**Public Inspection Copy** 

# EXTENDED TO NOVEMBER 15, 2023 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.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	2022 calendar year, or tax year beginning and	ending		
B c	heck if pplicable:	<b>C</b> Name of organization		D Employer identifi	cation number
	Address	s AUDUBON SOCIETY OF RHODE ISLAND			
	Name change			05-0265675	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final Feturn/	12 SANDERSON ROAD		401-949-5454	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	6,064,818.
	Amende return	SMITHFIELD, RI 02317		H(a) Is this a group re	
	Applica tion pending	F Name and address of principal officer: OFFERET Inclu		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates ir	
		mpt status: $X = 501(c)(3) = 501(c)( )$ (insert no.) $4947(a)(1) ($	or 527		list. See instructions
_	Vebsite			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1897	A State of legal domicile: RI
10			SSTON OF	THE AUDOBON	
e		Briefly describe the organization's mission or most significant activities: THE MISSOCIETY OF RHODE ISLAND IS TO PROTECT BIRDS, OTHER WILDLFE A		THE ADDODON	
Activities & Governance		Check this box if the organization discontinued its operations or dispos		than 25% of its not as	cote
veri				3	21
ĝ		Number of independent voting members of the governing body (rait v), into ray		21	
کە م		Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)	·····	68	
itie		Fotal number of volunteers (estimate if necessary)		165	
cti∕		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8 (	Contributions and grants (Part VIII, line 1h)		3,104,079.	2,555,575.
Revenue	<b>9</b> F	Program service revenue (Part VIII, line 2g)		152,780.	260,401.
eve	<b>10</b> I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,710,858.	159,239.
£	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		149,448.	155,185.
	12 1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,117,165.	3,130,400.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	<b>1</b> 4 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,990,348.	2,278,375.
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×pe	b 1	Total fundraising expenses (Part IX, column (D), line 25)       453, 1			
ш	" \	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,275,988.	1,584,773.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,266,336.	3,863,148.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		1,850,829.	-732,748.
s or			Be	ginning of Current Year	End of Year
Assets ( Balanc	3	Fotal assets (Part X, line 16)		39,462,013.	35,104,978.
et A:	1	Fotal liabilities (Part X, line 26)		221,892.	298,422.
ž		Net assets or fund balances. Subtract line 21 from line 20		39,240,121.	34,806,556.
Pa	art 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	Signature of officer	r			Date		
Here	JEFFREY HALL,	EFFREY HALL, EXECUTIVE DIRECTOR					
	Type or print name	e and title					
	Print/Type prepare	r's name	Preparer's signature	Date	Check PTIN		
Paid	SANDY ROSS		SANDY ROSS		self-employed P01399337		
Preparer	Firm's name K	AHN, LITWIN, RENZA & CO.	, LTD.		Firm's EIN 05-0409384		
Use Only	Firm's address 9	51 NORTH MAIN STREET					
	Р	ROVIDENCE, RI 02904			Phone no.401-274-2001		
May the IF	RS discuss this ret	turn with the preparer shown abo	ve? See instructions		X Yes No		
		Demonstrate Devices the Architecture	a second by a second structure of the second		<b>G</b> (0000)		

LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) AUDUBON SOCIETY OF RHODE ISLAND	05-0265675 Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE AUDOBON SOCIETY OF RHODE ISLAND IS TO PROTECT	
	BIRDS, OTHER WILDLFE AND THEIR HABITATS THROUGH CONSERVATION, EDUCATION AND ADVOCACY, FOR THE BENEFIT OF PEOPLE AND ALL OTHR LIFE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	Yes X No
	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 X 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 n	neasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:         ) (Expenses \$576,682.         including grants of \$) (Revenue)	e\$230,726.)
	EDUCATIONAL AND PUBLIC PROGRAMS	
4b	(Code:) (Expenses \$ 858,610. including grants of \$) (Revenue	e \$
	PROPERTIES AND CONSERVATION	,
		20 675
4c	(Code:) (Expenses \$425,939. including grants of \$) (Revenue ENVIRONMENTAL EDUCATION CENTER	e\$29,675.)
	ENVIRONMENTAL EDUCATION CENTER	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 888,481. including grants of \$ ) (Revenue \$	)
4e	Total program service expenses2,749,712.	
		Form <b>990</b> (2022)
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Form	990	(2022)

Part IV Checklist of Required Schedules

AUDUBON SOCIETY OF RHODE ISLAND

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			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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		X
4	Section 501(c)(3) organizations. 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	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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	6		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	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		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?			х
10	If "Yes," complete Schedule D, Part IV	9		Δ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	x	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	л	
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			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes." <i>complete Schedule D</i> .			
a		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u> 11a</u>		
D		11b		х
<b>^</b>	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		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	15		Х
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	16		Х
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	17		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	18	Х	
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	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	000	X
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Form 990 (	2022)	AUDUBON				
Part IV	Checklist (	of Required S	Schedule	es (	continue	d)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	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? If "Yes," complete			
	Schedule J	23		X
24a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ام	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II	32		_A
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	х	
00000	(gambling) winnings to prize winners?	Eorm	<u> </u>	(2022)
202004	¥ 12-13-22			(2022)

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			1		Yes	No
2a	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	2a	68			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	<u> </u>
3a				3a	<b></b>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	<b></b>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a	L	X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?					
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?					
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrad	xt?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
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	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the construction of the construction of the factor of the construction of the cons			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		x
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	5 12-13-22			Form	990	(2022)
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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b bel	ow, and for	a "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O						
	Check if Schedule O contains a response or note to any line in this Part VI						X
<u>Sec</u>	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		2	21		
	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 on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		2	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any oth	er			
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t super	vision			
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, c	r			
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e followi	ng:			
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	<u>Code.)</u>				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliat	es,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing	the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	depend	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	, , , , , , , , , , , , , , , , , , , ,				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-	tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedNONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (sect	ion 501(c)(3	3)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explained)						
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of intere	st policy, a	nd finano	cial	
19							
19	statements available to the public during the tax year.						
19 20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d record	ls			
	State the name, address, and telephone number of the person who possesses the organization's boot THE ORGANIZATION - 401-949-5454	oks and	d record	ls			
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d record	15			
20	State the name, address, and telephone number of the person who possesses the organization's boot THE ORGANIZATION - 401-949-5454	oks and	d record	15	Form	<b>990</b>	(2022

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Form 990 (202	22) AUDUBON SOCIETY OF RHODE ISLAND	05-0265675	Page 1				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
E	mployees, and Independent Contractors						
Cl	heck if Schedule O contains a response or note to any line in this Part VII						
Section A. C	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 wi	th or within the organization's	s tax year.				

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position					Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		cer ar I	nd a d I	irecto	ector/trustee)		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		voldu	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LAWRENCE J.F. TAFT	40.00		-		-					
EXECUTIVE DIRECTOR				x				111,680.	0.	24,765.
(2) OWEN HELEEN	5.00									
PRESIDENT (TO 10/22)		х		х				0.	0.	0.
(3) DAVID CALDWELL	5.00									
PRESIDENT (AS OF 10/22)		Х		х				0.	0.	0.
(4) DAVID CALDWELL	5.00									
VICE PRESIDENT (TO 10/22)		Х		х				0.	0.	0.
(5) ANN-CHRISTINE DUHAIME M.D.	5.00									
VICE PRESIDENT (AS OF 10/22)		Х		х				0.	0.	0.
(6) PATRICIA THOMPSON, CPA	5.00									
TREASURER		Х		х				0.	0.	0.
(7) ANN-CHRISTINE DUHAIME M.D.	5.00									
SECRETARY (TO 10/22)		х		x				0.	0.	0.
(8) TERRY MEYER	5.00									_
BOARD MEMBER		х						0.	0.	0.
(9) DONALD HEITZMANN	5.00									_
SECRETARY (AS OF 10/22)		х		х				0.	0.	0.
(10) CHRISTIAN CAPIZZO, ESQ	1.50									
BOARD MEMBER (TO 10/22)		х						0.	0.	0.
(11) JAMESON CHACE, PHD	1.50									
BOARD MEMBER		х						0.	0.	0.
(12) DONALD HEITZMANN	1.50									
BOARD MEMBER (TO 10/22)	4.50	х						0.	0.	0.
(13) LAURA LANDEN, PHD	1.50									0
BOARD MEMBER	4.50	х						0.	0.	0.
(14) EMILY MURPHY PRIOR, ESQ	1.50									
BOARD MEMBER	4.50	Х						0.	0.	0.
(15) THOMAS LISI, CPA	1.50									0
BOARD MEMBER	1 50	х						0.	0.	0.
(16) LESLIE SAMAYOA	1.50								_	^
BOARD MEMBER	4 50	Х						0.	0.	0.
(17) CAROL LYNN TROCKI	1.50	v						_	_	^
BOARD MEMBER		Х						0.	0.	0. Form <b>990</b> (2022)

232007 12-13-22

Form 990 (2022)

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2022.05000 AUDUBON SOCIETY OF RHODE 29129\_1

Form 990 (2022) AUDUBON SOCI	ETY OF RHOD	ΕI	SLA	ND					05-026567	5	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)	(F	=)
Name and title	Average			Posi	ition			Reportable	Reportable	Estim	
	hours per			heck r ss per				compensation	compensation	amou	
	week			id a di				from	from related	oth	
	(list any	tor						the	organizations	compe	
	hours for	direc				5		organization	(W-2/1099-MISC/	from	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organi	
	organizations	trust	al tru		yee	mpe		1099-NEC)		and re	
	below	Individual trustee or director	Institutional trustee	5	nplo	est cc	er	,		organiz	zations
	line)	Indiv	In stit	Officer	Key employee	Highest compensated employee	Former				
(18) IVAN COLON	1.50										
BOARD MEMBER		х						0.	0.		0.
(19) DEBORAH LINNELL	1.50										
BOARD MEMBER (TO 10/22)	1.50	x						0.	0.		0.
(20) MICHAEL VIVEIROS	1 50	Δ						0.	0.		
	1.50										
BOARD MEMBER		Х						0.	0.		0.
(21) AMY MOSES, ESQ	1.50										
BOARD MEMBER		Х						0.	0.		0.
(22) DAVID T. RIEDEL, ESQ	1.50										
BOARD MEMBER		х						0.	Ο.		Ο.
(23) OLINDA L. URIZAR-MENDEZ	1.50										
BOARD MEMBER		x						0.	0.		0.
(24) EMILY WESTCOTT	1.50							••	•.		••
	1.50								0		•
BOARD MEMBER		Х						0.	0.		0.
(25) SHAWEN WILLIAMS	1.50										
BOARD MEMBER		Х						0.	0.		0.
(26) KATHERINE BURNHAM	1.50										
BOARD MEMBER (AS OF 10/22)		Х						0.	Ο.		0.
1b Subtotal								111,680.	٥.	2	24,765.
c Total from continuation sheets to Part VI								0.	0.		0.
								111,680.	0.	2	24,765.
d Total (add lines 1b and 1c)								· ·			,
2 Total number of individuals (including but n	ot limited to th	ose	liste	a ap	ove	e) wn	o re	eceived more than \$100,	UUU of reportable		1
compensation from the organization										V.	1
										Ye	es No
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization		
and related organizations greater than \$150	),000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual		4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com										5	x
Section B. Independent Contractors		<u>,                                    </u>	01 30		5013	011 .					
1 Complete this table for your five highest co	mponsatod inc	lono	ndor	at co	ontra	acto	re th	at received more than \$	100 000 of componen	tion from	
the organization. Report compensation for											
i	the calendar ye	ear e		ig w						(0)	
(A) Name and business	addross	110						<b>(B)</b> Description of s	onvisos	<b>(C)</b> Compensa	tion
	2001633	NO	NE				_	Description of s		ompense	
							-+				
2 Total number of independent contractors (in		ot lin	nitec	to t			ted	above) who received mo	ore than		
\$100,000 of compensation from the organized					(	0				• •	2
SEE PART VII, SECTION A CONTIN	JATION SHEE	TS								Form <b>99</b>	<b>U</b> (2022)
232008 12-13-22											

(A)     (B)     (C)     (D)     (E)       Name and title     Average hours     Position (check all that apply)     Reportable compensation from     Reportable compensation from related	Form 990 AUDUBON SOCIETY OF RHODE ISLAND Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest C								(D)(E)(F)ReportableReportableEstimatedcompensationcompensationamount offromfrom relatedother					
Name and title       Average hours per week (list any hours for related organizations below line)       Position       Reportable compensation from the organizations (W-2/1099-MISC)       Reportable compensation from related organizations (W-2/1099-MISC)         (27) KATHLEEN MELBOURNE       1.50       x       1 <td< td=""><td></td><td colspan="9"></td><td></td></td<>														
week (list any hours for related organizations below line)uot of up print up line)uot of up up up up up up up up 		Average	Position					ly)	Reportable	Reportable compensation	Estimated amount of			
BOARD MEMBER (AS OF 10/22)         X         0.		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization	organizations	other compensation from the organization and related organizations			
(28) STEPHEN PORDER 1.50	E E E E E E E E E E E E E E E E E E E	1.50	v											
		1 50	~						U.	υ.	0			
			x						0.	0.	0			
	_													
	-													

232201 04-01-22

<b>Par</b>	t VII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ins a respo	nse	or note to any line	e in this Part VIII			[
							(A)	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue exclu
							Total revenue	function revenue	business revenue	from tax und
								lanodon rovondo		sections 512 -
Ś	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues								
Ē		Fundraising events				26,053.				
ΓA		Related organizations								
nila		Government grants (contr				648,969.				
Sir		All other contributions, gifts,				,				
her		similar amounts not included				1,880,553.				
ŏ	a	Noncash contributions included in			3	26,919.				
pue	-	<b>—</b>				, <u> </u>	2,555,575.			
G						Business Code	_,,			
	0.0	EDUCATIONAL PROGRAM	s			611710	230,726.	230,726.		
Program Service Revenue	2 a b	EEC ADMISSIONS				611710	29,675.	29,675.		
an						011/10	25,015.	25,075.		
/en	C									
Be	d					├				
	e									
ā		All other program service					260 401			
							260,401.			
	3	Investment income (inclue	0	,		·	25 650			
		other similar amounts)					37,678.			37,6
	4	Income from investment of		•	•	F				
	5	Royalties								
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	87,7						
	b	Less: rental expenses $\dots$	6b		0.					
	С	Rental income or (loss)	6c	87,7	01.					
	d	Net rental income or (loss	)				87,701.			87,7
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	2,983,5	44.	36.				
	b	Less: cost or other basis								
ne		and sales expenses	7b	2,862,0	19.	0.				
/enue	с	Gain or (loss)	7c	121,5	25.	36.				
	d	Net gain or (loss)					121,561.			121,5
er	8 a	Gross income from fundraisi	ng eve	ents (not						
5		including \$	26,	053. of						
		contributions reported on								
		Part IV, line 18		-	8a	19,456.				
	b				8b	3,106.				
		Net income or (loss) from					16,350.			16,3
		Gross income from gamin					,			
	. u	Part IV, line 19	-		9a					
	h	Less: direct expenses			9b					
		Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·				
		Gross sales of inventory, I			Ĩ – Ï					
	iv a				10a	93,270.				
	L.	and allowances			10a					
		Less: cost of goods sold					23,977.			23,9
+	С	Net income or (loss) from	sales	or invento	у	Business Code	23,311.			23,9
							27 157			27 1
e		OTHER				611710	27,157.			27,1
ent	b									
Sev	С									
Revenue		All other revenue				L				
	е	Total. Add lines 11a-11d		<u></u>			27,157.			
	12	Total revenue. See instruction	ns				3,130,400.	260,401.	0.	314,4

AUDUBON SOCIETY OF RHODE ISLAND

05-0265675 Page **10** 

	Check if Schedule O contains a respons	(A)	his Part IX (B)	(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	136,445.	81,867.	34,111.	20,467.
c	trustees, and key employees	130,443.	01,007.	54,111.	20,407.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	normana departiand in partian $40E0(a)(2)(D)$				
7		1,714,782.	1,323,510.	242,541.	148,731.
7 8	Other salaries and wages	-, , - 02.	1,020,010.		110,701.
0	section 401(k) and 403(b) employer contributions)	36,041.	26,614.	7,292.	2,135.
9	Other employee benefits	242,043.	181,663.	47,962.	12,418.
9 10		149,064.	95,985.	40,308.	12,771.
11	Payroll taxes	,			,//
	Management				
		976.		976.	
	Legal Accounting	26,027.		26,027.	
		,		,	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	64,694.		64,694.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	219,859.	75,656.	6,600.	137,603.
12	Advertising and promotion	20,582.	1,825.	, .	18,757.
13	Office expenses	112,755.	22,594.	24,670.	65,491.
14	Information technology	54,708.	4,256.	34,227.	16,225.
15	Royalties	,	,	,	
16	Occupancy	111,868.	111,868.		
17	Travel	37,772.	35,466.	1,505.	801.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,789.	13,789.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	259,678.	240,202.	19,476.	
23	Insurance	91,722.	70,072.	21,650.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	209,622.	209,432.	190.	
b	WILDLIFE MGT & PROPERTY	169,786.	169,786.		
c	OTHER	127,718.	23,855.	88,006.	15,857.
d	REPAIRS AND MAINTENANCE	45,241.	45,241.		
	All other expenses	17,976.	16,031.	17.	1,928.
25	Total functional expenses. Add lines 1 through 24e	3,863,148.	2,749,712.	660,252.	453,184.
26	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 if following SOP 98-2 (ASC 958-720)				

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13 2022.05000 AUDUBON SOCIETY OF RHODE 29129\_1

Form 990 (2022)

Form 990 (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,365,427.	1	1,550,089.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			191,017.	3	146,628.
	4	Accounts receivable, net			23,893.	4	52,207.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in secti	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		28,785.	8	23,703.	
Ä	9	Duran side som som som stade forma stade som som			14,272.	9	29,722.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,188,451.			
	b	Less: accumulated depreciation	10b	4,379,334.	3,002,718.		2,809,117.
	11	Investments - publicly traded securities			20,311,110.	11	16,004,860.
	12	Investments - other securities. See Part IV, line 1	1		243,873.	12	207,734.
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			14,280,918.	15	14,280,918.
	16	Total assets. Add lines 1 through 15 (must equ			39,462,013.	16	35,104,978.
	17	Accounts payable and accrued expenses		188,893.	17	251,733.	
	18	Grants payable		18			
	19	Deferred revenue	15,967.	19	30,856.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete	of Schedule D		21		
es	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst					
iab.		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	17 022		15 022
		of Schedule D			<u> </u>		15,833. 298,422.
	26	Total liabilities. Add lines 17 through 25	<u></u>	X	221,092.	26	290,422.
ŝ		Organizations that follow FASB ASC 958, che	ck here				
nce	07	and complete lines 27, 28, 32, and 33.			20,068,852.	07	15,951,646.
alaı	27				19,171,269.	27	18,854,910.
d B	28				19,171,209.	28	10,054,510.
'n		Organizations that do not follow FASB ASC 9	58, cneo				
Net Assets or Fund Balances	00	and complete lines 29 through 33.				00	
ŝts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ec				30	
∍t A	31	Retained earnings, endowment, accumulated in		Г	39,240,121.	31	34,806,556.
ž	32			·····	39,462,013.	32	
	33	Total liabilities and net assets/fund balances .			55,402,013.	33	35,104,978.

AUDUBON SOCIETY OF RHODE ISLAND

Form 990 (2022)

Form	990 (2022) AUDUBON SOCIETY OF RHODE ISLAND	05-0265675	;	Pa	<sub>ge</sub> 12			
	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	З,	130,	400.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	863,	148.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,	240,	121.			
5	Net unrealized gains (losses) on investments	5	-3,	700,	817.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
2a	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?		2b	Х				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
с	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?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000				

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	ame of the organization Employer identification Employer identification												
			N SOCIETY OF RH						05-0265675				
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The c	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)							
1 [		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).						
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	า 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed 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). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of	the college	or				
ſ		university:											
10	X	An organization that norma											
		activities related to its exem							-				
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.				
		See section 509(a)(2). (Cor											
11		An organization organized a	-	•	•								
12		An organization organized a	-	-	-			•					
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
•		<b>Type I.</b> A supporting orga						-	aivina				
а		the supported organization	-	-	• • • •	-							
		organization. You must c			majonty c				ipporting				
b		<b>Type II.</b> A supporting org	-		tion with it	e sunnorte	d organizatio	n(e) by bay	vina				
D.		control or management o	-				-		•				
		organization(s). You mus											
с		Type III functionally inte	-		in connect	tion with a	and functional	lv integrate	d with				
•		its supported organization						ly integrate					
d		Type III non-functionally		-				ted organiz	ration(s)				
		that is not functionally int	•				••	°.					
		requirement (see instructi			•								
е		Check this box if the orga	,	•				II, Type III					
		functionally integrated, or					<i></i>	, <b>,</b>					
f	Ente	er the number of supported c											
g	Pro	vide the following informatior	about the supporte	d organization(s).									
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed	(v) Amount of		(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)				
Total									1				

<u> </u>		IDUDON GOGLEMY				05-02656	75
	edule A (Form 990) 2022 At art II Support Schedule for (Complete only if you checked fails to qualify under the tests	d the box on line 5	<b>Described in</b> , 7, or 8 of Part I o	Sections 170( r if the organization		l 170(b)(1)(A)(vi	)
Se	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	[		1	1	T	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
~	and income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th					· · · · ·	
	organization, check this box and <b>stor</b>			····, -· ··· · ··· ·			
Se	ction C. Computation of Publi	-					
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
 b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization
 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ....

Schedule A (Form 990) 2022

232022 12-09-22

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1,669,525 2,018,776. 1,731,103 3,104,079. 2,557,022 11,080,505. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 566,188 521,790. 143,224 535,386. 353,671. 2,120,259. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2,235,713 2,540,566, 1,874,327 3,639,465, 2,910,693 13,200,764. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons 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 319 916 274,574 297 271 264,826. 175 400 1 331 987. amount on line 13 for the year c Add lines 7a and 7b 319,916 274,574 297,271 264,826, 175,400 331,987 11,868,777. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 2,235,713 2,540,566 1,874,327 3,639,465 2,910,693 13,200,764. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 440,616 430,963 375,574 465,871. 125,379. 1,838,403. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 430,963 375,574 465,871. 125,379 440,616 1,838,403. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 27,157 27,157. assets (Explain in Part VI.) 15,066,324. 2,971,529. 2,249,901. 4,105,336. 2,676,329. 3,063,229. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 78.78 % 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 73.56 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 12.20 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 14.66 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. 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 X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22

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29129 1

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	
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#### AUDUBON SOCIETY OF RHODE ISLAND

Yes No

1

2

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		1

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

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D.	All Type III Su	pporting Or	ganizations

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

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a d	overnmental entity	(see instructions)	
---	--	---	-------------------------	-------------------	--------------------	--------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

Yes No

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 AUDUBON SOCIETY OF RHODE ISLAND			05-0265675 Page
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	e organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
a	From 2017								
b	From 2018								
C	From 2019								
d	From 2020								
e	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
a	Excess from 2018								
b	Excess from 2019								
с	Excess from 2020								
d	Excess from 2021								
е	Excess from 2022								

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022 AUDUBON SOCIETY OF RHODE ISLAND	05-0265675	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Sectior /, Section B, line 1e; Pa	n C, ırt V,
232028 12-09-2	2	Schedule A (Form §	990) 2022

		Cumplemente	al Financial Otatomonto		OMB No. 1545-0047
	<b>HEDULE D</b> m 990)	Complete if the orga	al Financial Statements nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022
	tment of the Treasury	A	ttach to Form 990.		Open to Public
-	al Revenue Service		0 for instructions and the latest information.	<b>_</b>	
Nam	e of the organizat	AUDUBON SOCIETY OF RHODE IS	LAND	Emp	oloyer identification number 05-0265675
Pa		-	d Funds or Other Similar Funds or Ac	cour	ts. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin		(b) Euro	ds and other accounts
	Tatal www.abay.ata		(a) Donor advised funds	D) Fun	los and other accounts
1 2		nd of year of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5			writing that the assets held in donor advised func	ds	
	-		exclusive legal control?		Yes No
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly	
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing	
De	impermissible priv				
			ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization			increase and lower
		n of land for public use (for example, recrea of natural habitat		-	
	X Preservation		Preservation of a certi	ned ni	storic structure
2			fied conservation contribution in the form of a co	nserva	tion easement on the last
-	day of the tax yea				Held at the End of the Tax Year
а				2a	23
b				2b	1,568.00
с	Number of conse		ucture included in (a)	2c	
d	Number of conser	rvation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure	listed in the National Register		2d	
3	Number of conser	rvation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	zation	during the tax
	year				
4		where property subject to conservation eas			
5	e e	ation have a written policy regarding the per			X Yes No
6		forcement of the conservation easements it er hours devoted to monitoring, inspecting	handling of violations, and enforcing conservatio		
0		70		iii ease	anents during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	semen	ts during the year
		000.			
8			e satisfy the requirements of section 170(h)(4)(B)	(i)	
-	and section 170(h				Yes No
9		• ·	on easements in its revenue and expense statem		
	-	counting for conservation easements.	note to the organization's financial statements that	at desc	cribes the
Pa	rt III Organiz	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imila	r Assets.
		if the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and bala	ance sł	neet works
	0		blic exhibition, education, or research in furtherar		
	service, provide ir	n Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization	n elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet	works of
	art, historical trea	sures, or other similar assets held for public	exhibition, education, or research in furtherance	e of pul	olic service,
	•	ing amounts relating to these items:			
					\$
_	.,				\$
2			asures, or other similar assets for financial gain, p	orovide	9
_	-	ounts required to be reported under FASB A	-		<u> </u>
a h					\$\$
μ					W

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
232051 09-01-22

<u>Sche</u>		CIETY OF RHODE I				05-026		Page <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther Sim	ilar Assets	contin	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that ma	ke significa	ant use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other	0.0				
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt pu	irpose in Part	XIII.	
5	During the year, did the organization solicit o							
-	to be sold to raise funds rather than to be ma						Yes	No No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pai		to in the organizatio			000, i uitit,		
12	Is the organization an agent, trustee, custodi		any for contribution	s or other assets	not includ	ed		
14	on Form 990, Part X?		•				Yes	No
h	If "Yes," explain the arrangement in Part XIII					····· ∟		
D		and complete the foll	owing table.		Г		Amount	
_					E E	4-	Amount	
	Beginning balance							
	Additions during the year					ld		
	Distributions during the year					le		
	Ending balance					1f	7	
	Did the organization include an amount on F				•	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.							
Fai	<b>t V Endowment Funds.</b> Complete i						(-) [	
		(a) Current year	(b) Prior year	(c) Two years ba		ree years back		years back
	Beginning of year balance	20,199,707.	18,240,869.		30. 1	4,576,478.	,	907,638.
b	Contributions	268,694.	289,580.			316,284.		279,576.
	Net investment earnings, gains, and losses	-3,518,182.	2,683,485.	2,310,30	0.	2,850,871.	-	396,846.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	880,665.	943,340.	· · · · ·		847,712.		153,744.
f	Administrative expenses	64,695.	70,887.	62,50		59,991.		60,146.
g	End of year balance	16,004,859.	20,199,707.	18,240,86	59. 1	6,835,930.	14,	576,478.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	80.0000	_%					
b	Permanent endowment 20.0000	%						
с	Term endowment .0000	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered f	or the		_	
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations						3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	rt X, line 1	D.		
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Accum	ulated	(d) Book	< value
	Description of property	basis (investm	• •	(other)	deprecia		( <b>u</b> ) 2001	( value
19	Land		,	185,748.				185,748.
	Buildings			,				,•
	Leasehold improvements		б	,366,225.	38	04,074.	2	562,151.
				406,374.		99,836.	-,	6,538.
	Equipment			230,104.		75,424.		54,680.
	Other			, ,		- '	2	809,117.
Tota	. Add lines 1a through 1e. (Column (d) must e	guai ⊢orm 990, Part )	<u>х, coiumn (В), line 1</u>	UC.)				
						Schedule	e D (Form	n 990) 2022

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#### Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)		

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(b) Book value
14,280,918.
14,280,918.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CHARITABLE GIFT ANNUITY	15,833.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,833.

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 AUDUBON SOCIETY OF RHODE ISLAND			05-0265675	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	-562,712.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-3,700,817.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	72,399.		
е	Add lines 2a through 2d			2e -	3,628,418.
3	Subtract line 2e from line 1			3	3,065,706.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	64,694.		
b	Other (Describe in Part XIII.)	4b			
с				4c	64,694.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,130,400.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,870,853.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)		72,399.		
е	Add lines 2a through 2d			2e	72,399.
3	Subtract line 2e from line 1			3	3,798,454.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	64,694.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	64,694.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,863,148.
Pa	rt XIII Supplemental Information.				

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

PART II, LINE 9:

THE COST OF PURCHASING CONSERVATION RESTRICTIONS AND EASEMENTS IS

CAPITALIZED.

PART X, LINE 2:

THE SOCIETY IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT THE

SOCIETY OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT STATUS AT BOTH

THE STATE AND FEDERAL LEVELS.

THE SOCIETY ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION EXEMPT

FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO

232054 09-01-22

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)							
MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE	TAX RETURNS ARE						
SUBJECT TO REVIEW BY THE TAXING AUTHORITIES GENERALLY	SUBJECT TO REVIEW BY THE TAXING AUTHORITIES GENERALLY FOR A PERIOD OF						
THREE YEARS AFTER THEY WERE FILED. THE SOCIETY CURREN	TLY HAS NO TAX						
EXAMINATIONS IN PROGRESS.							
PART XI, LINE 2D - OTHER ADJUSTMENTS:							
MERCHANDISE INCLUDED IN EXPENSES	69,293.						
SPECIAL EVENT EXPENSES	3,106.						
TOTAL TO SCHEDULE D, PART XI, LINE 2D	72,399.						
PART XII, LINE 2D - OTHER ADJUSTMENTS:							
MERCHANDISE INCLUDED IN EXPENSES	69,293.						
SPECIAL EVENT EXPENSES	3,106.						
TOTAL TO SCHEDULE D, PART XII, LINE 2D	72,399.						

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, c	or if the	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990 c					_	Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information		Employer i	dentification number
Name of the organization		CIETY OF RHODE ISLAND					05-0265	
Part I Fundrais	ing Activities.	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV, li	ne 17	. Form 990-I	EZ filers are not
required to	complete this part	t.						
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, Pa	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		<b>Y</b>	es 🗌 No
compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreer	ments under which th	ie turi	draiser is to	be
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by undraiser ed in col. (i)	
			Yes	No	-			
Total								
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	xempt from	registration

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

Schedule G (Form 990) 2022

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
		PEREGRINE PARTY	GOLF TOURNAMENT		(add col. (a) through
e		(event type)	(event type)	(total number)	col. (c))
	Gross receipts	23,076.	22,433.		45,509.
2	Less: Contributions	16,604.	9,449.		26,053.
3	Gross income (line 1 minus line 2)	6,472.	12,984.		19,456
4	Cash prizes				
5	Noncash prizes				
6 Bense	Rent/facility costs				
Direct Expenses	Food and beverages				
5 8	B Entertainment				
9			1,935.		3,106.
1	0 Direct expense summary. Add lines 4 throug	h 9 in column (d)			3,106.
1	1 Net income summary. Subtract line 10 from	line 3, column (d)			16,350.

\$15,000 on Form 990-FZ, line 6a

Revenue		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
es	2 Cash prizes				
xpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
_	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7 f	rom line 1, column (d)			
9	Enter the state(s) in which the organization conduc	ts gaming activities:			
	a Is the organization licensed to conduct gaming act b If "No," explain:				Yes No
	Were any of the organization's gaming licenses rev If "Yes," explain:			/ear?	Yes No

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	AUDUBON SOCIETY OF RHODE ISLAND	05-02656	575	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed		_	
	to administer charitable gaming?		🗆	Yes	No No
13	Indicate the percentage of gaming	activity conducted in:			
а	The organization's facility		13	a 📃	%
b	An outside facility		13	<b>b</b>	%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
15-	Doos the organization have a cont	ract with a third party from whom the organization receives gaming revenue?		Yes	No
154	Does the organization have a com		∟	] 163	
b	If "Yes," enter the amount of gam	ng revenue received by the organization \$ and the amour	nt		
	of gaming revenue retained by the	third party \$			
c	If "Yes," enter name and address	of the third party:			
	Nama				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
	•	state law to make charitable distributions from the gaming proceeds to			
-				Yes	🗌 No
b		equired under state law to be distributed to other exempt organizations or spent in th			
_	organization's own exempt activit				
Pa		nation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III,	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.			
			ahadula C	( <b>F</b> errer	000) 0000
2320	83 10-27-22	41 Sa	chequie G	(Form	990) 2022

Part IV	Supplemental Information (continued)
_	
	Schedule G (Form 990)
232084 04-01-	

16391115 788564 29129

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022
Open to Public
Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization					
	AUDUBON	SOCIETY	OF	RHODE	ISLAND

Employer	identification	number

05 - 0	265	675

Pa	tl	Types of Property							
			<b>(a)</b> 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 det noncash contribut		•	s
1	Art -	Works of art							
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		hing and household goods							
6		s and other vehicles							
7		ts and planes							
8		lectual property							
9		urities - Publicly traded	Х	1	26,919.	FMV			
10		urities - Closely held stock			,				
11		urities - Partnership, LLC, or							
		t interests							
12		urities - Miscellaneous							
13		lified conservation contribution -							
		oric structures							
14	Qual	lified conservation contribution - Other							
15		l estate - Residential							
16	Real	l estate - Commercial							
17		l estate - Other							
18		ectibles							
19		d inventory							
20		gs and medical supplies							
21	Taxio	dermy							
22	Histo	orical artifacts							
23	Scie	ntific specimens							
24	Arch	neological artifacts							
25	Othe	er ()							
26	Othe	er ()							
27	Othe	er ()							
28	Othe								
29		nber of Forms 8283 received by the organiz	-						
	for w	which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
						ſ		Yes	No
30a		ng the year, did the organization receive by							
		t hold for at least 3 years from the date of t		ntribution, and whi	ich isn't required to be used t	for			v
		npt purposes for the entire holding period?	• • • • • • • • • • • • • • • • • • • •				30a		X
		es," describe the arrangement in Part II.			f			v	
31		s the organization have a gift acceptance p				ions?	31	x	
32a		s the organization hire or use third parties of the second s		•			00-		x
L							32a		Λ
		es," describe in Part II.	aluma (-) f-		(for which columns (s) is -t	lad			
33		e organization didn't report an amount in co cribe in Part II	01011111 (C) 101	a type of property	nor which column (a) is chec	,KEU,			

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

Schedule M (Form 990) 2022

232141 09-09-22

Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information.

232142 09-09-22	Schedule M (Form 990) 2022

16391115 788564 29129

44 2022.05000 AUDUBON SOCIETY OF RHODE 29129\_1

SCHED	ULE O
(Form 9	90)

Department of the Treasury

Internal Revenue Service Name of the organization

## 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 05-0265675

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HABITATS THROUGH CONSERVATION, EDUCATION AND ADVOCACY, FOR THE BENEFIT

AUDUBON SOCIETY OF RHODE ISLAND

OF PEOPLE AND ALL OTHR LIFE.

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

GRANTS AND CONTRACTS, ADVOCACY, SALE OF PROGRAM MERCHANDISE

EXPENSES \$ 888,481. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE AUDOBON SOCIETY OF RHODE ISLAND IS A MEMBERSHIP ORGANIZATION.

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

AUDUBON SOCIETY OF RHODE ISLAND IS A MEMBERSHIP ORGANIZATION. BOARD MEMBERS

ARE NOMINATED TO SERVE FOR A THREE YEAR TERM ON THE GOVERNING BOARD AND ARE

ELECTED BY THE GENERAL MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

MEETING MINUTES ARE NOT KEPT FOR EACH COMMITTEE WITH AURHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE CHIEF FINANCIAL

OFFICER. THE FORM 990 WAS MADE AVAILABLE TO THE BOARD OF DIRECTORS BY

NOTIFICATION FROM THE EXECUTIVE DIRECTOR THAT A COPY OF THE FORM 990 WILL

BE AVAILABLE AT THE AUDUBON SOCIETY OF RHODE ISLAND'S HEADQUARTERS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

16391115 788564 29129

Schedule O (Form 990) 2022	Page <b>2</b>		
Name of the organization	Employer identification number		
AUDUBON SOCIETY OF RHODE ISLAND	05-0265675		

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

#### A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY BOARD

MEMBERS.

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

THE POLICY OF THE AUDUBON SOCIETY OF RHODE ISLAND (ASRI) IS TO ATTRACT AND

RETAIN KEY EXECUTIVE TALENT BY PROVIDING A COMPETITIVE TOTAL COMPENSATION

PACKAGE. IN DETERMINING COMPETITIVENESS, ASRI LOOKS PRIMARILY TO

COMPENSATION OFFERED BY OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT ARE

SIMILAR IN SIZE AND TAKES INTO ACCOUNT ANY SPECIAL CIRCUMSTANCES AFFECTING

ASRI. THE POLICY ALSO SUPPORTS PROVIDING APPROPRIATE KEY EXECUTIVE

PAY-FOR-PERFORMANCE EARNING OPPORTUNITIES FOR ACHIEVING CHALLENGING,

PRE-ESTABLISHED GOALS CONSISTENT WITH THE MISSION, TAX-EXEMPT PURPOSE AND

FINANCIAL RESOURCES OF ASRI.

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WILL RECOMMEND TO THE

BOARD OF DIRECTORS THE CASH COMPENSATION AMOUNTS APPLICABLE TO KEY

EXECUTIVES OF ASRI.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XII, LINE 2C

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

232212 10-28-22

Form	4562			
Department of the Treasury Internal Revenue Service				

4500		Deprec	iation a	and Ame	ortizatio	n		OMB No. 1545-0172
- <b>3</b> 4562					ed Property			0000
		(3		your tax retur				ZUZZ
Department of the Treasury Internal Revenue Service	Go to w	ww.irs.gov/Fo		-		formation.		Attachment Sequence No. 179
Name(s) shown on return					ss or activity to which		5	Identifying number
Audubon Society of	Rhode Island			FORM	990 PAGE 10			05-0265675
Part I Election To Exp	ense Certain Property	Under Section 17	<b>'9 Note:</b> If yo	ou have any lis	ted property, co	omplete Part	V before yo	ou complete Part I.
1 Maximum amount (s	ee instructions)						1	1,080,000.
2 Total cost of section	179 property placed	in service (see i	instructions)				2	
3 Threshold cost of se	ction 179 property be	efore reduction i	in limitation				3	2,700,000.
4 Reduction in limitation	n. Subtract line 3 from	m line 2. If zero	or less, ente	er -0-			4	
5 Dollar limitation for tax year.							5	
6	(a) Description of proper	rty		(b) Cost (busine	ess use only)	(c) Elected of	cost	
7 Listed property. Ente	r the amount from lin	ne 29			7			
8 Total elected cost of							8	
9 Tentative deduction.								
10 Carryover of disallow								
11 Business income lim								
12 Section 179 expense								
						<u></u>	12	
13 Carryover of disallow Note: Don't use Part II o					13			
B 1 1					listed property	. \		
	preciation Allowanc			•				
14 Special depreciation	allowance for qualifie	ed property (oth	er than listed	d property) pla	ced in service d	uring		
15 Property subject to s	ection 168(f)(1) election	on						
16 Other depreciation (i							16	
Part III MACRS De	preciation (Don't inc	clude listed pro						
			Se	ection A				
<b>17</b> MACRS deductions	ior assets placed in s	ervice in tax yea	ars beginnin	g before 2022			17	254,207.
18 If you are electing to group a								
S	ection B - Assets Pl				sing the Gener	al Deprecia	tion Syster	m
(a) Classification	of property	(b) Month and year placed	(business/ir	or depreciation nvestment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
		in service	only - see	instructions)	pendu			
<b>19a</b> 3-year property								
<b>b</b> 5-year property				66,077.	5 YRS	MM	S/L	5,471.
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property					25 yrs.		S/L	
		/			27.5 yrs.	MM	S/L	
h Residential renta	I property	/			27.5 yrs.	ММ	S/L	
					39 yrs.	ММ	S/L	
i Nonresidential re	al property	/			00 910.	MM	S/L	
Se	ction C - Assets Plac	ced in Service	Durina 2022	2 Tax Year Us	ing the Alterna			em
					3	T		
					12 yrs.	1	S/L S/L	
<b>b</b> 12-year		1			30 yrs.	NANA	S/L S/L	
c 30-year	<del> </del>	/			2	MM		
d 40-year Part IV Summary (		/			40 yrs.	MM	S/L	
,	See instructions.)	•						
21 Listed property. Ente							21	
22 Total. Add amounts		-						A=A 4==
	e appropriate lines of				ons - see instr.		22	259,678.
23 For assets shown ab	•	•	current yea	r, enter the				
nortion of the basis (	attributable to section	VANA conto			22			

216251 12-08-22 LHA For Paperwork Reduction Act Notice, see separate4n3tructions.Form16391115788564291292022.05000AUDUBONSOCIETYOFRHODE

Forn	n 4562 (2022)	AUDU	BON SOCIETY	OF RE	ODE IS	LAND						05-	026567	/5	Page 2	
Pa	rt V Listed Proper				er vehicl	es, ce	ertain aircr	raft, an	d property	used for						
	entertainment, <b>Note:</b> For any				standard	1 miles	ane rate o	r dedu	ictina leasi		e comr	olete or	Jv 24a			
	24b, columns	(a) through (c	c) of Section A	, all of Se	ection B,	and S	Section C	if appl	icable.	стрена	c, comp		<b>iiy</b> ∠+a,			
	Section A -	- Depreciation	on and Other	nforma	tion (Cau	ution:	See the i	instruc	tions for li	mits for p	asseng	er autor	nobiles.	)		
24a	Do you have evidence to s	support the bu	siness/investme	nt use cla	imed?		Yes	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	No	
	(a) (b) (c)		, (d)			(e)		(f) (g)				(h)		(i)		
	Type of property	Date placed in	Business/ investment		Cost or		asis for deprousiness/inve		Recovery		hod/		eciation		cted on 179	
			use percenta				use only)		period Conve		ention	ded	uction		ost	
25 \$	Special depreciation all	owance for q	ualified listed	oroperty	placed in	n serv	ice during	g the ta	ax year and	ł						
<u> </u>	used more than 50% in	a qualified b	usiness use								25					
	Property used more tha															
		: :	g	6												
		: :	g	6												
		: :	q	6												
27 F	Property used 50% or le	ess in a quali	fied business u	use:												
		: :	C	6						S/L -						
		: :	c	6						S/L -				]		
		: :	c	6						S/L -				]		
28 /	Add amounts in column	n (h), lines 25	through 27. E	nter here	and on	line 2 <sup>-</sup>	1, page 1				28			1		
	Add amounts in column												29			
							n on Use									
Com	plete this section for ve	ehicles used	bv a sole prop	rietor, pa	artner. or	other	"more the	an 5%	owner." o	related i	oerson.	If you p	rovided	vehicles		
	our employees, first ans		· · ·													
, .		and the quee							een pien	.g						
				(a)			(b)		(c)		i)	(	(e)		(f)	
30	Total business/investment	miles driven d	lurina the		nicle	V	'ehicle		/ehicle	Veh	-	-	hicle		Vehicle	
	year ( <b>don't</b> include commu		•													
	Total commuting miles															
	Total other personal (no															
	driven	-														
	Total miles driven during															
	Add lines 30 through 32	• •														
	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?			103		103		103		103		163		103		
	Was the vehicle used p													+		
	than 5% owner or relate															
	Is another vehicle availa			<u> </u>										┨───┦		
(	use?						avida Vak		for Lloo hi	Their E						
Anci	wer these questions to (		- Questions f										ron't			
	e than 5% owners or rel		•	Ception	to comp	leting	Section			u by eng	pioyees	wite a	i en t			
	Do you maintain a writte	-		obibite a	ll porson		of vobicle	as incl	uding cor	muting	byyour			Yes	No	
											by your			103		
	Do you maintain a writte		tomont that pr													
	•		•													
	employees? See the ins			• •	•											
	Do you treat all use of v															
	Do you provide more th															
	the use of the vehicles,															
	Do you meet the require															
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'i	complet	te Sec	tion B for	the co	overed veh	ICIES.						
Pa	rt VI Amortization			(h)		(0)	\		(d)		(0)			(f)		
(a) Description of costs Date		e amortization Amor			(C) prtizable		(d) Code		(e) Amortization			(f) nortization				
				begins		amou	unt		section		period or pei	centage	fo	or this year		
42 /	Amortization of costs th	nat begins du	Iring your 2022	tax yea	r: I					1						
				: :												
				<u>: :</u>												
	Amortization of costs th	0	2	-								43				
44 '	Total. Add amounts in o	column (f). Se	ee the instruct	ons for	where to	report	t		<u></u>			44				
21625	52 12-08-22					٨	0						F	orm <b>456</b>	<b>2</b> (2022)	