

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

**2013**Open to Public  
Inspection**A** For the 2013 calendar year, or tax year beginning

07/01, 2013, and ending

06/30, 2014

**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

NATIONAL AUDUBON SOCIETY, INC.

## Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

225 VARICK STREET

Room/suite

7TH FL

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10014

**F** Name and address of principal officer:

DAVID YARNOLD

225 VARICK STREET NEW YORK, NY 10014

**D** Employer identification number

13-1624102

**E** Telephone number

(212) 979-3000

**G** Gross receipts \$ 110,336,104.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

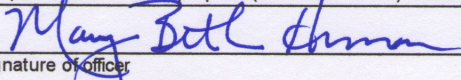
If "No," attach a list. (see instructions)

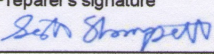
**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.AUDUBON.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1905 **M** State of legal domicile: NY**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AUDUBON'S MISSION IS TO CONSERVE AND RESTORE NATURAL ECOSYSTEMS, FOCUSING ON BIRDS AND OTHER WILDLIFE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27.
Revenue	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	983.
	6	Total number of volunteers (estimate if necessary)	6	9,600.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,343,004.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-261,221.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	68,447,938.	70,744,352.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,495,192.	6,765,741.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,359,918.	17,153,533.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,646,688.	4,457,788.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	88,949,736.	99,121,414.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	3,102,373.	4,199,913.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	45,096,999.	44,212,279.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,819,907.	1,193,887.	792,762.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,808,672.	39,759,038.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	88,201,931.	88,963,992.
	19	Revenue less expenses. Subtract line 18 from line 12	747,805.	10,157,422.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	450,334,791.	468,897,446.
22		Net assets or fund balances. Subtract line 21 from line 20.	46,419,407.	34,601,749.

COPY FOR  
PUBLIC INSPECTION**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.

**Sign Here** ▶  **MARY BETH HENSON** **VP AND CFO** **2/4/2015**  
Signature of officer Date  
Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name **SCOTT THOMPSETT** Preparer's signature  Date **02/04/15** Check ☐ if self-employed PTIN **P00741490**  
Firm's name ▶ **GRANT THORNTON LLP** Firm's EIN ▶ **36-6055558**  
Firm's address ▶ **757 THIRD AVE., 4TH FLOOR NEW YORK, NY 10017-2013** Phone no. **212-599-0100**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)



**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

AUDUBON'S MISSION IS TO CONSERVE & RESTORE NATURAL ECOSYSTEMS  
 FOCUSING ON BIRDS & OTHER WILDLIFE FOR THE BENEFIT OF HUMANITY & THE  
 EARTH'S BIOLOGICAL DIVERSITY. (SEE SCH O)

**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 ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 49,812,024. including grants of \$ 2,332,607. ) (Revenue \$ 6,925,289. )  
 SEE SCHEDULE O - FIELD CONSERVATION

**4b** (Code: ) (Expenses \$ 24,019,612. including grants of \$ 1,873,306. ) (Revenue \$ 732,681. )  
 SEE SCHEDULE O - NATIONAL CONSERVATION

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

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

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

**4e** Total program service expenses ► 73,831,636.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>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? If "Yes," complete Schedule C, Part II . . . . .	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	X	
9 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? If "Yes," complete Schedule D, Part IV . . . . .	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
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? If "Yes," complete Schedule D, Part VII . . . . .	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
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? If "Yes," complete Schedule F, Parts I and IV . . . . .	X	
15 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? If "Yes," complete Schedule F, Parts II and IV . . . . .	X	
16 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? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 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? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b> X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .	<b>26</b> X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b> X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b> X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> X	

Form 990 (2013)

**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 ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 386		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<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> 983		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <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>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	<b>3b</b>	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)?	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country: <u>CANADA</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<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?	<b>6a</b>		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>6b</b>		
<b>7 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	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?	<b>7c</b>	X	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b> 1		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	X	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 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 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 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 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? <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 in Schedule O.	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ X**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	27	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	27	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 1**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MARY BETH HENSON 225 VARICK STREET NEW YORK, NY 10014 212-979-3000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARGOT ERNST VICE CHAIR (THRU 1/2014)	8.00	X		X				0	0	0
(2) DAVID B. FORD CHAIR (FORMERLY SECRETARY)	8.00	X		X				0	0	0
(3) DAVID B. HARTWELL VICE CHAIR & TREASURER	8.00	X		X				0	0	0
(4) ALLEN MODEL VICE CHAIR	8.00	X		X				0	0	0
(5) PEGGY MONTANO ASST. SECRETARY (THRU 1/2014)	8.00	X		X				0	0	0
(6) KRISTI PATTERSON SECRETARY (SINCE 2/2014)	8.00	X		X				0	0	0
(7) DAVID ROUX VICE CHAIR (SINCE 5/2014)	8.00	X		X				0	0	0
(8) HOLT B. THRASHER CHAIR (THRU 1/2014)	8.00	X		X				0	0	0
(9) JANE ALEXANDER DIRECTOR	8.00	X						0	0	0
(10) KARIM AL-KHAFAJI DIRECTOR	8.00	X						0	0	0
(11) LEIGH ALTADONNA DIRECTOR	8.00	X						0	0	0
(12) SUSAN BELL DIRECTOR	8.00	X						0	0	0
(13) MARY MCDERMOTT COOK DIRECTOR	8.00	X						0	0	0
(14) MICHELE CRIST DIRECTOR	8.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) ALAN DOLAN ----- DIRECTOR	8.00	X						0	0	0
( 16 ) JOE ELLIS ----- DIRECTOR	8.00	X						0	0	0
( 17 ) JEFFREY GOODBY ----- DIRECTOR	8.00	X						0	0	0
( 18 ) JAMES GREENWOOD ----- DIRECTOR	8.00	X						0	0	0
( 19 ) JOY HESTER ----- DIRECTOR	8.00	X						0	0	0
( 20 ) CONNIE HOLSINGER ----- DIRECTOR (THRU 7/2013)	8.00	X						0	0	0
( 21 ) STEPHANIE LITTLE ----- DIRECTOR	8.00	X						0	0	0
( 22 ) ALEXIS MAYBANK ----- DIRECTOR	8.00	X						0	0	0
( 23 ) HECTOR MORALES ----- DIRECTOR	8.00	X						0	0	0
( 24 ) TERRY ROOT ----- DIRECTOR	8.00	X						0	0	0
( 25 ) AJAY SHAH ----- DIRECTOR	8.00	X						0	0	0
<b>1b Sub-total</b> . . . . .								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								2,583,943.	0	253,807.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,583,943.	0	253,807.

**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 ► 52

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 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? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>ATTACHMENT 2</b>		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 29



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) HUGH SIMMONS DIRECTOR	8.00	X						0	0	0
( 27 ) MARINA SKUMANICH DIRECTOR	8.00	X						0	0	0
( 28 ) JACK STEWART DIRECTOR	8.00	X						0	0	0
( 29 ) STEPHEN TAN DIRECTOR	8.00	X						0	0	0
( 30 ) MAGGIE WALKER DIRECTOR	8.00	X						0	0	0
( 31 ) ALEX ZAGOREOS DIRECTOR	8.00	X						0	0	0
( 32 ) DAVID M YARNOLD PRESIDENT AND CEO	40.00			X				489,615.	0	46,728.
( 33 ) LORRAINE A SCIARRA VP/GENERAL COUNSEL	40.00			X				242,125.	0	18,780.
( 34 ) MARY BETH HENSON VP AND CFO	40.00			X				200,087.	0	0
( 35 ) SUSAN J LUNDEN CHIEF OPERATING OFFICER	40.00			X				210,000.	0	16,265.
( 36 ) MARGARET OLSEN VP/CHIEF CONSERVATION OFF.	40.00				X			204,741.	0	24,618.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **52**

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	3,147,568.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	7,827,024.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	59,769,760.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .		1,876,182.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		70,744,352.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	TUITION INCOME . . . . .	900099	2,146,826.	2,146,826.		
	<b>b</b>	ADMISSIONS . . . . .	900099	1,319,162.	1,319,162.		
	<b>c</b>	CARBON CREDITS . . . . .	900099	1,634,535.	1,634,535.		
	<b>d</b>	CONTRACTUAL REVENUE . . . . .	900099	971,403.	971,403.		
	<b>e</b>	REGISTRATION FEES . . . . .	900099	456,978.	456,978.		
	<b>f</b>	All other program service revenue . . . . .		236,837.	236,837.		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		6,765,741.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		6,710,268.		156,586.	6,553,682.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		876,892.			876,892.
			(i) Real (ii) Personal				
	<b>6a</b>	Gross rents . . . . .	1,246,788.				
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .	1,246,788.				
	<b>d</b>	Net rental income or (loss) . . . . .		1,246,779.			1,246,779.
			(i) Securities (ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	12,999,360.	7,125,897.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	9,681,992.				
	<b>c</b>	Gain or (loss) . . . . .	3,317,368.	7,125,897.			
	<b>d</b>	Net gain or (loss) . . . . .		10,443,265.			10,443,265.
	<b>8a</b>	Gross income from fundraising events (not including \$ 3,147,568. of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	464,697.			
	<b>b</b>	Less: direct expenses . . . . .	b	844,761.			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		-380,064.			-380,064.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
	<b>b</b>	Less: direct expenses . . . . .	b				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	a	1,583,903.			
<b>b</b>	Less: cost of goods sold . . . . .	b	687,937.				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		895,966.			895,966.	
	Miscellaneous Revenue	<b>Business Code</b>					
<b>11a</b>	ADVERTISING . . . . .	900099	1,167,337.		1,167,337.		
<b>b</b>	LIST RENTAL . . . . .	900099	497,406.			497,406.	
<b>c</b>	NEWS ADS . . . . .	900099	19,081.		19,081.		
<b>d</b>	All other revenue . . . . .	900099	134,391.			134,391.	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,818,215.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		99,121,414.	6,765,741.	1,343,004.	20,268,317.	

**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	3,578,070.	3,578,070.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	16,010.	16,010.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. . . . .	605,833.	605,833.		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,528,749.	990,303.	451,547.	86,899.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	116,189.	52,105.	58,094.	5,990.
<b>7</b> Other salaries and wages . . . . .	33,298,381.	28,637,421.	1,342,107.	3,318,853.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,409,454.	2,046,519.	127,684.	235,251.
<b>9</b> Other employee benefits . . . . .	3,952,438.	3,357,085.	209,451.	385,902.
<b>10</b> Payroll taxes . . . . .	2,907,068.	2,469,178.	154,054.	283,836.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	413,446.	109,573.	269,093.	34,780.
<b>c</b> Accounting . . . . .	161,018.	13,581.	147,437.	
<b>d</b> Lobbying . . . . .	90,583.	87,583.		3,000.
<b>e</b> Professional fundraising services. See Part IV, line 17.	792,762.			792,762.
<b>f</b> Investment management fees . . . . .	461,126.		461,126.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	6,913,513.	6,460,476.		453,037.
<b>12</b> Advertising and promotion . . . . .	288,354.	188,118.	3,604.	96,632.
<b>13</b> Office expenses . . . . .	12,407,013.	9,791,820.	382,983.	2,232,210.
<b>14</b> Information technology . . . . .	1,035,284.	889,418.	71,579.	74,287.
<b>15</b> Royalties . . . . .	250,781.	250,781.		
<b>16</b> Occupancy . . . . .	3,756,043.	2,972,409.	603,200.	180,434.
<b>17</b> Travel . . . . .	2,355,279.	2,029,616.	94,677.	230,986.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	1,177,263.	863,742.	95,200.	218,321.
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,892,396.	2,702,197.	158,776.	31,423.
<b>23</b> Insurance . . . . .	1,069,832.	947,610.	79,349.	42,873.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEMBERSHIP FULFILLMENT . . . . .	1,604,717.	979,139.	265,337.	360,241.
<b>b</b> SERVICE BUREAUS . . . . .	1,547,848.	1,035,907.	307,402.	204,539.
<b>c</b> MAGAZINE PRINTING . . . . .	793,313.	793,313.		
<b>d</b> COMMISSIONS . . . . .	305,227.	256,006.		49,221.
<b>e</b> All other expenses . . . . .	2,236,002.	1,707,823.	29,749.	498,430.
<b>25</b> Total functional expenses. Add lines 1 through 24e	88,963,992.	73,831,636.	5,312,449.	9,819,907.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	9,494,000.	6,335,000.		3,159,000.



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	39,034,846.	<b>1</b>	52,315,350.
	<b>2</b> Savings and temporary cash investments . . . . .	5,284,271.	<b>2</b>	23,272,965.
	<b>3</b> Pledges and grants receivable, net . . . . .	7,060,219.	<b>3</b>	5,446,434.
	<b>4</b> Accounts receivable, net . . . . .	2,180,775.	<b>4</b>	5,806,159.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	339,239.	<b>8</b>	325,626.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,878,590.	<b>9</b>	2,268,439.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 178,406,278.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 31,664,705.		
		146,658,003.	<b>10c</b>	146,741,573.
	<b>11</b> Investments - publicly traded securities . . . . .	91,272,590.	<b>11</b>	90,671,409.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	155,494,370.	<b>12</b>	141,910,949.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	25,500.	<b>14</b>	25,500.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	106,388.	<b>15</b>	113,042.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	450,334,791.	<b>16</b>	468,897,446.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	10,507,414.	<b>17</b>	8,042,590.
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	5,921,877.	<b>19</b>	6,539,124.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	2,356,046.	<b>21</b>	1,576,016.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	100,000.	<b>22</b>	100,000.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	7,175,000.	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<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 . . . . .	20,359,070.	<b>25</b>	18,344,019.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	46,419,407.	<b>26</b>	34,601,749.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	134,662,490.	<b>27</b>	151,387,587.
	<b>28</b> Temporarily restricted net assets . . . . .	173,421,712.	<b>28</b>	181,338,775.
	<b>29</b> Permanently restricted net assets . . . . .	95,831,182.	<b>29</b>	101,569,335.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	403,915,384.	<b>33</b>	434,295,697.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	450,334,791.	<b>34</b>	468,897,446.

Form **990** (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	99,121,414.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	88,963,992.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	10,157,422.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	403,915,384.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	16,243,425.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	3,979,466.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	434,295,697.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III-Functionally integrated    d ☐ Type III-Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

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

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

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	61,373,956.	65,301,714.	67,439,007.	68,447,938.	70,744,352.	333,306,967.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .	61,373,956.	65,301,714.	67,439,007.	68,447,938.	70,744,352.	333,306,967.
<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). . . . .						7,391,603.
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						325,915,364.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .	61,373,956.	65,301,714.	67,439,007.	68,447,938.	70,744,352.	333,306,967.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	8,230,208.	12,815,847.	9,217,774.	8,901,149.	8,833,939.	47,998,917.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . <b>ATCH. 1</b> . . . . .		1,085,718.	1,729,587.	1,092,696.	1,096,494.	5,004,495.
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						386,310,379.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	25,204,134.
<b>13</b> <b>First five 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 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	84.37%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	82.41%
<b>16a</b> <b>33 1/3% support test - 2013.</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</b> <b>33 1/3% support test - 2012.</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</b> <b>10%-facts-and-circumstances test - 2013.</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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2012.</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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>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 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five 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>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests - 2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**ATTACHMENT 1**

**SCHEDULE A, PART II - OTHER INCOME**

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
INSURANCE RECOVERY			138,850.	154,949.		293,799.
MANAGEMENT FEE			563,259.	2,000.		565,259.
MISCELLANEOUS			97,959.	32,290.	64,132.	194,381.
REFUNDS			34,964.			34,964.
HONORARIUM				12,396.		12,396.
SPECIAL EVENTS		541,945.	424,488.	478,172.	464,697.	1,909,302.
LIST RENTAL		543,773.	470,067.	412,889.	497,406.	1,924,135.
SPONSORSHIP					70,259.	70,259.
TOTALS		<u>1,085,718.</u>	<u>1,729,587.</u>	<u>1,092,696.</u>	<u>1,096,494.</u>	<u>5,004,495.</u>

**Schedule B**

(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2013**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**

NATIONAL AUDUBON SOCIETY, INC.

**Employer identification number**

13-1624102

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **NATIONAL AUDUBON SOCIETY, INC.**Employer identification number  
13-1624102**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,065,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,442,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,552,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

Employer identification number

13-1624102

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

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

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

Employer identification number

13-1624102

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

SCHEDULE C  
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

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.  
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its  
instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2013

**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.

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

**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 to 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?	X		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b>	Media advertisements?		X	
<b>d</b>	Mailings to members, legislators, or the public?		X	
<b>e</b>	Publications, or published or broadcast statements?		X	
<b>f</b>	Grants to other organizations for lobbying purposes?	X		12,500.
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		277,281.
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b>	Other activities?	X		30,603.
<b>j</b>	Total. Add lines 1c through 1i			320,384.
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<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?	1	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE - LOBBYING ACTIVITIES

PART II-B, LINE - LOBBYING ACTIVITIES

AUDUBON'S LOBBYING ACTIVITIES INCLUDES MEETING WITH GOVERNMENT OFFICIALS,

DISTRIBUTING MATERIAL THROUGH VARIOUS MEDIA INCLUDING E-MAIL TO THE

GENERAL PUBLIC ON ENVIRONMENTAL ISSUES AND WORKING WITH OUTSIDE

CONSULTANTS TO DEVELOP STRATEGIES TO INFLUENCE LEGISLATION.

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

---

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public  
Inspection

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a 26.
b Total acreage restricted by conservation easements . . . . .	2b 3,819.80
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 1.

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 94.

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 3,811.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☒ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ 383,753.

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

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$

b Assets included in Form 990, Part X . . . . . ▶ \$

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

Schedule D (Form 990) 2013



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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☒ Public exhibition **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**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" to 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
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☒ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . . ☒ X

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	170,875,239.	161,015,955.	162,600,351.	144,699,238.	132,089,720.
<b>b</b> Contributions . . . . .	7,562,872.	7,132,214.	17,258,072.	6,315,427.	9,950,612.
<b>c</b> Net investment earnings, gains, and losses . . . . .	17,195,328.	11,967,574.	-2,005,066.	21,037,468.	11,427,139.
<b>d</b> Grants or scholarships . . . . .	27,899.	28,956.	27,063.	53,180.	34,980.
<b>e</b> Other expenditures for facilities and programs . . . . .	5,022,153.	8,991,548.	16,560,339.	4,658,602.	5,727,253.
<b>f</b> Administrative expenses . . . . .	8,041,818.	220,000.	250,000.	4,740,000.	3,006,000.
<b>g</b> End of year balance . . . . .	182,541,569.	170,875,239.	161,015,955.	162,600,351.	144,699,238.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ▶ 16.0000 %

**b** Permanent endowment ▶ 84.0000 %

**c** Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to 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
<b>1a</b> Land . . . . .		98,379,782.		98,379,782.
<b>b</b> Buildings . . . . .		43,470,230.	17,231,325.	26,238,905.
<b>c</b> Leasehold improvements . . . . .		23,674,665.	6,433,760.	17,240,905.
<b>d</b> Equipment . . . . .		10,350,338.	7,907,682.	2,442,656.
<b>e</b> Other . . . . .		2,531,261.	91,936.	2,439,325.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				146,741,573.

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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) COLLECTIVE TRUST FUND - FIXED	40,463,646.	
(B) COMMON TRUST FUNDS	8,283,301.	
(C) ALTERNATIVE INVESTMENTS	49,682,353.	
(D) BENEFICIAL INTEREST IN	43,481,649.	
(E) CHARITABLE TRUST		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	141,910,949.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) OBLIGATIONS UNDER CHARITABLE TRUSTS	6,296,638.	
(3) PENSION AND POSTRETIREMENT BENEFIT	12,047,381.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	18,344,019.	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	119,620,160.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	16,243,425.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	143,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,728,685.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	20,115,110.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	99,505,050.
<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>	461,126.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-844,762.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-383,636.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	99,121,414.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	89,239,847.
<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>	143,000.
<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>	844,762.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	987,762.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	88,252,085.
<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>	461,126.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	250,781.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	711,907.
<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>	88,963,992.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

FORM 990, PART II, LINE 5

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

FORM 990, PART II, LINE 9

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

ARTWORK

PART III, LINE 4

FROM TIME TO TIME AUDUBON RECEIVES ARTWORK RELEVANT TO OUR MISSION, SUCH AS DRAWINGS AND ILLUSTRATIONS OF BIRDS, AND DISPLAYS SUCH ART IN VARIOUS AUDUBON CENTERS AND SANCTUARIES. IN THE YEAR ENDING JUNE 30, 2014, AUDUBON DID NOT RECEIVE ANY SUCH ARTWORK.

FORM 990, SCHEDULE D, PART IV - FUNDS HELD FOR OTHERS

AUDUBON HOLDS APPROXIMATELY \$1,015,000 IN AGENCY FUNDS FOR OTHER ORGANIZATIONS AND INDEPENDENT AUDUBON CHAPTERS AND \$561,000 IN FUNDS HELD FOR EMPLOYEES AND FORMER EMPLOYEES OF AUDUBON RELATED TO A DEFERRED COMPENSATION PLAN TO WHICH FUNDS ARE NO LONGER BEING CONTRIBUTED.

THESE AMOUNTS HAVE BEEN RECORDED IN PART X ON THE BALANCE SHEET.

**Part XIII** Supplemental Information (continued)

## DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS

## PART V, LINE 4

THE ENDOWMENT FUNDS ARE DONOR-RESTRICTED FUNDS HELD IN PERPETUITY. THE BOARD HAS ESTABLISHED BUDGETED SPENDING LIMITS FOR SPECIFIC ENDOWMENT FUNDS; 2%, 3.5% OR 4.5% OF THE AVERAGE OF THE ROLLING FIVE YEAR MARKET VALUES, SUBJECT TO LIMITATIONS WHERE APPLICABLE UNDER DONOR RESTRICTIONS OR REGULATORY REQUIREMENTS. THESE FUNDS ARE USED TO FURTHER AUDUBON'S GOALS OF CONSERVATION AND RESTORATION OF OUR NATURAL ECOSYSTEMS.

## FORM 990, SCHEDULE D, PART V, LINE 1(F)

AMOUNTS REPORTED AS ADMINISTRATIVE EXPENDITURES ON LINE 1(F) REPRESENT THE RECLASS OF ONE BOARD-DESIGNATED FUND FROM A QUASI ENDOWMENT TO OPERATING FUNDS. SINCE THE ENDOWMENT ROLLFORWARD SCHEDULE DOESN'T HAVE A LINE TO ACCURATELY REPRESENT "TRANSFERS OF ASSETS," AUDUBON IS REPORTING THESE AMOUNTS ON LINE 1(F).

## FIN 48

## PART X, LINE 2

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

**Part XIII** Supplemental Information (continued)

AUDUBON IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. AUDUBON HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDING JUNE 30, 2011, 2012, 2013 AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. AUDUBON HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

## PART XI, LINE 2D

RECLASS OF ROYALTY EXPENSE	(250,781)
CHANGE IN VALUE OF TRUSTS	2,801,305
CHANGES IN PENSION	982,331
CHARITABLE TRUST ADDITIONS	195,830
	-----
TOTAL	3,728,685

**Part XIII** Supplemental Information (continued)

---

PART XI, LINE 4B

RECLASSIFICATION OF SPECIAL EVENTS EXPENSES FROM THE FUNCTIONAL EXPENSE  
SECTION TO THE STATEMENT OF REVENUE - (844,762)

PART XII, LINE 2D

RECLASSIFICATION OF SPECIAL EVENTS EXPENSES FROM THE FUNCTIONAL EXPENSE  
SECTION TO THE STATEMENT OF REVENUE - 844,762

PART XII, LINE 4B

RECLASSIFICATION OF ROYALTY EXPENSE FROM THE STATEMENT OF REVENUE TO  
FUNCTIONAL EXPENSE SECTION - 250,781

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		1,362,039.
<b>(2)</b> CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		446,127.
<b>(3)</b> SOUTH AMERICA			GRANTMAKING		159,706.
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total					1,967,872.
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					1,967,872.

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

Schedule F (Form 990) 2013



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	136,482.				
(2)			SOUTH AMERICA	GENERAL SUPP	120,000.				
(3)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	113,531.				
(4)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	79,306.				
(5)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	55,000.				
(6)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	50,000.				
(7)			SOUTH AMERICA	GENERAL SUPP	39,706.				
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . 7.

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

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

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

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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).* ☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).* ☐ Yes ☒ No

Schedule F (Form 990) 2013

**Part V Supplemental Information**

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

PROCEDURE FOR MONITORING GRANTS OUTSIDE THE US

SCHEDULE F, PART I, LINE 2

AUDUBON WORKS WITH BIRDLIFE INTERNATIONAL AND OTHER ORGANIZATIONS

THROUGHOUT THE AMERICAS TO ENSURE CONSERVATION EFFORTS ARE INCLUDED IN

DEVELOPMENTAL PLANS--INTEGRATING SOCIETAL, ECONOMIC AND BIODIVERSITY

NEEDS TO STEM THE LOSS OF BIRD SPECIES WHILE IMPROVING PEOPLE'S LIVES.

DURING THE PAST TWO YEARS, AUDUBON HAS RECEIVED PUBLIC FUNDING FROM THE

USFWS FOR WORK IN PANAMA AND CHILE, AND A SIGNIFICANT 3-YEAR PROJECT FROM

THE INTER-AMERICAN DEVELOPMENT BANK FOR A REGIONAL TOURISM PROJECT

COVERING FOUR COUNTRIES, THE BAHAMAS, BELIZE, GUATEMALA AND PARAGUAY.

AUDUBON VALUES ITS CLOSE WORKING RELATIONSHIPS WITH OUR INTERNATIONAL

PARTNERS, AND MAKES GRANTS TO ORGANIZATIONS IN SUPPORT OF PROJECTS THAT

ADVANCE OUR STRATEGIC PLAN.

WE BELIEVE CAREFUL OVERSIGHT AND CLEAR DELIVERABLES AID US IN BUILDING

LOCAL CAPACITY, AND ESTABLISHING TRUST TO FURTHER OUR SUPPORT OF

HEMISPHERIC WIDE CONSERVATION PROJECTS. ALL OF OUR GRANTS TO FOREIGN

ENTITIES ARE BASED ON WRITTEN CONTRACTS THAT ESTABLISH SPECIFIC

DELIVERABLES AND DETAILED BUDGETS FOR THE EXPENDITURE OF FUNDS ON JOINT

PROGRAMS OF WORK.

WE MONITOR COMPLIANCE OF GRANT CONTRACTS THROUGH SITE VISITS, WRITTEN

REPORTS, AND FREQUENT INTERACTION THROUGH CALLS AND EMAILS. AUDUBON'S

FOREIGN GRANTS MAY BE IN THE FORM OF CASH AND/OR EQUIPMENT. EQUIPMENT

(OTHER THAN VEHICLES) IS PURCHASED BY AUDUBON AND DONATED TO THE

**Part V Supplemental Information**

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

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

FORM 990, SCHEDULE F, PART IV

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

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public  
Inspection

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

Part I

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

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

- |   |                                     |                                  |   |                                     |                                       |
|---|-------------------------------------|----------------------------------|---|-------------------------------------|---------------------------------------|
| a | <input checked="" type="checkbox"/> | Mail solicitations               | e | <input checked="" type="checkbox"/> | Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> | Internet and email solicitations | f | <input checked="" type="checkbox"/> | Solicitation of government grants     |
| c | <input checked="" type="checkbox"/> | Phone solicitations              | g | <input checked="" type="checkbox"/> | Special fundraising events            |
| d | <input checked="" type="checkbox"/> | In-person solicitations          |   |                                     |                                       |

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 SEA CHANGE STRATEGIES	COUNSEL		X		212,323.	-212,323.
2 SCA DIRECT	COUNSEL		X		169,575.	-169,575.
3 DONOR SERVICES GROUP, LLC	TELEMKTG		X	56,683.	134,830.	-78,147.
4 EVENT ASSOCIATES, INC	COUNSEL		X		67,590.	-67,590.
5 MARTS & LUNDY	COUNSEL		X		52,630.	-52,630.
6 CAPITAL DEVELOPMENT SERVICES	COUNSEL		X		47,749.	-47,749.
7 CARRIE WAIBLE & COMPANY (DBA	COUNSEL		X		43,940.	-43,940.
8 STRATEGIC INC.	COUNSEL		X		23,625.	-23,625.
9 ROME GROUP, THE	COUNSEL		X		21,300.	-21,300.
10 STANSBURY CONSULTING LLC	COUNSEL		X		19,200.	-19,200.
Total .....				56,683.	792,762.	-736,079.

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

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

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

		(a) Event #1 SE MEDAL DINNER (event type)	(b) Event #2 LEADERSHIP (event type)	(c) Other events 38. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	1,577,174.	612,279.	1,422,812.	3,612,265.
	2 Less: Contributions . . . . .	1,484,774.	583,454.	1,079,340.	3,147,568.
	3 Gross income (line 1 minus line 2). . . . .	92,400.	28,825.	343,472.	464,697.
Direct Expenses	4 Cash prizes . . . . .	8,195.			8,195.
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	3,250.	6,300.	27,600.	37,150.
	7 Food and beverages . . . . .	92,558.	45,048.	105,271.	242,877.
	8 Entertainment . . . . .	106,923.	18,000.	8,615.	133,538.
	9 Other direct expenses . . . . .	163,005.	93,039.	166,957.	423,001.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				844,761.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-380,064.

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

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

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

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 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 ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

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

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



**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CITY OF JOPLIN 303 EAST THIRD STREET JOPLIN, MO 64801	44-6000196	501 (C) (3)	496,300.				GENERAL SUPPORT
(2) FLORIDA'S WATER & LAND LEGACY 316 WILLIAMS STREET TALLAHASSEE, FL 32303	46-0560492	501 (C) (3)	105,000.				GENERAL SUPPORT
(3) THE CONSERVATION FUND 1655 N FORT MYER #1300 ARLINGTON, VA 22209	52-1388917	501 (C) (3)	100,000.				GENERAL SUPPORT
(4) PLUMAS AUDUBON SOCIETY 429 MAIN STREET, SUITE A QUINCY, CA 95971	68-0212117	501 (C) (3)	88,404.				GENERAL SUPPORT
(5) PROSPECT PARK ALLIANCE 95 PROSPECT PARK WEST BROOKLYN, NY 11215	11-2843763	501 (C) (3)	80,000.				GENERAL SUPPORT
(6) MAINE AUDUBON SOCIETY 20 GILSLAND FARM ROAD FALMOUTH, ME 04105	01-0248780	501 (C) (3)	77,270.				GENERAL SUPPORT
(7) THE MARINE SCIENCE CONSORTIUM 34001 MILL DAM R WALLOPS ISLAND, VA 23337	23-1704769	501 (C) (3)	64,400.				GENERAL SUPPORT
(8) TROPICAL AUDUBON SOCIETY 5530 SUNSET DR MIAMI, FL 33143	59-6147345	501 (C) (3)	59,743.				GENERAL SUPPORT
(9) NEW YORK CITY AUDUBON SOCIETY, INC. 71 WEST 23RD ST NEW YORK, NY 10010	13-3057954	501 (C) (3)	56,447.				GENERAL SUPPORT
(10) FOREST PRESERVE DISTRICT OF KANE COUNTY 1996 S. KIRK ROAD #320 GENEVA, IL 60134	38-3767396	501 (C) (3)	55,928.				GENERAL SUPPORT
(11) VIRGINIA POLYTECHNIC INSTITUTE AND STATE UN 300 TURNER ST. #4200 BLACKSBURG, VA 24061	54-6001805	501 (C) (3)	53,415.				GENERAL SUPPORT
(12) ROCKING THE BOAT, INC. 812 EDGEWATER ROAD BRONX, NY 10474	13-4177814	501 (C) (3)	52,259.				GENERAL SUPPORT

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

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

**Schedule I (Form 990) (2013)**

JSA

3E1288 1.000

6214HS 700J

V 13-7.15

0182291-00009

PAGE 45

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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public  
Inspection

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AUDUBON SOCIETY OF PORTLAND 5151 NW CORNELL RD. PORTLAND, OR 97210	93-6026088	501 (C) (3)	46,729.				GENERAL SUPPORT
(2) PALOS VERDES PENINSULA LAND CONSERVANCY 916 SILVER SPUR RD. CA 90274	33-0309722	501 (C) (3)	42,050.				GENERAL SUPPORT
(3) COALITION TO RESTORE COASTAL LOUISIANA 6160 PERKINS ROAD BATON ROUGE, LA 70808	72-1115589	501 (C) (3)	40,000.				GENERAL SUPPORT
(4) MEARTH PO BOX 223702 CARMEL, CA 93922	26-2973625	501 (C) (3)	36,000.				GENERAL SUPPORT
(5) BEDFORD AUDUBON SOCIETY 35 TODD ROAD KETONAH, NY 10536	13-6220779	501 (C) (3)	34,628.				GENERAL SUPPORT
(6) APPALACHIAN TRAIL CONSERVANCY 4 EAST FIRST ST BOILING SPRINGS, PA 17007	52-6046689	501 (C) (3)	34,554.				GENERAL SUPPORT
(7) ECOARTS CONNECTIONS PO BOX 356 BOULDER, CO 80306	20-2499021	501 (C) (3)	34,240.				GENERAL SUPPORT
(8) THE COLLEGE OF WILLIAM AND MARY 200 STADIUM DRIVE WILLIAMSBURG, VA 23185	56-6001718	501 (C) (3)	32,000.				GENERAL SUPPORT
(9) SAN MIGUEL ACADEMY OF NEWBURGH 241 LIBERTY ST. NEWBURGH, CT 12550	20-4717497	501 (C) (3)	30,300.				GENERAL SUPPORT
(10) WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	13-1740011	501 (C) (3)	29,756.				GENERAL SUPPORT
(11) TULSA AUDUBON SOCIETY 11224 S.83 E.AVE BIXBY, OK 74008	73-1069723	501 (C) (3)	29,546.				GENERAL SUPPORT
(12) ENDANGERED SPECIES COALITION PO BOX 65195 WASHINGTON, DC 20035	52-2235210	501 (C) (3)	29,300.				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

6214HS 700J

V 13-7.15

0182291-00009

PAGE 46

**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW JERSEY AUDUBON SOCIETY 9 HARDSCRABBLE ROAD BERNARDSVILLE, NJ 07924	22-1539642	501 (C) (3)	29,216.				GENERAL SUPPORT
(2) REDBUD AUDUBON SOCIETY PO BOX 5780 CLEARLAKE, CA 95422	23-7445051	501 (C) (3)	25,017.				GENERAL SUPPORT
(3) MICHIGAN AUDUBON SOCIETY PO BOX 15249 LANSING, MI 48901	38-1686621	501 (C) (3)	24,837.				GENERAL SUPPORT
(4) FRIENDS OF THE NC STATE MUSEUM OF NATURAL S 11 WEST JONES STREET RALEIGH, NC 27601	56-1240806	501 (C) (3)	24,698.				GENERAL SUPPORT
(5) INSTITUTE FOR APPLIED ECOLOGY PO BOX 2855 CORVALLIS, OR 97339	93-1283716	501 (C) (3)	24,644.				GENERAL SUPPORT
(6) COMMON GROUND HIGH SCHOOL 358 SPRINGSIDE AVENUE NEW HAVEN, CT 06515	22-3171185	501 (C) (3)	23,892.				GENERAL SUPPORT
(7) MONTANA AUDUBON SOCIETY P.O. BOX 595 HELENA, MT 59624	81-0412530	501 (C) (3)	23,690.				GENERAL SUPPORT
(8) FULLER PARK COMMUNITY DEVELOPMENT 4417 S. STEWART AVENUE CHICAGO, IL 60609	36-3890176	501 (C) (3)	21,629.				GENERAL SUPPORT
(9) SAN DIEGO AUDUBON SOCIETY 4010 MORENA BLVD #100 SAN DIEGO, CA 92117	95-6100273	501 (C) (3)	19,137.				GENERAL SUPPORT
(10) THE CONNECTICUT AGRICULTURAL EXPERIMENT STA 123 HUNTINGTON ST. NEW HAVEN, CT 06504	46-3092102	501 (C) (3)	19,133.				GENERAL SUPPORT
(11) TRUSTEES OF INDIANA UNIVERSITY 509 E 3RD ST BLOOMINGTON, IN 47404	35-6001673	501 (C) (3)	18,248.				GENERAL SUPPORT
(12) CALIFORNIA WILDLIFE CONSERVATION BOARD 4015 COFFEE ROAD BAKERSFIELD, CA 93308	35-2352447	501 (C) (3)	18,000.				GENERAL SUPPORT

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

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

**Schedule I (Form 990) (2013)**

JSA

3E1288 1.000

6214HS 700J

V 13-7.15

0182291-00009

PAGE 47

**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LOUISIANA STATE UNIVERSITY OFFICE OF ACCT SRVS BATON ROUGE, LA 70803	72-6000848	501 (C) (3)	16,224.				GENERAL SUPPORT
(2) NEW HAVEN URBAN RESOURCES INITIATIVE 195 PROSPECT STREET NEW HAVEN, CT 06411	06-1343983	501 (C) (3)	15,976.				GENERAL SUPPORT
(3) SEATTLE AUDUBON SOCIETY 8050 35TH AVE NE SEATTLE, WA 98115	91-6009716	501 (C) (3)	15,932.				GENERAL SUPPORT
(4) DETROIT AUDUBON SOCIETY 24433 W. 9 MILE SOUTHFIELD, MI 48033	38-6004962	501 (C) (3)	15,913.				GENERAL SUPPORT
(5) SAN BERNARDINO VALLEY AUDUBON SOCIETY PO BOX 10973 SAN BERNARDINO, CA 92423	95-2593738	501 (C) (3)	15,341.				GENERAL SUPPORT
(6) EARTH FORCE, INC. 3459 FLORENCE WAY DENVER, CO 80238	52-1830873	501 (C) (3)	14,000.				GENERAL SUPPORT
(7) LOS ANGELES AUDUBON SOCIETY PO BOX 931057 LOS ANGELES, CA 90093	95-6093704	501 (C) (3)	13,626.				GENERAL SUPPORT
(8) APPALACHIAN STATE UNIVERSITY DOUGHERTY BUILDING PO BOX 32125	56-1176030	501 (C) (3)	13,500.				GENERAL SUPPORT
(9) DELAWARE AUDUBON SOCIETY 56 W. MAIN ST. CHRISTIANA, DE 19702	51-0189367	501 (C) (3)	12,757.				GENERAL SUPPORT
(10) ATLANTA AUDUBON SOCIETY 368 EADY CREEK ROAD BARNESVILLE, GA 30204	58-1834323	501 (C) (3)	12,653.				GENERAL SUPPORT
(11) CHESAPEAKE EDUCATION ARTS & RESEARCH SOCIETY CHEARS PO BOX 1841 GREENBELT, MD 20768	06-1767460	501 (C) (3)	12,500.				GENERAL SUPPORT
(12) FRIENDS OF RESERVOIRS 4209 MESCALERO ALBUQUERQUE, NM 87110	27-3605852	501 (C) (3)	12,500.				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

6214HS 700J

V 13-7.15

0182291-00009

PAGE 48

**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GREENFAITH 101 SOUTH 3RD AVE HIGHLAND PARK, NJ 08904	22-3452273	501 (C) (3)	12,500.				GENERAL SUPPORT
(2) PRESCOTT COLLEGE, INC. 220 GROVE AVENUE PRESCOTT, AZ 86301	86-0294012	501 (C) (3)	12,500.				GENERAL SUPPORT
(3) GOLDEN EAGLE AUDUBON SOCIETY 2373 ROANOKE DRIVE BOISE, ID 83712	23-7349882	501 (C) (3)	12,418.				GENERAL SUPPORT
(4) AUDUBON SOCIETY OF WESTERN PENNSYLVANIA 614 DORSEYVILLE ROAD PITTSBURGH, PA 15238	25-1324559	501 (C) (3)	12,057.				GENERAL SUPPORT
(5) STUDENT CONSERVATION ASSOCIATION INC. PO BOX 550 CHARLESTOWN, NH 03603	91-0880684	501 (C) (3)	12,000.				GENERAL SUPPORT
(6) GOLDEN GATE AUDUBON SOCIETY, INC. 2530 SAN PABLO AVE BERKELEY, CA 94702	94-6086896	501 (C) (3)	11,856.				GENERAL SUPPORT
(7) AUDUBON SOCIETY OF FORSYTH COUNTY PO BOX 15111 WINSTON-SALEM, NC 27113	58-1339557	501 (C) (3)	11,509.				GENERAL SUPPORT
(8) ONE COOL EARTH PO BOX 150 SAN LUIS OBISPO, CA 93406	34-1939404	501 (C) (3)	11,500.				GENERAL SUPPORT
(9) HOUSTON AUDUBON SOCIETY 440 WILCHESTER BOULEVARD HOUSTON, TX 77079	23-7011870	501 (C) (3)	11,468.				GENERAL SUPPORT
(10) CHICAGO AUDUBON SOCIETY 5801-C NORTH PULASKI ROAD CHICAGO, IL 60646	23-7245647	501 (C) (3)	11,130.				GENERAL SUPPORT
(11) AUDUBON SOCIETY OF NORTHERN VIRGINIA 11100 WILDLIFE CNT DR RESTON, VA 20190	51-0248323	501 (C) (3)	11,098.				GENERAL SUPPORT
(12) AUDUBON OF MARTIN COUNTY 621 SE PALM BEACH RD. STUART, FL 34994	59-1496505	501 (C) (3)	10,888.				GENERAL SUPPORT

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

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

**Schedule I (Form 990) (2013)**

JSA

3E1288 1.000

6214HS 700J

V 13-7.15

0182291-00009

PAGE 49

**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851-0022	15-0532082	501 (C) (3)	10,640.				GENERAL SUPPORT
(2) ALLIANCE FOR SUSTAINABILITY, INC. P.O. BOX 141 ASHLAND, WI 54806	39-1815727	501 (C) (3)	10,000.				GENERAL SUPPORT
(3) CENTER FOR DIVERSITY & THE ENVIRONMENT PO BOX 10598 PORTLAND, OR 97296	26-3757028	501 (C) (3)	10,000.				GENERAL SUPPORT
(4) CONSERVATION TRUST FOR NORTH CAROLINA 1028 WASHINGTON STREET RALEIGH, NC 27605	58-1552188	501 (C) (3)	10,000.				GENERAL SUPPORT
(5) ENVIRONMENTAL LEARNING FOR KIDS 14460 E. 50TH AVENUE DENVER, CO 80239	84-1436605	501 (C) (3)	10,000.				GENERAL SUPPORT
(6) FAITH IN PLACE 70 E. LAKE ST. SUITE 920 CHICAGO, IL 60601	36-4540756	501 (C) (3)	10,000.				GENERAL SUPPORT
(7) HABITAT FOR HUMANITY OF GREATER HARRISBURG 900 S. ARLINGTON HARRISBURG, PA 17109	58-1735541	501 (C) (3)	10,000.				GENERAL SUPPORT
(8) KUAAINA ULU AUAMO (KUA) 307A KAMANI ST. HONOLULU, HI 96813	45-4509939	501 (C) (3)	10,000.				GENERAL SUPPORT
(9) LAKE FORK VALLEY CONSERVANCY PO BOX 123 LAKE CITY, CO 81235	84-1487921	501 (C) (3)	10,000.				GENERAL SUPPORT
(10) OHIO BIOLOGICAL SURVEY, INC. PO BOX 21370 COLUMBUS, OH 43221-0370	31-1670127	501 (C) (3)	10,000.				GENERAL SUPPORT
(11) PEPPERWOOD FOUNDATION 2130 PEPPERWOOD PRES. SANTA ROSA, CA 95404	01-0817571	501 (C) (3)	10,000.				GENERAL SUPPORT
(12) RARITAN HEADWATERS ASSOCIATION PO BOX 273 GLADSTONE, NJ 07934	22-1722944	501 (C) (3)	10,000.				GENERAL SUPPORT

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

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

**Schedule I (Form 990) (2013)**

**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RE-VOLV 972 MISSION ST SAN FRANCISCO, CA 94103	45-1035583	501 (C) (3)	10,000.				GENERAL SUPPORT
(2) ROGUE FARM CORPS PO BOX 533 ASHLAND, OR 97520	03-0529330	501 (C) (3)	10,000.				GENERAL SUPPORT
(3) SCHUYLKILL HEADWATERS ASSOCIATION, INC PO BOX 1385 POTTSVILLE, PA 17901	23-3070445	501 (C) (3)	10,000.				GENERAL SUPPORT
(4) STRATEGIC ENERGY INNOVATIONS 899 NORTHGATE DR SAN RAFAEL, CA 94903	68-0404081	501 (C) (3)	10,000.				GENERAL SUPPORT
(5) THE NEW MEXICO WATER COLLABORATIVE 1751 BELLAMAH ALBUQUERQUE, NM 87104	27-2630181	501 (C) (3)	10,000.				GENERAL SUPPORT
(6) UNIVERSITY OF MARYLAND 3112 LEE BUILDING COLLEGE PARK, MD 20742	52-6002033	501 (C) (3)	10,000.				GENERAL SUPPORT
(7) UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH ROAD BIDDEFORD, ME 04005	01-0211810	501 (C) (3)	10,000.				GENERAL SUPPORT
(8) WEST ATLANTA WATERSHED ALLIANCE PO BOX 50043 ATLANTA, GA 30302	20-0890449	501 (C) (3)	10,000.				GENERAL SUPPORT
(9) WILD EQUITY INSTITUTE 474 VALENCIA ST SAN FRANCISCO, CA 94103	27-0984775	501 (C) (3)	10,000.				GENERAL SUPPORT
(10) BUFFALO AUDUBON SOCIETY 1610 WELCH ROAD NORTH JAVA, NY 14113	16-6088768	501 (C) (3)	9,942.				GENERAL SUPPORT
(11) ALTACAL AUDUBON SOCIETY PO BOX 3671 CHICO, CA 95927	68-0015173	501 (C) (3)	9,903.				GENERAL SUPPORT
(12) TUCSON AUDUBON SOCIETY 738 N. 5TH AVE STE 100 TUCSON, AZ 85705	86-6053779	501 (C) (3)	9,312.				GENERAL SUPPORT

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

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

**Schedule I (Form 990) (2013)**

JSA

3E1288 1.000

6214HS 700J

V 13-7.15

0182291-00009

PAGE 51

**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLUMBUS AUDUBON SOCIETY 505 W. WHITTIER STREET COLUMBUS, OH 43215	23-7319498	501 (C) (3)	9,186.				GENERAL SUPPORT
(2) SEQUOIA AUDUBON SOCIETY PO BOX 620292 WOODSIDE, CA 94062-0292	94-6092953	501 (C) (3)	9,114.				GENERAL SUPPORT
(3) MADISON AUDUBON SOCIETY INC. 1400 E. WASHINGTON MADISON, WI 53703	39-1393389	501 (C) (3)	9,048.				GENERAL SUPPORT
(4) SCHLITZ AUDUBON CENTER 1111 E BROWN DEER RD MILWAUKEE, WI 53217	13-1624102	501 (C) (3)	9,000.				GENERAL SUPPORT
(5) SACRAMENTO AUDUBON SOCIETY PO BOX 160694 SACRAMENTO, CA 95816	94-1615830	501 (C) (3)	8,812.				GENERAL SUPPORT
(6) SEA AND SAGE AUDUBON SOCIETY 32 ALMOND TREE LANE IRVINE, CA 92612	23-7003681	501 (C) (3)	8,780.				GENERAL SUPPORT
(7) VALLEY FORGE AUDUBON SOCIETY 1201 PAWLINGS RD AUDUBON, PA 19403	23-7067359	501 (C) (3)	8,576.				GENERAL SUPPORT
(8) AUDUBON SOCIETY OF GREATER DENVER 9308 S WADSWORTH LITTLETON, CO 80128	23-7063701	501 (C) (3)	8,370.				GENERAL SUPPORT
(9) AUDUBON CHAPTER OF MINNEAPOLIS PO BOX 3801 MINNEAPOLIS, MN 55403	41-6029296	501 (C) (3)	8,251.				GENERAL SUPPORT
(10) SANTA CLARA VALLEY AUDUBON SOCIETY 22221 MCCLELLAN ROAD CUPERTINO, CA 95014	94-6081420	501 (C) (3)	8,175.				GENERAL SUPPORT
(11) CUNY SCHOOL OF LAW 2 COURT SQUARE LONG ISLAND CITY, NY 11101	11-3235349	501 (C) (3)	8,000.				GENERAL SUPPORT
(12) NORTHEASTE ILLINOIS INVASIVE PLANT PARTNERS 1000 LAKE COOK ROAD GLENCOE, IL 60022	36-2225482	501 (C) (3)	8,000.				GENERAL SUPPORT

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

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

**Schedule I (Form 990) (2013)**

JSA

3E1288 1.000

6214HS 700J

V 13-7.15

0182291-00009

PAGE 52



**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE FRIENDS OF MIANUS RIVER PARK 7 COGSWELL LANE STAMFORD, CT 06902	27-3949212	501 (C) (3)	8,000.				GENERAL SUPPORT
(2) STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501 (C) (3)	7,900.				GENERAL SUPPORT
(3) EASTERN SIERRA AUDUBON SOCIETY PO BOX 624 BISHOP, CA 93514	95-3791369	501 (C) (3)	7,828.				GENERAL SUPPORT
(4) BURROUGHS AUDUBON SOCIETY OF GREATER KANSAS 7300 WEST PARK BLUE SPRINGS, MO 64015	23-7211916	501 (C) (3)	7,720.				GENERAL SUPPORT
(5) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS., OH 43210	31-6401599	501 (C) (3)	7,500.				GENERAL SUPPORT
(6) KERN AUDUBON SOCIETY PO BOX 3581 BAKERSFIELD, CA 93385	23-7307076	501 (C) (3)	7,422.				GENERAL SUPPORT
(7) GREATER OZARKS AUDUBON SOCIETY PO BOX 3231 SPRINGFIELD, MO 65808-3231	43-1730027	501 (C) (3)	7,367.				GENERAL SUPPORT
(8) PELICAN ISLAND AUDUBON SOCIETY 295 COCONUT PALM ROAD VERO BEACH, FL 32963	59-6197617	501 (C) (3)	7,145.				GENERAL SUPPORT
(9) ST. PAUL AUDUBON SOCIETY PO BOX 7275 ST. PAUL, MN 55107-7275	23-7024404	501 (C) (3)	7,042.				GENERAL SUPPORT
(10) BIRMINGHAM AUDUBON SOCIETY 200 19TH ST. NORTH BIRMINGHAM, AL 35203	51-0198925	501 (C) (3)	6,939.				GENERAL SUPPORT
(11) CHESAPEAKE AUDUBON SOCIETY PO BOX 3173 BALTIMORE, MD 21228	52-1038833	501 (C) (3)	6,931.				GENERAL SUPPORT
(12) NORTH CAROLINA COASTAL FEDERATION 3609 HIGHWAY 24 NEWPORT, NC 28557	58-1494098	501 (C) (3)	6,719.				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

6214HS 700J

V 13-7.15

0182291-00009

PAGE 53

**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AUDUBON DALLAS PO BOX 12713 DALLAS, TX 75225	75-2876262	501 (C) (3)	6,422.				GENERAL SUPPORT
(2) KERNCREST AUDUBON SOCIETY PO BOX 984 RIDGECREST, CA 93556	77-0555239	501 (C) (3)	6,409.				GENERAL SUPPORT
(3) AUDUBON MIAMI VALLEY P.O. BOX 556 OXFORD, OH 45056	31-0896392	501 (C) (3)	6,398.				GENERAL SUPPORT
(4) ST. LOUIS AUDUBON SOCIETY PO BOX 220227 ST. LOUIS, MO 63122-0227	43-6052063	501 (C) (3)	6,342.				GENERAL SUPPORT
(5) MARICOPA AUDUBON SOCIETY 13585 N. 92ND PLACE SCOTTSDALE, AZ 85260	86-6040458	501 (C) (3)	6,238.				GENERAL SUPPORT
(6) TRAVIS AUDUBON SOCIETY 3710 CEDAR STREET BOX 5 AUSTIN, TX 78705	74-6046937	501 (C) (3)	5,724.				GENERAL SUPPORT
(7) COLUMBUS AUDUBON SOCIETY 6000 CHRISBIN DRIVE COLUMBUS, GA 31909	23-7349498	501 (C) (3)	5,559.				GENERAL SUPPORT
(8) SAN FERNANDO VALLEY AUDUBON SOCIETY PO BOX 7769 VAN NUYS, CA 91409-7769	95-1856339	501 (C) (3)	5,514.				GENERAL SUPPORT
(9) MADRONE AUDUBON SOCIETY 8050 ELPHICK SEBASTOPOL, CA 95472-4759	94-6172986	501 (C) (3)	5,461.				GENERAL SUPPORT
(10) AMOS W. BUTLER AUDUBON SOCIETY PO BOX 80024 INDIANAPOLIS, IN 46280	23-7253434	501 (C) (3)	5,399.				GENERAL SUPPORT
(11) TAHOMA AUDUBON SOCIETY 2917 MORRISON RD. UNIVERSITY PL, WA 98466	23-7450873	501 (C) (3)	5,304.				GENERAL SUPPORT
(12) AUDUBON SOCIETY OF OHIO 3398 W GALBRAITH ROAD CINCINNATI, OH 45239	31-6037851	501 (C) (3)	5,230.				GENERAL SUPPORT

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

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

**Schedule I (Form 990) (2013)**

JSA

3E1288 1.000

6214HS 700J

V 13-7.15

0182291-00009

PAGE 54

**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOUTH SHORE AUDUBON SOCIETY PO BOX 31 FREEPORT, NY 11520	23-7300504	501 (C) (3)	5,228.				GENERAL SUPPORT
(2) MILWAUKEE AUDUBON SOCIETY 1015 17TH AVENUE GRAFTON, WI 53024	39-1233634	501 (C) (3)	5,164.				GENERAL SUPPORT
(3) BERGEN COUNTY AUDUBON SOCIETY PO BOX 235 PARAMUS, NJ 07653	22-1960579	501 (C) (3)	5,050.				GENERAL SUPPORT
(4) ONONDAGA AUDUBON SOCIETY, INC. 24 ILEX LANE SYRACUSE, NY 13090	23-7037547	501 (C) (3)	5,043.				GENERAL SUPPORT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 124.

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

6214HS 700J

V 13-7.15

0182291-00009

PAGE 55

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STIPENDS	8.	16,010.			GENERAL SUPPORT
2					
3					
4					
5					
6					
7					

Part IV

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

SCHEDULE I, PART I, LINE 2

THE PROGRAM DEPARTMENT IS RESPONSIBLE FOR SELECTING THE RECIPIENTS OF THE GRANTS. A GRANT AGREEMENT IS CREATED BETWEEN NATIONAL AUDUBON SOCITEY, INC. AND THE GRANTEE. GRANTEES ARE TRAINED IN PROGRAM REQUIREMENTS WHICH HAVE CLEARLY STATED GUIDELINES. THEY ARE REQUIRED TO SUBMIT FINANCIAL AND PROGRAM REPORTS ON A TIMELY BASIS AND TO PARTICIPATE IN AN EVALUATION PROCESS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**  
▶ **Attach to Form 990. ▶ See separate instructions.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

**Part I Questions Regarding Compensation**

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

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

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** ☒ Yes ☐ No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☒ Yes ☐ No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ Yes ☒ No

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) and 501(c)(4) organizations must complete lines 5-9.**

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

- a** The organization? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** ☒ Yes ☐ No

**8** Were any amounts reported in 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 **8** ☐ Yes ☒ No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** ☐ Yes ☒ No

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

Schedule J (Form 990) 2013

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID M YARNOLD PRESIDENT AND CEO	(i)	439,615.	50,000.	0	20,400.	26,328.	536,343.	
	(ii)	0	0	0			0	
2 LORRAINE A SCIARRA VP/GENERAL COUNSEL	(i)	238,525.	3,600.	0	18,780.		260,905.	
	(ii)	0	0	0				
3 KIMBERLY A KELLER VP/CHIEF DEVELOPMENT OFF.	(i)	227,871.	1,000.	0	13,884.	8,690.	251,445.	
	(ii)	0	0	0				
4 GEORGE M SUTTON VP, PACIFIC FLYWAY	(i)	225,000.	0	1,690.	9,000.	26,257.	261,947.	
	(ii)	0	0	0				
5 GLENN E OLSON VICE PRESIDENT	(i)	215,909.	0	2,576.	16,357.	16,369.	251,211.	
	(ii)	0	0	0				
6 MARY BETH HENSON VP AND CFO	(i)	188,462.	10,000.	1,625.			200,087.	
	(ii)	0	0	0				
7 SUSAN J LUNDEN CHIEF OPERATING OFFICER	(i)	210,000.	0	0	8,400.	7,865.	226,265.	
	(ii)	0	0	0				
8 MARGARET OLSEN VP/CHIEF CONSERVATION OFF.	(i)	203,001.	1,740.	0	15,928.	8,690.	229,359.	
	(ii)	0	0	0				
9 ANDREW J ROOS VP/CIO	(i)	203,000.	0	1,690.	16,240.	26,328.	247,258.	
	(ii)	0	0	0				
10 JESSICA L GREEN VP OF ENGAGEMENT	(i)	131,539.	0	107,229.	8,860.	5,431.	253,059.	
	(ii)	0	0	0				
11 JOHN R FLICKER FORMER PRESIDENT (DEF. COMP)	(i)	0	0	119,871.			119,871.	
	(ii)	0	0	0				
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

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

THE FOLLOWING INDIVIDUAL REPORTED ON PART VII OF THE FORM 990 RECEIVED A SEVERANCE PAYMENT IN THE YEAR ENDING JUNE 30, 2014: JESSICA GREEN, VP OF ENGAGEMENT, \$90,000.

AMOUNTS REPORTED AS SEVERANCE ARE DISCLOSED IN SCHEDULE J, PART II, COLUMN (B) (III).

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

AUDUBON HAS A KEYSOP PLAN IN PLACE; THIS PLAN IS A NONQUALIFIED DEFERRED COMPENSATION PLAN. NO CONTRIBUTIONS HAVE BEEN ALLOWED TO THIS PLAN SINCE 2002. ALL DEFERRED COMPENSATION MUST BE REALIZED BY JANUARY 2017.

GLENN OLSON, VICE PRESIDENT RECEIVED A TAXABLE PAYOUT OF \$886 FROM THE KEYSOP PLAN.

FORMER OFFICER, JOHN FLICKER, RECEIVED A TAXABLE PAYOUT OF \$119,871 FROM THE KEYSOP PLAN.

**Part III Supplemental Information**

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

FORM 990, SCHEDULE J, PART I, LINE 7

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

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



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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ATTACHMENT 1												
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . . ▶ \$						100,000.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

FORM 990, SCHEDULE L, PART II

THE BRIDGE LOAN REFERENCED IN SCHEDULE L, PART II, WAS ENTERED INTO TO ENABLE AUDUBON TO PURCHASE A PARCEL OF CONSERVATION LAND THAT WOULD BE USED IN FURTHERANCE OF THE ORGANIZATION'S MISSION. A CONSORTIUM OF PENNSYLVANIA AND U.S. GOVERNMENTAL ORGANIZATIONS PLEDGED TO REPAY THE LOAN IN 3 YEARS FROM THE DATE OF ISSUANCE. THE LOAN WAS OFFERED AFTER MR. STOLPER'S BOARD SERVICE HAD ENDED AND IS INTEREST-FREE.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**ATTACHMENT 1****SCHEDULE L, PART II**

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE DUE	Y	N	Y	N	Y	N
MICHAEL STOLPER	FORMER BOARD MEMBER	BRIDGE LOAN	X		100,000.	100,000.	X		X		X	

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2013

Open To Public  
Inspection

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	1.	28,210.	FAIR MARKET VALUE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	36.	1,755,233.	
10 Securities - Closely held stock . . . . .	X	1.	50,048.	FAIR MARKET VALUE
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .	X	1.	24,000.	FAIR MARKET VALUE
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .		4.	18,691.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

29

30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

Yes No

30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

31	X	
----	---	--

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a	X	
-----	---	--

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

6214HS 700J

V 13-7.15

0182291-00009

PAGE 64

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

---

PART I, LINE 31

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

PART I, LINE 32B

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

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FLOATING DOCK	X	1.	3,600.	FAIR MARKET VALUE
IRRIGATION SYSTEM	X	1.	8,250.	FAIR MARKET VALUE
BINOCULARS	X	1.	1,380.	FAIR MARKET VALUE
ALL OTHER ITEMS	X	1.	5,461.	FAIR MARKET VALUE
TOTALS		<u>4.</u>	<u>18,691.</u>	

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

FORM 990, PART III, LINE 1, DESCRIPTION OF MISSION (CONTINUED)

A POWERFUL COMBINATION OF SCIENCE, EDUCATION AND POLICY EXPERTISE COMBINE  
IN EFFORTS RANGING FROM PROTECTION AND RESTORATION OF LOCAL HABITATS TO  
THE IMPLEMENTATION OF POLICIES THAT SAFEGUARD BIRDS, OTHER WILDLIFE AND  
THE RESOURCES THAT SUSTAIN US ALL IN THE U.S. AND ACROSS THE AMERICAS.

NATIONAL AUDUBON SOCIETY, INC. ("AUDUBON") WAS INCORPORATED IN 1905.

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

FIELD CONSERVATION:

AUDUBON'S STRATEGIC PLAN "ROADMAP FOR HEMISPHERIC CONSERVATION" ENABLES  
AUDUBON TO DELIVER CONSERVATION IMPACT AT SCALE. THE FLYWAYS TRAVELED BY  
MIGRATORY BIRDS EACH SPRING AND FALL INSPIRED AUDUBON'S MODEL FOR  
ORGANIZATIONAL ALIGNMENT. BY WORKING TOWARD COMMON FLYWAY CONSERVATION  
GOALS, WE HAVE GREATER IMPACT. ALSO, BY COORDINATING RESOURCES AND  
EXPERTISE, WE INCREASE OUR EFFICIENCY ACROSS THE NETWORK. AUDUBON AND  
ITS UNPARALLELED NETWORK OF STATE OFFICES, CHAPTERS, CENTERS AND  
IMPORTANT BIRD AREAS, INTEGRATE SCIENCE, EDUCATION AND POLICY IN A  
COMPREHENSIVE STRATEGY TO PROTECT BIRDS AND THEIR HABITATS. FIELD STAFF  
LEAD VOLUNTEERS AND PARTNERS IN HANDS-ON RESTORATION AND STEWARDSHIP OF  
CRITICAL HABITAT, ENGAGE DIVERSE AUDIENCES IN CONSERVATION ACTION IN  
THEIR COMMUNITIES, AND PROMOTE ENVIRONMENTALLY SOUND PUBLIC POLICY,  
INCLUDING:

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

1. PUTTING WORKING LANDS TO WORK FOR BIRDS AND PEOPLE: PARTNERING WITH LANDOWNERS TO MAKE WORKING LANDS WORK FOR BIRDS, PEOPLE AND COMMUNITIES.
2. SHARING OUR SEAS AND SHORES: PROTECTION THE VITAL HABITAT ALONG AMERICA'S COASTS WHERE PEOPLE AND BIRDS INTERSECT.
3. SAVING IMPORTANT BIRD AREAS: IDENTIFYING THE MOST IMPORTANT PLACES FOR BIRDS.
4. SHAPING A HEALTHY CLIMATE AND CLEAN ENERGY FUTURE: REDUCING AND MITIGATING THE IMPACTS OF CLIMATE CHANGE AND FOSTERING A CLEAN ENERGY FUTURE.
5. CREATING BIRD-FRIENDLY COMMUNITIES: WORKING WITH COMMUNITIES TO IMPROVE URBAN HABITAT FOR BIRDS AND OTHER WILDLIFE.

SOME OF AUDUBON'S ACCOMPLISHMENTS IN FIELD CONSERVATION INCLUDE WORK TO REPLANT MARSH GRASSES AND REFURBISH WATERWAYS TO FUTURE-PROOF ENDANGERED TIDAL SALT MARSHES AGAINST THE THREAT OF SEA-LEVEL RISE. DURING THE YEAR, OUR SCIENTISTS ALSO PARTNERED WITH ESRI TO MAP COASTAL HABITATS VULNERABLE TO SEA-LEVEL RISE ALONG THE ATLANTIC FLYWAY, IDENTIFY CRITICAL BIRD AREAS IN THE ARCTIC, AND FIND MARBLED MURRELET BREEDING HABITAT IN WASHINGTON. OUR EFFORTS TO PASS THE RESTORE ACT AND ESTABLISH A GULF-WIDE STEWARDSHIP PLAN LED TO THE FIRST INSTALLMENT FOR AUDUBON OF FUNDING FROM THE NATIONAL FISH AND WILDLIFE FOUNDATION TO GET THOSE RESTORATION PROJECTS STARTED. A COALITION OF ORGANIZATIONS LED BY AUDUBON IS SCORING MAJOR CONSERVATION VICTORIES BY MOBILIZING MORE THAN 20,000



Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

ACTIVISTS TO PROTECT WATER RIGHTS AND SAVE HABITATS ALONG WESTERN RIVERS  
THREATENED BY DROUGHT, INVASIVE SPECIES, AND UNSUSTAINABLE WATER  
MANAGEMENT.

AUDUBON AND ITS CONSERVATION PARTNERS IN THE BAHAMAS SIGNED A MEMORANDUM  
OF UNDERSTANDING TO COLLABORATE ON MAINTAINING CRITICAL BIRD HABITAT IN  
THE JOULTER CAYS AND AT OTHER SITES AROUND THE ISLAND CHAIN. IN COASTAL  
CHILE, AUDUBON AND ITS LOCAL PARTNERS SAVED A PARCEL OF LAND THAT  
SUPPORTS 20 PERCENT OF THE GLOBAL POPULATION OF HUDSONIAN GODWITS.

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

NATIONAL CONSERVATION:

NATIONAL CONSERVATION PROGRAMS PROVIDE STRATEGY, EXPERTISE AND LEADERSHIP  
FOR AUDUBON'S CONSERVATION WORK AT BOTH NATIONAL AND FIELD LEVELS, AND  
INTEGRATE ALL EFFORTS FOR MAXIMUM EFFECTIVENESS.

- THE SCIENCE PROGRAM ENCOMPASSES ACTIVITIES SUCH AS ASSISTANCE WITH  
CONSERVATION PLANNING, ECOLOGICAL ANALYSIS, ENVIRONMENTAL SCIENCES, BIRD  
MIGRATION STUDIES AND COORDINATING THE EFFORTS OF HUNDREDS OF THOUSANDS  
OF VOLUNTEERS (CITIZEN SCIENTISTS) TO MONITOR BIRD POPULATIONS AND  
HABITAT. AUDUBON'S SCIENCE TEAM SPENT SEVEN YEARS ANALYZING DATA FROM  
THE CHRISTMAS BIRD COUNT AND BREEDING BIRD SURVEY. THE TEAM DISCOVERED  
THAT MORE THAN 300 OF AMERICA'S MOST BELOVED BIRDS WILL BE THREATENED OR  
ENDANGERED BY 2080 DUE TO THE CHANGES WROUGHT BY GLOBAL WARMING.

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

-THE PUBLIC POLICY PROGRAM EMPLOYS A COMBINATION OF STRATEGIES, FROM ADVANCING TRANSFORMATIONAL POLICIES THAT REDUCE CARBON EMISSIONS AND SUPPORT WELL-SITED GREEN ENERGY TO LEADING ADAPTIVE LAND MANAGEMENT PRACTICES THAT MITIGATE THE IMPACT OF SEAS LEVEL RISE AND CLIMATE CHANGE. THE POLICY PROGRAM SUPPORTS LARGE STATE AND MULTI-STATE EFFORTS SUCH AS THE RESTORATION OF LARGE ICONIC ECOSYSTEMS, INCLUDING THE ARCTIC SLOPE IN ALASKA, THE WETLANDS OF THE EVERGLADES, THE MISSISSIPPI RIVER DELTA AND THE NORTHEAST'S LONG ISLAND SOUND, PROTECTION OF 2,766 IMPORTANT BIRD AREAS CONVERGING 397 MILLION ACRES OF PUBLIC AND PRIVATE LANDS IN THE UNITED STATES, AND SAFEGUARDING COMMON SENSE LAWS LIKE THE CLEAN AIR ACT, CLEAN WATER ACT, ENDANGERED SPECIES ACT AND THE NEOTROPICAL MIGRATORY BIRD CONSERVATION ACT. SOME KEY ACCOMPLISHMENTS OF THE POLICY GROUP INCLUDED ITS WORK ON THE RESTORE ACT, DEPARTMENT OF ENERGY BIRD-FRIENDLY GUIDELINES FOR WIND SITING THAT BOTH PROTECT BIRDS AND HABITAT, AND A VICTORY IN CALIFORNIA THAT LED TO CALIFORNIA BEING THE FIRST STATE TO BAN THE USE OF LEAD AMMUNITION IN HUNTING

-THE COMMUNITY CONSERVATION AND EDUCATION PROGRAM CONTINUES TO INSPIRE MORE PEOPLE IN MORE PLACES TO VALUE AND PROTECT THE NATURAL WORLD. AUDUBON CENTERS REACHED MORE THAN ONE MILLION VISITORS. PROGRAMS LIKE AUDUBON AT HOME, URBAN OASIS AND LIGHTS OUT EMPOWERED PEOPLE TO MAKE BIRD-FRIENDLY LIFESTYLE CHOICES. PARTNERSHIP EFFORTS LIKE TOYOTA AND AUDUBON'S TOGETHERGREEN CONTINUE TO HELP DIVERSIFY THE ENVIRONMENTAL MOVEMENT THROUGH FELLOWSHIPS, GRANTS, AND VOLUNTEER ACTIVITIES.

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

- THE INTERNATIONAL ALLIANCES PROGRAM PROTECTS THE BIRDS AND BIODIVERSITY OF THE AMERICAS. PROVIDING SCIENCE, EDUCATIONAL AND POLICY DEVELOPMENT TOOLS TO BUILD THE CONSERVATION CAPACITIES OF IN-COUNTRY ORGANIZATIONS DIRECTLY INVOLVED IN THE FATE OF KEY LANDSCAPES IN LASTING AMERICA AND THE CARIBBEAN AUDUBON COLLABORATES WITH INTERNATIONAL PARTNERS TO EXTEND A WEB OF PROTECTION THROUGHOUT THE WESTERN HEMISPHERE.

AUDUBON'S COMMUNICATION EFFORTS INCLUDED A WIDE RANGE OF PUBLICATION AND STRATEGIES TO ENGAGE A BROAD AND DIVERSE AUDIENCE IN OUR CONSERVATION WORK. THESE INCLUDE WEBSITES, SOCIAL MEDIA, EMAIL MARKETING, AND PRINTED MATERIALS SUCH AS AUDUBON MAGAZINE WHICH REACHED 1.6 MILLION READERS.

#### CLIMATE INITIATIVE RIDER

IN SEPTEMBER 2014, NATIONAL AUDUBON LAUNCHED A MAJOR CLIMATE INITIATIVE BASED ON COMPELLING, GROUNDBREAKING SCIENCE THAT REVEALS THE EXISTENTIAL THREAT TO BIRDS CAUSED BY CLIMATE CHANGE. THE REPORT IS THE CULMINATION OF SIX YEARS OF RESEARCH UTILIZING MORE THAN 100 YEARS OF OBSERVATIONS FROM OUR CITIZEN SCIENTISTS TO EXAMINE THE CLIMATIC CONDITIONS THAT 588 NORTH AMERICAN BIRD SPECIES NEED TO SURVIVE-AND CONSIDERS HOW EACH WILL FARE IN A WARMING WORLD. THE RESULTS INDICATE THAT 314 SPECIES, MORE THAN HALF OF AMERICA'S BIRDS ARE IN PERIL.

THE GOAL OF AUDUBON'S CLIMATE INITIATIVE IS TO CREATE FAR GREATER DEMAND FOR CHANGE ON THE CLIMATE ISSUE. WE WILL BUILD A SUSTAINED GRASSROOTS INFLUENCE AMONG OUR [800K] MEMBERS, AND THE 47 MILLION BIRDWATCHERS IN

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

THIS COUNTRY TO SPUR ACTION TO (1) PROTECT AND MONITOR CLIMATE  
STRONGHOLDS, PLACES WHERE BIRDS WILL HAVE THE BEST CHANCE TO SURVIVE, AND  
(2) INFLUENCE LOCAL, STATE AND FEDERAL POLICIES AND REGULATION THAT  
REDUCE GREENHOUSE GASES, AND PASS LEGISLATION TO COMBAT CLIMATE CHANGE.

FORM 990, PART VI, SECTION A, LINE 4

AUDUBON AMENDED ITS BYLAWS TO BRING AUDUBON INTO COMPLIANCE WITH THE  
NON-PROFIT REVITALIZATION ACT AND TO MODERNIZE AND CONFORM THE BY-LAWS TO  
CURRENT PRACTICES.

FORM 990, PART VI, SECTION A, LINE 6

UNDER THE BYLAWS, ANY INDIVIDUAL OR ORGANIZATION APPROVING THE PURPOSES  
AND OBJECTIVES OF THE NATIONAL AUDUBON SOCIETY IS ELIGIBLE FOR  
MEMBERSHIP. THE MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL  
MEETING.

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

AUDUBON'S BYLAWS AUTHORIZE ITS MEMBERS TO ELECT THE INDIVIDUALS THAT  
SHALL SERVE ON THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11

THE FORM 990 IS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM AND  
REVIEWED BY THE FULL BOARD OF DIRECTORS OF THE NATIONAL AUDUBON SOCIETY

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

PRIOR TO ITS ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE. AFTER THE FORM 990 HAS BEEN REVIEWED BY MANAGEMENT AND THE BOARD AUDIT & ETHICS COMMITTEE, IT IS MADE AVAILABLE ELECTRONICALLY VIA A PASSWORD-PROTECTED WEBSITE TO THE FULL BOARD OF DIRECTORS. AN EMAIL IS SENT TO EACH DIRECTOR INFORMING THE DIRECTOR THAT THE FORM IS AVAILABLE FOR REVIEW.

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

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

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

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

FORM 990, PART VI, SECTION C, LINE 19

ON AUDUBON'S WEBSITE, AUDUBON'S FORM 990, AUDITED FINANCIAL STATEMENTS

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

AND ANNUAL REPORT ARE AVAILABLE TO THE PUBLIC. THE CONFLICT OF INTEREST  
POLICY AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC  
UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN VALUE OF CHARITABLE TRUSTS 2,801,305

PENSION &amp; PERIODIC POSTRETIREMENT CHANGES 982,331

CHARITABLE TRUST ADDITIONS 195,830

-----  
TOTAL CHANGES IN NET ASSETS 3,979,466

FORM 990, PART XII, LINE 2C

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

---

 ATTACHMENT 1
 

---



---

 FORM 990, PART VI, LINE 17 - STATES
 

---

AK, AR, CA, CO, CT,

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

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

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

Name of the organization <b>NATIONAL AUDUBON SOCIETY, INC.</b>	Employer identification number <b>13-1624102</b>
<b>ATTACHMENT 2</b>	

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PRODUCTION MANAGEMENT GROUP, LTD. 7160 COLUMBIA GATEWAY DR STE 300 COLUMBIA, MD 21046	MAILING SERVICES	5,127,082.
PALM COAST DATA LLC 3787 SOLUTIONS CENTER CHICAGO, IL 60677-3007	MEMBER PROCESSING	3,227,890.
QUAD GRAPHICS, INC. ACCT #2195 P.O. BOX 842858 BOSTON, MA 02284-2858	MAGAZINE PRODUCTION	543,462.
EARTH TECH ENTERPRISES INC. 5475 GOLDEN GATE PARKWAY SUITE 3 NAPLES, FL 34116	EARTH RESTORATION	484,638.
PARADYSZ MATERA 5 HANOVER SQUARE-6TH FLOOR NEW YORK, NY 10004	BROKERAGE SERVICES	370,637.

**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.

▶ See separate instructions.

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

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

NATIONAL AUDUBON SOCIETY, INC.

Employer identification number

13-1624102

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL AUDUBON SOCIETY OF COASTAL CT 23-7263861 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	LAND HOLDING	CT	501 (C) (3)	7	NAS, INC.	X	
(2) NATIONAL AUDUBON SOCIETY OF SHARON INC. 23-7245359 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	LAND HOLDING	CT	501 (C) (3)	7	NAS, INC,	X	
(3) LINCOLN AUDUBON SOCIETY 51-0196442 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	LAND HOLDING	ME	501 (C) (3)	7	NAS, INC.	X	
(4) NATIONAL AUDUBON SOCIETY OF GREENWICH 23-7245358 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	LAND HOLDING	CT	501 (C) (3)	7	NAS, INC.	X	
(5) _____							
(6) _____							
(7) _____							

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

Schedule R (Form 990) 2013



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

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

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

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

**Part V** **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

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

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

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

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

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

---