON HAS A WRITTEN POLICY FOR THE MONITORING AND ENFORCEMENT OF THE CONSERVATION EASEMENTS ENTRUSTED TO ITS CARE. THE POLICY ESTABLISHES A TARGET OF AT LEAST ONE ON-SITE MONITORING VISIT EACH YEAR AND DESCRIBES THE STEPS TO BE TAKEN IN RESPONSE TO ANY VIOLATION TO PROTECT THE CONSERVATION VALUES OF THE PROPERTY.

PART II, LINE 9:

THE COST OF PURCHASING CONSERVATION RESTRICTIONS AND EASEMENTS IS CAPITALIZED.

PART III, LINE 1A:

AS ALLOWED BY OTHER PRESENTATION MATTERS - GENERAL (SUBTOPIC 360-45):  
DISCLOSURE OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS, MASS AUDUBON DOES NOT CAPITALIZE ITS COLLECTIONS AS AN ASSET IN THE COMBINED STATEMENTS OF FINANCIAL POSITION. MUSEUM COLLECTIONS INCLUDE ARTWORK HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. OCCASIONALLY, MASS AUDUBON DETERMINES THAT ART WORKS ARE NOT APPROPRIATE TO THE ORGANIZATION'S PURPOSE AND WILL SELL OR DE-ACCESS CERTAIN PIECES. THE DE-ACCESSION PROCEEDS WILL BE UTILIZED AS DETERMINED BY THE BOARD OF

**Part XIII** Supplemental Information (continued)

DIRECTORS FOR FUTURE COLLECTION ACQUISITIONS UNLESS THE ORIGINAL DONOR HAS SPECIFIED A RESTRICTION ON THE DE-ACCESSION PROCEEDS.

## PART III, LINE 4:

MASS AUDUBON MAINTAINS A COLLECTION OF ARTWORKS DEPICTING BIRDS, OTHER WILDLIFE AND HABITATS. THIS COLLECTION IS ACTIVELY USED FOR TEACHING STUDENTS AND ADULTS AND ALSO BY SCHOLARS FOR RESEARCH. PORTIONS OF THE COLLECTION ARE ON DISPLAY AT THE MASS AUDUBON MUSEUM OF AMERICAN BIRD ART IN CANTON, MASSACHUSETTS AND AT OTHER SANCTUARIES AROUND THE STATE. THE COLLECTION IS USED TO EDUCATE VISITORS ABOUT BIRDS AND THE NATURAL WORLD AND TO INSPIRE THEM TO BECOME ACTIVELY INVOLVED IN PROTECTING THE NATURE OF MASSACHUSETTS IN DIRECT FURTHERANCE OF MASS AUDUBON'S MISSION.

## PART V, LINE 4:

MASS AUDUBON USES INCOME FROM ITS ENDOWMENT FUNDS IN DIRECT FURTHERANCE OF ITS MISSION AND IN SUPPORT OF THE MANY SANCTUARIES AND ACTIVITIES FOR WHICH DONORS HAVE CREATED RESTRICTED ENDOWMENT FUNDS. MORE THAN A FIFTH OF MASS AUDUBON'S ANNUAL OPERATING BUDGET COMES FROM ENDOWMENT INCOME. FOR INSTANCE, MANY DONORS HAVE LEFT BEQUESTS TO ESTABLISH RESTRICTED ENDOWMENT FUNDS TO SUPPORT OPERATIONS AND ACTIVITIES AT SANCTUARY PROPERTIES WHICH THEY HAD PREVIOUSLY OWNED OR TO WHICH THEY WERE PARTICULARLY ATTACHED, AND OTHER DONORS HAVE ESTABLISHED ENDOWMENTS TO SUBSIDIZE CHILDREN FROM DISADVANTAGED BACKGROUNDS TO ATTEND MASS AUDUBON SUMMER CAMPS AND EDUCATIONAL PROGRAMS.

## PART X, LINE 2:

MASS AUDUBON ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR

**Part XIII** Supplemental Information *(continued)*

UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MASS AUDUBON HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30, 2021. MASS AUDUBON'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

MASSACHUSETTS AUDUBON SOCIETY, INC.

Employer identification number

04-2104702

**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 the region | (d) Activities conducted in the region (by type) (such as, 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 the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN                       | 0                                   | 0  | GRANT-MAKING AND PROGRAM SERVICES IN BELIZE  | ASSISTANCE WITH ECOLOGICAL MANAGEMENT, ECOTOURISM, GUIDE TRAINING, AND ACTIVITIES                      | 103,000.   |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3 a</b> Subtotal .....                               | 0                                   | 0  |  |  | 103,000.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 0  |  |  | 103,000.   |

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

Schedule F (Form 990) 2020

SEE PART V FOR COLUMN (E) DESCRIPTIONS

**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<br>(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 noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|--|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | TROPICAL FOREST AND SAVANNAH WILDLIFE PROTECTION AND FIRE SUPPRESSION EFFORTS, | 53,000.                  | WIRE TRANSFER                   | 0.                               | NONE                                  | BOOK  |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | MARINE AND TERRESTRIAL WILDLIFE PROTECTION AND FIRE SUPPRESSION EFFORTS        | 50,000.                  | WIRE TRANSFER                   | 0.                               | NONE.                                 | BOOK  |
|                               |  |                                   |  |                          |                                 |                                  |                                       |   |
|                               |  |                                   |  |                          |                                 |                                  |                                       |   |
|                               |  |                                   |  |                          |                                 |                                  |                                       |   |
|                               |  |                                   |  |                          |                                 |                                  |                                       |   |
|                               |  |                                   |  |                          |                                 |                                  |                                       |   |
|                               |  |                                   |  |                          |                                 |                                  |                                       |   |
|                               |  |                                   |  |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 0

3 Enter total number of other organizations or entities ..... 2

SEE PART V FOR COLUMN (D) DESCRIPTIONS



**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; don't 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; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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.

**PART I, LINE 2:**

MASS AUDUBON CLOSELY MONITORS THE EXPENDITURE OF THE FUNDS BY THE ORGANIZATIONS IN BELIZE FOR WHICH IT PROVIDES GRANTS, ADVICE AND TECHNICAL ASSISTANCE. WRITTEN PROPOSALS ARE REQUIRED FOR ALL GRANT REQUESTS AND FINAL REPORTS (AND FOR LARGER GRANTS INTERIM REPORTS) ARE REQUIRED FOR ALL GRANTS AWARDED. ALL PROPOSALS CONTAIN BUDGET INFORMATION AND ALL FINAL REPORTS PROVIDE DETAILS ON ACTUAL AMOUNTS EXPENDED ON FUNDED PROJECTS. MASS AUDUBON STAFF WORK CLOSELY WITH THE ORGANIZATIONS FUNDED AND VISIT THEM IN BELIZE IN MOST YEARS. SUCH VISITS INCLUDE THE VISUAL INSPECTION OF CAPITAL IMPROVEMENTS OR EQUIPMENT FUNDED BY THE GRANTS AND THE DISCUSSION OF PRIORITIES, ACCOMPLISHMENTS AND GOALS WITH THE LEADERS OF THE ORGANIZATIONS.

**PART I, LINE 3, COLUMN (E):**

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: ASSISTANCE WITH ECOLOGICAL MANAGEMENT, ECOTOURISM, GUIDE TRAINING, AND ACTIVITIES WITH LOCAL COMMUNITIES IN SUPPORT OF PROTECTED AREAS OF PARTNER BELIZEAN NON-PROFIT CONSERVATION ORGANIZATIONS.

**PART II, COLUMN (D):**

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TROPICAL FOREST AND SAVANNAH WILDLIFE PROTECTION AND FIRE SUPPRESSION EFFORTS, EQUIPMENT PURCHASES AND BUILDING REPAIRS AT A 254,000 ACRE CONSERVATION AREA IN NORTHWESTERN BELIZE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

**Part V Supplemental Information**

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.

(D) PURPOSE OF GRANT: MARINE AND TERRESTRIAL WILDLIFE PROTECTION AND  
FIRE SUPPRESSION EFFORTS IN PROTECTED AREAS IN THE TOLEDO DISTRICT OF  
SOUTHEASTERN BELIZE, INCLUDING EQUIPMENT PURCHASES AND BUILDING REPAIRS  
AND CONSTRUCTION.



**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.

| Revenue         |  | (a) Event #1                        | (b) Event #2                      | (c) Other events    | (d) Total events<br>(add col. (a) through col. (c)) |
|-----------------|--|-------------------------------------|-----------------------------------|---------------------|---|
|                 |  | WILD WILD WELLFLEET<br>(event type) | FALL FEST AUCTION<br>(event type) | 1<br>(total number) |   |
| 1               | Gross receipts .....   | 28,720.                             | 13,353.                           | 7,277.              | 49,350.   |
| 2               | Less: Contributions .....  | 18,800.                             | 5,708.                            | 100.                | 24,608.   |
| 3               | Gross income (line 1 minus line 2) .....                           | 9,920.                              | 7,645.                            | 7,177.              | 24,742.   |
| Direct Expenses | 4 Cash prizes .....  |                                     |                                   |                     |   |
|                 | 5 Noncash prizes .....   |                                     |                                   |                     |   |
|                 | 6 Rent/facility costs .....  |                                     |                                   |                     |   |
|                 | 7 Food and beverages .....   |                                     |                                   |                     |   |
|                 | 8 Entertainment .....  |                                     |                                   |                     |   |
|                 | 9 Other direct expenses .....                                      | 731.                                | 665.                              | 163.                | 1,559.  |
| 10              | Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                     |                                   |                     | 1,559.  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) ..... |                                     |                                   |                     | 23,183.   |

**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.

| Revenue         |  | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming   | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|--|--|
|                 |  |   |   |  |  |
| 1               | Gross revenue .....  |   |   | 26,978.  | 26,978.  |
| Direct Expenses | 2 Cash prizes .....  |   |   |  |  |
|                 | 3 Noncash prizes .....   |   |   | 1,864.   | 1,864.   |
|                 | 4 Rent/facility costs .....  |   |   |  |  |
|                 | 5 Other direct expenses .....  |   |   | 1,850.   | 1,850.   |
| 6               | Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No |  |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |  | 3,714.   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |  | 23,264.  |

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

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

Name ▶ BRIANA WINGATE

Address ▶ 1280 HORSE NECK ROAD - WESTPORT, MA 02790

- 15a 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 ▶ GINA PURTELL

Gaming manager compensation ▶ \$ 256.

Description of services provided ▶ MANAGES ONE DAY DUCK DERBY EVENT

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 explanations 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.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

- (I) NAME OF FUNDRAISER: DEVELOPMENT GUILD
- (I) ADDRESS OF FUNDRAISER: ONE BOSTON PLACE, SUITE 2600, BOSTON, MA 02108
- (II) ACTIVITY: CONSULTING ON STAFFING NEEDS IN DEVELOPMENT OFFICE
- (I) NAME OF FUNDRAISER: STAGECOACH DIGITAL
- (I) ADDRESS OF FUNDRAISER: 2038 NE DAVIS STREET, PORTLAND, ME 97232



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **MASSACHUSETTS AUDUBON SOCIETY, INC.** Employer identification number **04-2104702**

**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.

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |

- 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 ..... ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Domestic Individuals.** 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 noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| CAMP, COLLEGE AND PRESCHOOL SCHOLARSHIP FUNDS | 122                      | 70,225.                  | 0.                                |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MASS AUDUBON CLOSELY MONITORS CAMP AND PRESCHOOL SCHOLARSHIPS GIVEN BECAUSE THESE ARE ESSENTIALLY DISCOUNTS (EITHER FULL OR PARTIAL) TO PROGRAMS PROVIDED BY THE ORGANIZATION ITSELF TO WHICH MASS AUDUBON IS PROVIDING REDUCED OR FREE ADMISSION. THE FEW COLLEGE SCHOLARSHIPS WHICH ARE PROVIDED ARE CLOSELY MONITORED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**MASSACHUSETTS AUDUBON SOCIETY, INC.**

Employer identification number

**04-2104702**

**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 (such as 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 on line 1a? .....

**3** Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Written employment contract                     |
| <input 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- If "Yes" on 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? .....
- b** Any related organization? .....
- 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</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>  |     |    |

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

Schedule J (Form 990) 2020

**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 aren't 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) GARY CLAYTON<br>FORMER PRESIDENT                 | (i)  | 295,845.   | 0.                                  | 0.                                  | 11,834.  | 27,662.                 | 335,341.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) DAVID J. O'NEILL<br>PRESIDENT                    | (i)  | 205,131.   | 35,000.                             | 0.                                  | 0.   | 36,860.                 | 276,991.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) BANCROFT POOR<br>VP FINANCE/ASST TREASURER       | (i)  | 168,401.   | 0.                                  | 0.                                  | 13,472.  | 25,850.                 | 207,723.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) NORA FRANK<br>VP OF PHILANTHROPY (UNTIL 1/31/21) | (i)  | 154,293.   | 0.                                  | 0.                                  | 12,343.  | 23,684.                 | 190,320.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) GAIL YEO<br>VP OF WILDLIFE SANCTUARIES           | (i)  | 149,904.   | 0.                                  | 0.                                  | 11,992.  | 14,765.                 | 176,661.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) HILLARY TRUSLOW<br>ACTING VP FOR MARKETING       | (i)  | 118,687.   | 0.                                  | 0.                                  | 9,495.   | 33,162.                 | 161,344.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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.

PART I, LINE 3:

GARY CLAYTON RECEIVED A SEVERANCE PAYMENT OF \$191,778 IN FY21.

NORA FRANK RECEIVED A SEVERANCE PAYMENT OF \$79,959 IN FY21.





**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **MASSACHUSETTS AUDUBON SOCIETY, INC.** Employer identification number **04-2104702**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art .....   | X                          | 5   | 7,950.   | AT NOMINAL AMOUNT   |
| 2 Art - Historical treasures .....                                 |                            |   |  |   |
| 3 Art - Fractional interests .....                                 |                            |   |  |   |
| 4 Books and publications .....                                     | X                          |   | 1,123.   | AT NOMINAL AMOUNT   |
| 5 Clothing and household goods .....                               | X                          |   | 15,415.  | AT NOMINAL AMOUNT   |
| 6 Cars and other vehicles .....                                    |                            |   |  |   |
| 7 Boats and planes .....   |                            |   |  |   |
| 8 Intellectual property .....                                      |                            |   |  |   |
| 9 Securities - Publicly traded .....                               | X                          | 127   | 2,231,177.   | FMV PER BROKER  |
| 10 Securities - Closely held stock .....                           |                            |   |  |   |
| 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 ▶ ( _____ )   |                            |   |  |   |
| 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 V, Donee Acknowledgement ..... **29** **3**

|   | 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 isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) 2020

**Part II** **Supplemental Information.** 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.

SCHEDULE M, LINE 32B:

DONATED PUBLICLY TRADED SECURITIES ARE SOLD BY REGISTERED BROKERS. MASS  
AUDUBON HAS CONTRACTED WITH A THIRD PARTY TO SELL DONATED VEHICLES.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

MASSACHUSETTS AUDUBON SOCIETY, INC.

Employer identification number

04-2104702

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HABITATS RANGE FROM THE BERKSHIRES TO CAPE COD AND THE ISLANDS AND HELP PRESERVE THE RICH BIODIVERSITY OF MASSACHUSETTS. MASS AUDUBON ACTIVELY PURSUES BOTH DONATIONS AND PURCHASES OF ADDITIONAL CONSERVATION LAND AND IS THE LARGEST PRIVATE CONSERVATION LANDOWNER IN THE STATE. AN ESTIMATED 571,000 VISITORS CAME TO ENJOY MASS AUDUBON PROPERTIES IN FY 2021.

MASS AUDUBON IS ALSO THE LARGEST NON-GOVERNMENTAL PROVIDER OF NATURE EDUCATION IN THE STATE. MASS AUDUBON DEVELOPS EDUCATIONAL MATERIALS AND ENVIRONMENTAL POLICY MATERIALS FOR STUDENTS, TEACHERS, LEGISLATORS, AND THE GENERAL PUBLIC. IN FY 2021, MASS AUDUBON TAUGHT NATURE PROGRAMS TO MORE THAN 50,000 CHILDREN AND ADULTS, ENROLLED MORE THAN 3,700 CHILDREN IN ITS SUMMER DAY AND RESIDENTIAL NATURE CAMPS, AND CONDUCTED SCIENCE/NATURE TRAINING FOR MORE THAN 657 TEACHERS, DESPITE THE CONSTRAINTS OF THE PANDEMIC. IN ADDITION, MASS AUDUBON WAS FORTUNATE TO HAVE MORE THAN 3,275 VOLUNTEERS CONTRIBUTE MORE THAN 63,000 HOURS OF SERVICE ACROSS THE STATE IN FY 2021.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CLIMATE CHANGE.

IN ADDITION, THE MASS AUDUBON WEBSITE ([WWW.MASSAUDUBON.ORG](http://WWW.MASSAUDUBON.ORG)) OFFERS A WIDE VARIETY OF INFORMATION ON MASS AUDUBON'S SANCTUARIES, CONSERVATION EFFORTS, LAND PROTECTION PROJECTS, ADVOCACY ISSUES, CLIMATE CHANGE WORK, AND THE NATURAL WORLD. CURRENTLY, MASS AUDUBON HAS 22 SANCTUARY

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E-NEWSLETTERS AND TEN OTHER E-NEWSLETTERS ON SPECIFIC TOPICS, AS WELL AS A NUMBER OF BLOGS. MASS AUDUBON ALSO OPERATES A GIFT SHOP IN LINCOLN WHICH SELLS MERCHANDISE RELATED TO NATURE, WILDLIFE OBSERVATION AND ENVIRONMENTAL EDUCATION TO BOTH MEMBERS AND NON-MEMBERS AS WELL AS A NUMBER OF SMALLER NATURE-THEMED GIFT SHOPS AT MANY OF THE SANCTUARIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INTEGRITY OF ITS LANDS AS WELL AS TO PROVIDE GUIDANCE FOR OTHER LANDOWNERS THROUGHOUT THE STATE.

MASS AUDUBON LANDS PLAY A CRITICAL ROLE IN THE DELIVERY OF ITS MISSION AND ITS LAND PROTECTION EFFORTS FOCUS ON CONSERVING ECOLOGICALLY SIGNIFICANT TRACTS OF LAND ADJACENT TO EXISTING WILDLIFE SANCTUARIES, THEREBY PROTECTING AND ENHANCING THEIR BIOLOGICAL INTEGRITY AND VIABILITY AS PROGRAM SITES. MASS AUDUBON ALSO ADVANCES THE PROTECTION OF SELECTED HIGH PRIORITY FOCUS AREAS BEYOND ITS EXISTING WILDLIFE SANCTUARIES THROUGH COLLABORATION WITH STATE AND LOCAL PUBLIC AGENCIES AND LOCAL AND REGIONAL LAND TRUSTS. COLLECTIVELY, THESE PROTECTION PRIORITIES INCLUDE A WIDE RANGE OF MASSACHUSETTS HABITATS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY: MASS AUDUBON EDUCATES STATE, FEDERAL, AND LOCAL OFFICIALS, MEMBERS AND OTHERS ON THE VALUE AND CONDITION OF NATURAL HABITATS AND RESOURCES IN MASSACHUSETTS, IN AN EFFORT TO ENCOURAGE THEM TO MAKE DECISIONS THAT HELP PROTECT THE NATURE OF MASSACHUSETTS. IN DOING SO, MASS AUDUBON FOCUSES ON SEVERAL KEY PROGRAMMATIC AREAS: CLIMATE CHANGE MITIGATION AND ADAPTATION; THE ESTABLISHMENT AND ENFORCEMENT OF SOUND

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CONSERVATION LAWS, POLICIES, AND REGULATIONS; LAND AND WATER RESOURCE PLANNING AND OCEAN AND FOREST MANAGEMENT; AND MUNICIPAL AND REGIONAL COORDINATION WITH PUBLIC AND PRIVATE CONSERVATION ORGANIZATIONS.

SELECTED KEY ADVOCACY ACCOMPLISHMENTS IN FY 2021:

1. MASS AUDUBON'S PRIORITY STATE CLIMATE LEGISLATION, AN ACT CREATING A NEXT-GENERATION ROADMAP FOR MASSACHUSETTS CLIMATE POLICY, WAS SIGNED INTO LAW. THIS POLICY SETS MUCH-NEEDED BENCHMARKS TO REACH NET-ZERO EMISSIONS BY 2050, AND PROTECTIONS FOR LOW INCOME COMMUNITIES AND COMMUNITIES OF COLOR.

2. WE OPPOSED HARMFUL CHANGES ALTERING THE WAY THE FEDERAL ENDANGERED SPECIES ACT PROTECTS HABITAT. THESE ROLLBACKS ARE NOW UNDER REVIEW BY THE BIDEN ADMINISTRATION.

3. AS PART OF OUR ONGOING ADVOCACY IN SUPPORT OF RESPONSIBLY-SITED OFFSHORE WIND, WE ACTIVELY PARTICIPATED IN THE PUBLIC REVIEW PROCESS TO ENSURE LEGAL, JUSTICE, AND ENVIRONMENTAL FACTORS ARE CONSIDERED. THIS INCLUDED: PROVIDING GUIDANCE AROUND FEDERAL BIRD MONITORING AND MITIGATION UNDER THE MIGRATORY BIRD TREATY ACT; URGING GOVERNOR BAKER TO SUPPORT THE CONTINUED EXPANSION OF THE WIND INDUSTRY; EXPRESSING CONCERNS TO THE NATIONAL MARINE FISHERIES SERVICE OVER FAILURES TO ADEQUATELY PROTECT ENDANGERED MARINE MAMMALS DURING OFFSHORE WIND SITE SURVEYS; AND CELEBRATING THE APPROVAL OF VINEYARD WIND, THE NATION'S FIRST LARGE-SCALE OFFSHORE WIND PROJECT.

4. WE CONTINUED SPEAKING OUT AGAINST INAPPROPRIATE SITING OF SOLAR ENERGY DEVELOPMENT - EXPANDING SOLAR RESOURCES IS EXTREMELY IMPORTANT

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FOR REDUCING GREENHOUSE GAS EMISSIONS AND TACKLING CLIMATE CHANGE, BUT CLEAR-CUTTING FORESTS TO DO SO IS COUNTERPRODUCTIVE.

5. WE ADVOCATED FOR STATE LEGISLATION ADDRESSING MOSQUITO BORNE DISEASE, WHICH WAS SIGNED INTO LAW. WE ARE NOW HELPING OVERSEE ITS IMPLEMENTATION THROUGH OUR ROLE IN THE STATE'S MOSQUITO CONTROL FOR A 21ST CENTURY TASK FORCE, AND ADVOCATING FOR STATEWIDE REFORM OF MASSACHUSETTS' APPROACH TO MOSQUITO CONTROL.

6. WE SUPPORTED FEDERAL LEGISLATION TO PROTECT COMMUNITIES AND WILDLIFE FROM HARMFUL PESTICIDES, AND CELEBRATED THE PASSAGE OF NEW REGULATIONS PROTECTING POLLINATORS IN MASSACHUSETTS THAT WILL REMOVE PRODUCTS CONTAINING NEONICOTINOIDS FROM RETAIL STORES AND RESTRICT THEIR USE.

7. WE ADVOCATED FOR THE INCLUSION AND PROTECTION OF NATURAL AND WORKING LANDS IN PLANS TO DECARBONIZE MASSACHUSETTS, OFFERING RECOMMENDATIONS TO THE STATE ON THE 2030 CLEAN ENERGY AND CLIMATE PLAN, AND ON THE DRAFT RESILIENT LANDS INITIATIVE VISION, FOR WHICH WE SUPPORT A GOAL OF NO NET LOSS OF NATURE'S SERVICES. WE ALSO PUBLICLY SUPPORTED THE BIDEN ADMINISTRATION'S "30 X 30" LAND PROTECTION PLAN, WHILE ALSO ADVOCATING FOR A FASTER TIMELINE.

8. ALL NINE COMMUNITIES WITH THE COMMUNITY PRESERVATION ACT (CPA) ON THEIR BALLOTS THIS ELECTION VOTED TO ADOPT IT, BRINGING THE TOTAL NUMBER OF CPA COMMUNITIES TO 186. MASS AUDUBON IS A FOUNDING MEMBER OF THE CPA COALITION AND ENCOURAGES COMMUNITIES TO VOTE IN FAVOR OF ADOPTING IT.

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EXPENSES \$ 703,356. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,574.

FORM 990, PART VI, SECTION A, LINE 1:

THE BY-LAWS ESTABLISH AN EXECUTIVE COMMITTEE, A COMMITTEE CONSISTING SOLELY OF DIRECTORS, WITH THE FOLLOWING POWERS: AN EXECUTIVE COMMITTEE CONSISTING OF THREE OR MORE DIRECTORS SHALL BE ELECTED FROM AND BY THE BOARD FOR A TERM OF ONE YEAR UPON THE RECOMMENDATION OF THE CHAIR. THE EXECUTIVE COMMITTEE SHALL, EXCEPT AS PROVIDED BY LAW, PERFORM SUCH DUTIES AND HAVE SUCH POWERS AS MAY FROM TIME TO TIME BE DESIGNATED BY THE BOARD. WHEN AND AS NECESSARY BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD, ACTIONS MAY BE TAKEN ON BEHALF OF MASS AUDUBON BY THE EXECUTIVE COMMITTEE, AND SUCH ACTIONS SHALL BE REVIEWED BY THE BOARD AT ITS NEXT REGULARLY SCHEDULED MEETING.

FORM 990, PART VI, SECTION A, LINE 6:

MASS AUDUBON DOES NOT HAVE ANY STOCKHOLDERS BUT IT DOES HAVE MEMBERS. MEMBERSHIP IS OPEN TO ALL INDIVIDUALS WHO SHARE THE MISSION OF PROTECTING THE MASSACHUSETTS ENVIRONMENT AND WHO PAY THE REQUIRED MEMBERSHIP DUES. BASIC MEMBERSHIP COSTS IN FY 2021 WERE \$48 PER YEAR FOR AN INDIVIDUAL AND \$65 PER YEAR FOR A FAMILY. MASS AUDUBON CURRENTLY HAS APPROXIMATELY 135,000 MEMBERS AND SUPPORTERS. IN ADDITION TO LENDING THEIR SUPPORT TO IMPORTANT ENVIRONMENTAL EDUCATION, ADVOCACY, LAND PROTECTION AND WILDLIFE CONSERVATION EFFORTS, MEMBERS RECEIVE FREE ADMISSION TO ALL MASS AUDUBON WILDLIFE SANCTUARIES, DISCOUNTS TO MASS AUDUBON PROGRAMS, COURSES AND GIFT SHOPS, AND A ONE YEAR SUBSCRIPTION TO THE MASS AUDUBON NEWSLETTER (EXPLORE).

FORM 990, PART VI, SECTION A, LINE 7A:

Name of the organization

MASSACHUSETTS AUDUBON SOCIETY, INC.

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MASS AUDUBON MEMBERS ARE INVITED TO THE ANNUAL MEETING OF MEMBERS (HELD IN OCTOBER OR NOVEMBER OF EACH YEAR) TO VOTE ON THE ELECTION OF DIRECTORS, THE MEMBERSHIP OF THE AUDIT COMMITTEE, AND ANY OTHER MATTERS WHICH PROPERLY COME BEFORE THE MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

UNDER THE BY-LAWS, THE MEMBERS ACTING AT A MEETING IN ACCORDANCE WITH THE BY-LAWS HAVE EXCLUSIVE AUTHORITY TO AMEND THE BY-LAWS WITH RESPECT TO A CHANGE IN THE DATE OF THE ANNUAL MEETING OF MEMBERS, REMOVAL OF DIRECTORS, INDEMNIFICATION OF DIRECTORS AND OFFICERS, AND AMENDMENT OF THE BY-LAWS. OTHERWISE, THE MEMBERS AND THE BOARD OF DIRECTORS EACH HAVE AUTHORITY TO AMEND THE BY-LAWS IN ACCORDANCE WITH THE BY-LAWS. UNDER APPLICABLE STATE LAW, THE MEMBERS MUST APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION IN ACCORDANCE WITH THE REQUIREMENTS OF SUCH LAW.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 WAS REVIEWED IN DETAIL BY THE MASS AUDUBON AUDIT COMMITTEE (A COMMITTEE ELECTED BY THE MASS AUDUBON MEMBERSHIP EACH YEAR AT THE ANNUAL MEETING) AND WAS ALSO MADE AVAILABLE ELECTRONICALLY TO ALL MASS AUDUBON DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING.

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

MASS AUDUBON REQUIRES DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EVERY YEAR. THESE INDIVIDUALS ARE INSTRUCTED TO REVIEW THE MASS AUDUBON CONFLICT OF INTEREST POLICY PRIOR TO COMPLETING THE QUESTIONNAIRE. THE COMPLETED FORMS ARE REVIEWED BY THE CHAIR OF THE BOARD OF DIRECTORS WHO REPORTS TO THE EXECUTIVE COMMITTEE. THE QUESTIONNAIRE OF THE CHAIR IS REVIEWED BY THE TREASURER WHO REPORTS TO THE

Name of the organization

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EXECUTIVE COMMITTEE. THE QUESTIONNAIRES ARE ON FILE AT THE MASS AUDUBON HEADQUARTERS IN LINCOLN AND ARE AVAILABLE FOR REVIEW BY ANY INTERESTED DIRECTOR OR OFFICER.

THE BOARD OF DIRECTORS AND STAFF ARE ALSO VIGILANT DURING THE YEAR FOR ANY CONFLICTS OF INTEREST WHICH MAY ARISE AFTER COMPLETING THE ANNUAL QUESTIONNAIRES. AT THE BEGINNING OF A BOARD OR BOARD COMMITTEE DISCUSSION OF ANY ISSUE IN WHICH A DIRECTOR, OFFICER OR EMPLOYEE, A CLOSE FAMILY MEMBER OF A DIRECTOR, OFFICER OR EMPLOYEE, OR ANOTHER ORGANIZATION IN WHICH THEY HOLD A POSITION OF POWER MAY HAVE AN INTEREST, THE DIRECTOR, OFFICER OR EMPLOYEE IS REQUIRED TO DISCLOSE THAT INTEREST AND ABSTAIN FROM VOTING. THE DIRECTOR, OFFICER OR EMPLOYEE IS ALSO REQUIRED TO LEAVE THE ROOM WHILE THE DISCUSSION OF THIS ISSUE AND THE VOTING IS TAKING PLACE.

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

THE PROCESS AND POLICY FOR DETERMINING COMPENSATION FOR KEY EXECUTIVES AT MASS AUDUBON IS AS FOLLOWS:

THE POLICY OF MASS AUDUBON IS TO ATTRACT AND RETAIN KEY EXECUTIVE TALENT BY PROVIDING A COMPETITIVE TOTAL COMPENSATION PACKAGE. IN DETERMINING COMPETITIVENESS, MASS AUDUBON LOOKS PRIMARILY TO COMPENSATION OFFERED BY OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT ARE SIMILAR IN SIZE AND ALSO TAKES INTO ACCOUNT ANY SPECIAL CIRCUMSTANCES AFFECTING MASS AUDUBON. THE POLICY ALSO SUPPORTS PROVIDING APPROPRIATE KEY EXECUTIVE PAY-FOR-PERFORMANCE EARNING OPPORTUNITIES FOR ACHIEVING CHALLENGING, PRE-ESTABLISHED GOALS CONSISTENT WITH THE MISSION, TAX-EXEMPT PURPOSE, AND FINANCIAL RESOURCES OF MASS AUDUBON.

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THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR ITS ACTION RECOMMENDS TO THE BOARD OF DIRECTORS THE CASH AND NON-CASH COMPENSATION POLICIES, PROGRAMS AND AMOUNTS OF COMPENSATION, AS WELL AS MAJOR CHANGES IN MASS AUDUBON'S BENEFITS PLANS, APPLICABLE TO KEY EXECUTIVES OF MASS AUDUBON AS WELL AS TO ANY INDIVIDUAL/ORGANIZATION THAT OTHERWISE MEETS THE DEFINITION OF "DISQUALIFIED PERSON" IN THE INTERNAL REVENUE CODE. "KEY EXECUTIVE" IS DEFINED AS PRESIDENT, VICE PRESIDENT FOR OPERATIONS, VICE PRESIDENT FOR WILDLIFE SANCTUARIES AND PROGRAMS, VICE PRESIDENT FOR PHILANTHROPY, VICE PRESIDENT FOR MARKETING AND COMMUNICATIONS, AND ANY OTHER EXECUTIVE EARNING OVER \$100,000 PER YEAR. "DISQUALIFIED PERSON" INCLUDES FOR PURPOSES OF THIS POLICY ANYONE ON THE BOARD OF DIRECTORS AND MAY, IN SPECIFIED CIRCUMSTANCES, BE DEEMED TO INCLUDE MEMBERS OF THE MASS AUDUBON COUNCIL. THE TERM IS FURTHER DEEMED TO INCLUDE ANY OTHER MASS AUDUBON EMPLOYEE EARNING MORE THAN \$100,000 PER YEAR.

THE EXECUTIVE COMMITTEE WILL:

ENSURE THAT NO PART OF MASS AUDUBON'S NET EARNINGS INURE TO THE PRIVATE BENEFIT OF ANY INDIVIDUAL AND THAT ANY PAYMENT OF BENEFITS OR PERSONAL EXPENSES TO OR FOR THE BENEFIT OF SELECT INDIVIDUALS AND OTHER TRANSACTIONS POTENTIALLY BENEFITING ANY SUCH INDIVIDUALS ARE ANALYZED AND CAREFULLY APPROVED AS COMPENSATION FOR SERVICES TO MASS AUDUBON WITH THE BENEFITS TO THE INDIVIDUALS CLEARLY MEASURED AND CONSIDERED BY THE EXECUTIVE COMMITTEE.

ESTABLISH AND REVIEW MASS AUDUBON'S OVERALL EXECUTIVE COMPENSATION POLICY TO ENSURE THAT THE POLICY CONTINUES TO SUPPORT MASS AUDUBON'S MISSION AND PURPOSE, ATTRACTS AND RETAINS KEY EXECUTIVES, AND PROVIDES COMPETITIVE TOTAL COMPENSATION OPPORTUNITIES AT REASONABLE COST.

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ACT ON BEHALF OF THE BOARD OF DIRECTORS IN SETTING EXECUTIVE TOTAL COMPENSATION POLICY, COMPENSATION PLANS, BENEFIT PLANS AND EXECUTIVE CONTRACTS FOR KEY ADMINISTRATORS, AND DEVELOPING RECOMMENDATIONS FOR THE BOARD OF DIRECTORS WITH RESPECT TO THE TOTAL COMPENSATION OF MASS AUDUBON'S KEY EXECUTIVES AND OF ANY DISQUALIFIED PERSONS.

THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR A THOROUGH AND DISINTERESTED REVIEW OF APPROPRIATE TOTAL COMPENSATION FOR KEY EXECUTIVES. THE COMMITTEE WILL:

ASSESS THE NATURE AND SCOPE OF EACH EXECUTIVE'S POSITION UNDER REVIEW BY THE COMMITTEE.

ASSESS THE BASIS BY WHICH COMPENSATION WAS PAID TO THE KEY EXECUTIVE IN EACH COVERED POSITION, AS FOR EXAMPLE, EXCEPTIONAL PERFORMANCE, ADDITIONAL DUTIES, OR THE UNIQUE BACKGROUND EXPERIENCES, PERSONAL SKILLS, SPECIAL ABILITIES, AND BUSINESS CHALLENGES FACING MASS AUDUBON THAT REQUIRE USE OF THESE SKILLS AND ATTRIBUTES.

OBTAIN APPROPRIATE AND COMPARABLE COMPENSATION MARKET DATA, SUCH AS DATA ON THE FOLLOWING:

1. SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS;
2. GEOGRAPHIC DIFFERENTIALS WHICH REFLECT THE COST OF LABOR IN THE GREATER BOSTON AREA;
3. THE AVAILABILITY OF SIMILAR SPECIALTIES IN THE GEOGRAPHIC AREA;
4. INDEPENDENT COMPENSATION SURVEYS;
5. IRS FORM 990 COMPENSATION INFORMATION FOR FUNCTIONALLY COMPARABLE POSITIONS;
6. ACTUAL WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE

|   |  |
|---|--|
| Name of the organization<br>MASSACHUSETTS AUDUBON SOCIETY, INC. | Employer identification number<br>04-2104702 |
|---|--|

SERVICES OF THE EMPLOYEE.

THE EXECUTIVE COMMITTEE SHALL DOCUMENT THE BASIS FOR ITS DETERMINATION OF THE REASONABLE COMPENSATION FOR THOSE KEY EXECUTIVES UNDER ITS REVIEW INCLUDING PERFORMANCE ASSESSMENT OF THE KEY EXECUTIVE AND THE BASIS FOR DETERMINING THAT THE EXECUTIVE'S COMPENSATION WAS REASONABLE IN LIGHT OF THAT PERFORMANCE ASSESSMENT AND MARKET DATA.

THE EXECUTIVE COMMITTEE WILL MAKE ITS RECOMMENDATIONS TO THE BOARD OF DIRECTORS ON AN ANNUAL BASIS.

THE BOARD OF DIRECTORS WILL PERIODICALLY REVIEW THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE WITH A VIEW TO MAKING SURE THAT NO MEMBER IS SUBJECT TO A CONFLICT OF INTEREST WHICH WOULD MAKE HIS OR HER PARTICIPATION IN REVIEW OF COMPENSATION INAPPROPRIATE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
CA, CT, DC, FL, MA, MD, NH, NJ, NY, OH, PA, RI, VA, WI, GA, ME, MN

FORM 990, PART VI, SECTION C, LINE 19:

MASS AUDUBON MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, RECORDS RETENTION POLICY, FEDERAL TAX RETURNS, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEB SITE (WWW.MASSAUDUBON.ORG) AS WELL AS UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN SPLIT-INTEREST AGREEMENTS 1,923,859.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**  
Open to Public Inspection

Name of the organization **MASSACHUSETTS AUDUBON SOCIETY, INC.** Employer identification number **04-2104702**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
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|  |                         |   |                     |                           |                                     |

**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)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity       | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|---|---|-------------------------------|---|---|--|----|
|   |   |   |                               |   |   | Yes  | No |
| WHETSTONE WOOD TRUST FUND C/O MASSACHUSETTS<br>AUDUBON SOCIETY - 30-0174595, 208 SOUTH<br>GREAT ROAD, LINCOLN, MA 01773 | ACQUISITION & PRESERVATION<br>OF LAND FOR WILD HABITAT &<br>CONSERVATION PURPOSES | MASSACHUSETTS                                       | 501(C)(3)                     | 509(A)(3)<br>TYPE II                                      | MASSACHUSETTS<br>AUDUBON SOCIETY,<br>INC. | X  |    |
|   |   |   |                               |   |   |  |    |
|   |   |   |                               |   |   |  |    |
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|   |   |   |                               |   |   |  |    |

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

Schedule R (Form 990) 2020



**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 .....                   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   | X   |    |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....   |     | 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) WHETSTONE WOOD TRUST FUND       | E                             | 456,545.               | FAIR VALUE                                   |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |





# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>MASSACHUSETTS AUDUBON SOCIETY, INC.</b>          | Taxpayer identification number (TIN)<br><b>04-2104702</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>208 SOUTH GREAT ROAD</b>                |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>LINCOLN, MA 01773</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**BANCROFT POOR - MASSACHUSETTS AUDUBON SOCIETY**

- The books are in the care of ▶ **208 SOUTH GREAT ROAD - LINCOLN, MA 01773**  
Telephone No. ▶ **781-259-9500** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.