Form	9	9	0
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## \*\* PUBLIC DISCLOSURE COPY \*\*

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.

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2020 calendar year, or tax year beginning and	ending		
B c	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre chang				
	_]chang	e Doing business as		05-02656	75
	Initial return Final return	Number and street (or P.0. box if mail is not delivered to street address) <b>12 SANDERSON ROAD</b>	Room/suite	E Telephone number	
v	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	5,693,783.
	Amen return			<b>H(a)</b> Is this a group re	
	Applie tion pendi			for subordinates	
<u> </u>	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status:	or 527		list. See instructions
		organization: X Corporation Trust Association Other ►	L Voor	H(c) Group exemption	State of legal domicile: RI
	nrt I	Summary			State of legal dominicile. IV
	1	Briefly describe the organization's mission or most significant activities: THE	AUDUBO	N SOCTETY T	S DEDICATED
Governance	'	TO THE CONSERVATION OF WILDLIFE HABITAT,	THE E	EDUCATION OF	YOUNG AND
srnê	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	
No.	3	Number of voting members of the governing body (Part VI, line 1a)		3	21
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			21
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	51
iviti	6	Total number of volunteers (estimate if necessary)		6	54
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
P	8	Contributions and grants (Part VIII, line 1h)		2,193,146.	2,767,307.
ent	9	Program service revenue (Part VIII, line 2g)		284,585.	53,305.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		608,083.	508,575.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		97,387.	98,045.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,183,201.	3,427,232.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,879,718.	1,831,030.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses				1 020 502	1 0 2 7 0 0 0
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,839,583.	1,037,220.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,719,301. -536,100.	2,868,250.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		-	558,982.
Net Assets or Fund Balances				eginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)	······	34,281,405.	36,943,489.
let ⊿ ind	21	Total liabilities (Part X, line 26)		288,298. 33,993,107.	248,871. 36,694,618.
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		JJ, JJ, LU/•	30,094,010.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and etator	ante and to the best of m	knowledge and balliof it is
		the solution of period of the second s			y KITOWIEUYE ATTU DEITET, IL IS
uuu.	00110		non proparo	nuo any knowloado.	

Sign Here	Signature of officer LAWRENCE TAFT, EXECUTI Type or print name and title	VE DIRECTOR			Date	
Paid	Print/Type preparer's name PATRICIA M. CERILLI	Preparer's signature	CERILLI	Date 12/17	/21	PTIN P01598123
Preparer	Firm's name <b>MULLEN</b> , SCORPIO	& CERILLI			Firm's EIN 🕨 05	-0392605
Use Only	Firm's address 67 CEDAR STREET					
	PROVIDENCE, RI 0	2903			Phone no. <b>(401</b>	)751-3860
May the II	RS discuss this return with the preparer shown abo	ove? See instructions				X Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act Notic	ce, see the separate in	structions.			Form <b>990</b> (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments       Image: Statement of Program Service Accomplishments         Check StateMate Contains a response on total to any line in this Part III       Image: StateMate Contains a response on total to any line in this Part III         1       Bitlefy deaches the organization metation:       TO PROMOTE NATURAL, WILDLIFE RESOURCE PRESERVATION, AND PUBLIC         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 900-t27       Image: Statement of the organization areas conducting, or make significant changes in how it conducts, any program services, and metations in togenization accompliahments for each of its three largest program services, as measured by expenses. Sectors 51(0) and 501(0) (organizations are recorded.         40       Coster () (longeness 6 589, 456. rectors parts of 3 ) (recents)       ) (recents)       42, 679_)         210/Cost () (longeness 6 309, 958. rectors parts of 3 ) (recents)       ) (recents)       10, 626_)         2200       State of State accompliahments for each of 1 (metations to others, the total expenses. and recenture. If any, for each program service recorded.       42, 679_)         40       Coster () (longeness 6 309, 958. rectors parts of 3 ) (recents)       ) (recents)       10, 626_)         2000       State of State accompliahments for each of 1 (metatics)       ) (recents)       10, 626_)         41       (coster () (longeness 3 309, 958. rectors parts of 3 ) (recents)       ) (recents)		· (= - = -)	265675	Page <b>2</b>
1       Betty describe the organization mission:         2       DO PROMOTE NATURAL, WILDLIFE RESOURCE PRESERVATION, AND PUBLIC         2       Dot the organization undetake any significant program services during the year which were not isted on the prior form 980 or 980 E27       □ Ves [E] No         10       Provide the organization case conduction, or make significant changes in how it conducts, any program services, as measured by expenses.       Section 501 (6)(3) and 501 (6)(4) organization are required to report the amount of grants and alcolations to others, the total expenses, and revenue, if any, of each program services are completenents for each of its three largest program services, as measured by expenses.         40       Cost::::::::::::::::::::::::::::::::::::	Pa	rt III Statement of Program Service Accomplishments		
TO PROMOTE NATURAL, WILDLIFE RESOURCE PRESERVATION, AND PUBLIC         EDUCATION.         2       Old the organization undertake any significant program services during the year which were not listed on the prior form 900 e00 e27         1       "It "vis," discontise these new services on Schedule 0.         3       Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Sectors 50(10) e00 e00 e27         4       Describe these changes on Schedule 0.         4       Conter         1       Ves (2) and 50(10) expensions are required to report the amount of grants and allocations to order to the order see, and revenue, if any, for each program service reported.         40       Conter       1 (forgroups 1       689 / 456 1. reduing grants of st       1 (foreware)       42 , 679 . )         EDUCATIONAL AND PUBLIC PROGRAMS		Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
2       Did the organization undertake any significant program services during the year which were not listed on the prior form 990 627	1	TO PROMOTE NATURAL, WILDLIFE RESOURCE PRESERVATION, AND PUBLI	C	
profrom 990 or 990 cf 20		EDUCATION.		
profrom 990 or 990 cf 20				
profrom 990 or 990 cf 20	2	Did the organization undertake any significant program services during the year which were not listed on the		
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?			Yes	X No
H *%; describe the sectanges on Schedule O     Describe the agaitzation's program service accomplishments for each of its three largest program services, as measured by expenses. Secton SDI(c)3 and SDI(c)3		If "Yes," describe these new services on Schedule O.		
4 Describe the organization's program services accompliabrements for each of its three largest program services, are measured by expenses. Sectors 051(6(4)) and 501(6(4)) and 501(6(	3		Yes	XNo
Sector 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and review use (far), for each program service sectors         4a       (Coole	4		h	
Terverues if any, for each program service reported:         49       (code:	4			nd
4:a       (conc       ) (Provenues 1       405,387.       including grans of 5       ) (Provenue 5       42,679.)         4:a       (conc       ) (Expenses 3       689,456.       including grans of 5       ) (Provenue 5       )				
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PROPERTIES AND CONSERVATION         4c         (Code:) (Expenses \$ 309,958. including grants of \$) (Revenue \$) (R		EDUCATIONAL AND PUBLIC PROGRAMS		
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ENVIRONMENTAL EDUCATION CENTER Herein Contemporary Services (Describe on Schedule O.) (Expenses \$ 618,702. including grants of \$ ) (Revenue \$ ) Herein Total program service expenses 2,023,503. Form 990 (2020) 02002 12-23-20 3	4c	(Code: ) (Expenses \$ 309,958. including grants of \$ ) (Revenue \$	10,6	<b>26.</b> )
(Expenses \$       618,702. including grants of \$       ) (Revenue \$       )         4e       Total program service expenses ▶       2,023,503.       Form 990 (2020)         032002       12-23-20       3       3		ENVIRONMENTAL EDUCATION CENTER		,
(Expenses \$       618,702. including grants of \$       ) (Revenue \$       )         4e       Total program service expenses ▶       2,023,503.       Form 990 (2020)         032002       12-23-20       3       3				
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(Expenses \$       618,702. including grants of \$       ) (Revenue \$       )         4e       Total program service expenses ▶       2,023,503.       Form 990 (2020)         032002       12-23-20       3       3				
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4e         Total program service expenses         2,023,503.           032002         12-23-20         Form 990 (2020)           3         3	4d	Uther program services (Describe on Schedule O.)	`	
<sup>032002</sup> 12-23-20 Borm <b>990</b> (2020) 3	40		)	
032002 12-23-20 <b>3</b>			Form <b>99</b>	0 (2020)
3	03200	2 12-23-20		()
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	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	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		- 23	
0	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			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	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		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	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			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	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		L
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		X
032003	12-23-20	Form	990	(2020)

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Form **990** (2020)

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Part IV Checklist of Required Schedules (continued)

			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		X
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
254		25a		x
<b>b</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		- 23
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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 lines 28a or 28b?/f			37
	"Yes," complete Schedule L, Part IV	28c	37	X
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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
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		X
38	Did the organization complete Schedule O and provide explanations in 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
032004	12-23-20	Form	990	(2020)
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Form 990	(2020)	THE	AUDUBON	SOCIETY	OF	RHODE	ISLAND
Part V	Statements	Regard	ing Other IR	S Filings and	l Tax	Complia	nce (continued)

			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 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>F</b> -		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		- 23
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00		
~	were not tax deductible?	6b		
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 services provided to the payor?	7a		Х
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 was required			
	to file Form 8282?	7c		Х
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 contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
~	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:	de		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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.)			
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			
	Enter the amount of reserves on hand 13c	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		л
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form 9	90 (2	2020)
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#### THE AUDUBON SOCIETY OF RHODE ISLAND

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

a Ente If the body b Ente C Did office Did of o Did Did Did Did Did Did Did Did	A. Governing Body and Management         er the number of voting members of the governing body at the end of the tax year	e direct supervision 990 was filed? sets? ppoint one or stockholders, or ar by the following: ached at the <u>evenue Code.</u> )		Yes X X X X X	
If the body b Ente Did offic Did of o Did Did Did Did Did Did Did Did Did Did	ere are material differences in voting rights among members of the governing body, or if the governing y delegated broad authority to an executive committee or similar committee, explain on Schedule 0. ere the number of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationsh cer, director, trustee, or key employee?	1b       2:         p with any other         ached at the	2 3 4 5 6 7a 7b 8a 8b	X X X	
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ls the orga ction a Did b If "Y and a Has b Des a Did b Were c Did in S	here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea anization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> <b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal R</i> the organization have local chapters, branches, or affiliates?	ached at the evenue Code.)	9		Γ
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and a Has b Des a Did b Werr c Did <i>in S</i>		naptors, anniatos,			T
<ul> <li>a Has</li> <li>b Des</li> <li>a Did</li> <li>b Were</li> <li>c Did</li> <li>in S</li> </ul>	branches to ensure their operations are consistent with the organization's exempt purposes?		10b	1	
<ul> <li>b Des</li> <li>a Did</li> <li>b Were</li> <li>c Did</li> <li><i>in S</i></li> </ul>	s the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х	t
a Did b Were c Did <i>in</i> S	scribe in Schedule O the process, if any, used by the organization to review this Form 990.	.,			t
<ul> <li>b Were</li> <li>c Did</li> <li>in S</li> </ul>	the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	Ē
c Did in S	e officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х	t
in S	the organization regularly and consistently monitor and enforce compliance with the policy? If "		12.0		t
	Chedule O how this was done		12c	х	
Did	the organization have a written whistleblower policy?		13	X	t
	the organization have a written document retention and destruction policy?		14	X	┢
	the process for determining compensation of the following persons include a review and approv		14		┢
		<b>,</b> ,			
	sons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45-	Х	
	e organization's CEO, Executive Director, or top management official		15a	X	┝
	er officers or key employees of the organization		15b		┝
	Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			ł
	able entity during the year?		16a		
	es," did the organization follow a written policy or procedure requiring the organization to evaluate	• •			
in jo	pint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
	mpt status with respect to such arrangements?		16b		L
	C. Disclosure				
List	the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
Sec	tion 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)(	3)s only	) avai	lal
for p	public inspection. Indicate how you made these available. Check all that apply.				
	_ Own website	on Schedule O)			
Des	cribe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, a	nd finar	ncial	
stat	tements available to the public during the tax year.				
Stat		ooks and records 🕨			
TH	te the name, address, and telephone number of the person who possesses the organization's bo	·			
	te the name, address, and telephone number of the person who possesses the organization's bo $IE \ ORGANIZATION - 401 - 949 - 5454$				
006 12-2	te the name, address, and telephone number of the person who possesses the organization's book IE ORGANIZATION - 401-949-5454 SANDERSON ROAD, SMITHFIELD, RI 02917			990	

Part VII	Compensation of Officers,	<b>Directors, Trustees,</b>	Key Employees,	, Highest Compensate	d
	Employees, and Independe	ent Contractors			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week							. from the	from related	other
	(list any hours for	direct				-		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 11100)	organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
(1)	line)	Indi	Inst	Officer	Key	Hig em l	For			
(1) LAWRENCE J. F. TAFT	40.00			x				105 624	0.	24 050
EXECUTIVE DIRECTOR	5.00			^				105,624.	0.	24,858.
(2) OWEN HELEEN	5.00	x		x				0.	0.	0
PRESIDENT	5.00	<u> </u>		~				0.	0.	0.
(3) DAVID CALDWELL	5.00	x		x				0.	0.	0.
VICE PRESIDENT	5.00	<u> </u>		~				0.	0.	0.
(4) DAVID RIEDEL, ESQ.	5.00	x		x				0.	0.	0.
TREASURER (5) DEBORAH LINNELL	5.00	<u>^</u>		^				0.	0.	0.
	5.00	x		x				0.	0.	0.
SECRETARY (6) TERRY MEYER	1.50	<u>^</u>		^				0.	0.	0.
(6) TERRY MEYER BOARD MEMBER	1.30	x						0.	0.	0.
(7) NICHOLAS CALIFANO	1.50							0.	0.	0.
BOARD MEMBER	1.30	x						0.	0.	0.
(8) CHRISTIAN CAPIZZO, ESQ	1.50							0.	•	0.
BOARD MEMBER	1.30	x						0.	0.	0.
(9) JAMESON CHACE, PHD	1.50									
BOARD MEMBER		x						0.	0.	0.
(10) ANN-CHRISTINE DUHAIME, MD	1.50							•••		
BOARD MEMBER		x						0.	0.	0.
(11) MEGHAN FROST	1.50									
BOARD MEMBER		x						0.	0.	0.
(12) DONALD HEITZMANN	1.50									
BOARD MEMBER		x						0.	0.	0.
(13) LAURA LANDEN, PHD	1.50									
BOARD MEMBER		x						0.	Ο.	0.
(14) EMILY MURPHY PRIOR, ESQ	1.50									
BOARD MEMBER		X						0.	0.	0.
(15) LESLIE SAMAYOA	1.50									
BOARD MEMBER		X						0.	0.	0.
(16) EVERETT STUART	1.50									
BOARD MEMBER		Х						0.	0.	0.
(17) CAROL LYNN TROCKI	1.50									
BOARD MEMBER		Х						0.	0.	0.
032007 12-23-20						~				Form <b>990</b> (2020)

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Form 990 (2020) THE AUDU	BON SOC	ΓE?	ГҮ	OF	' F	RHC	DDE	E ISLAND	05-026	55	675	Pa	ige <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								es (continued)					
(A)	(B)			(C	;)			(D)	(E)			(F)	
Name and title	Average	(do		Posit			one	Reportable	Reportable		Esti	imate	d
	hours per	box	, unle	ss pers	son i	s both	h an	compensation	compensation		amo	ount d	of
	week		cer ar	nd a dir	recto	r/trust	tee)	from	from related		0	ther	
	(list any	or director						the	organizations		comp		
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC)	)		m the	
	organizations	ustee	trust		ee	npens		(W-2/1099-MISC)			Ũ	nizati relate	
	below	dual ti	tiona		nploy	st cor yee	5					nizatio	
	line)	In divid ual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				5		
(18) JULIE VANIER	1.50	_	_		-								
BOARD MEMBER		x						0.	(	).			Ο.
(19) MICHAEL VIVEIROS	1.50												
BOARD MEMBER		X						0.	(	).			Ο.
(20) IVAN COLON	1.50												
BOARD MEMBER		X						0.	(	).			0.
(21) THOMAS LISI, CPA	1.50												
BOARD MEMBER		X						0.	(	).			0.
(22) PATRICIA THOMPSON, CPA	1.50												
BOARD MEMBER		X						0.	(	).			0.
1b Subtotal						J		105,624.		).	24	.,85	
c Total from continuation sheets to Part V	I, Section A					J		0.		).			0.
d Total (add lines 1b and 1c)								105,624.		).	24,858.		
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed ab	ove	e) wh	no re	eceived more than \$100	,000 of reportable				
compensation from the organization													
										г	`	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,							•				-		v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su			-						-				v
and related organizations greater than \$15										··	4	_	X
5 Did any person listed on line 1a receive or a	-				-			-			_		х
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scheaui	eJī	or si	ucn p	bers	:on					5		<u> </u>
		-							¢100.000 of comm		ations for		
1 Complete this table for your five highest co the organization. Report compensation for	-	-								ensa	ation in	om	
	the calendar y	ear	enui	ng w				0	year.		(C)		
	(A) (B) Name and business address NONE Description of services								С	ompen		ı	
							+	•			•		
							+						
							+						
2 Total number of independent contractors (i	ncluding but r	ot li	mite	d to t	thos	se lis	sted	above) who received n	nore than				
\$100,000 of compensation from the organi	zation 🕨				C	)							
<b>_</b>											Form 9	90 (2	2020)

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032008 12-23-20

			,			1 S	OCIETY O	F RHODE IS	LAND	05-0265	675 Page <b>9</b>
Pa	rt \	VIII									
			Check if Schedule O	conta	ins a respo	onse	or note to any lin		(B)	(C)	[]
								( <b>A)</b> Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts its	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Am C		с	Fundraising events		1c						
Gifi İlar		d	Related organizations		1d						
Sini,			Government grants (contr				612,489.				
er (		f	All other contributions, gifts,								
ĕŧ			similar amounts not included				2,154,818.				
nd			Noncash contributions included in				990,000.	2 7 7 2 0 7			
0 @		h	Total. Add lines 1a-1f				Business Code	2,767,307.			
d)	_	а	EDUCATIONAL PROGRAM	g			611710	42,679.	42,679.		
Program Service Revenue	2	a b	EEC ADMISSIONS	0			611710	10,626.	10,626.		
Ser		c					011/10	10,020.	10,020.		
evel evel		d									
2 B C C C C C		e									
Ţ,		f	All other program service	reven	ue						
			Total. Add lines 2a-2f					53,305.			
	3		Investment income (includ	ding d	lividends, i	ntere	est, and				
			ther similar amounts)				►	323,659.			323,659.
	4		Income from investment of	of tax-	exempt bo	ond p	roceeds 🕨 🕨				
	5		Royalties								
			<b>.</b> .		(i) Rea		(ii) Personal				
	6		Gross rents	6a	73,	0.					
			Less: rental expenses	6b	73,						
			Rental income or (loss) Net rental income or (loss)	6c				73,118.			73,118.
	-		Gross amount from sales of	<u>''''</u>	(i) Securit		(ii) Other	75,110.			, 5 , 110 .
	'	u	assets other than inventory	7a	2,432,		(.,				
		b	Less: cost or other basis	<u> </u>							
an		~	and sales expenses	7b	2,247,	764.					
evenue		с	Gain or (loss)	7c	184,						
			Net gain or (loss)				►	184,916.	184,916.		
Other R	8		Gross income from fundraisir								
ð			including \$		of						
			contributions reported on		-						
			Part IV, line 18								
			Less: direct expenses			8b					
			Net income or (loss) from				<b>&gt;</b>				
	9	а	Gross income from gamin								
		h	Part IV, line 19			9a 9b					
			Less: direct expenses Net income or (loss) from								
	10		Gross sales of inventory, I			<u> </u>					
			and allowances			10a	41,991.				
		b	Less: cost of goods sold			10b					
_			Net income or (loss) from					23,204.			23,204.
s							Business Code				
Miscellaneous Revenue	11	а	OTHER				611710	1,723.	1,723.		
lan¢ enu		b									
Sevel 1		с									
Mis		d	All other revenue			,					
			Total. Add lines 11a-11d					1,723.			
	12		Total revenue. See instruction	ons .	<u></u>		▶	3,427,232.	239,944.	0.	419,981.
03200	9 12	2-23	-20								Form <b>990</b> (2020)

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2020.05010 THE AUDUBON SOCIETY OF RHOD AFM105E1

05-0265675

Part IX Statement of Functional Expenses

THE AUDUBON SOCIETY OF RHODE ISLAND

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

Check if Schedule O contains a respons Do not include amounts reported on lines 6b,		(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations		CAPERIOU	general expenses	
and domestic governments. See Part IV, line 21 <b>2</b> Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> 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,				
trustees, and key employees	130,481.	78,288.	32,621.	19,572
<b>6</b> Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	1 250 526	000 000	206 270	1 6 2 1 0 0
7 Other salaries and wages	1,358,536.	989,069.	206,279.	163,188
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	227,815.	146,585.	65,088.	16,142
9 Other employee benefits	114,198.	81,753.	18,175.	14,270
10   Payroll taxes     11   Fees for services (nonemployees):	111,190.	01,755.	10,1750	14,270
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	62,503.		62,503.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	64,429.	3,159.	22,262.	39,008
12 Advertising and promotion	9,264.	3,062.		6,202
13 Office expenses	67,332.	4,062.	11,638.	51,632
14 Information technology	24,868.	6,046.	7,327.	11,495
15 Royalties		00.000		
16 Occupancy	83,682.	83,682.		
17 Travel				
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials	740.	740.		
19 Conferences, conventions, and meetings	2,208.	/40•	2,208.	
20 Interest	2,200.		2,200.	
21    Payments to affiliates      22    Depreciation, depletion, and amortization	257,518.	238,204.	19,314.	
23 Insurance	93,543.	70,157.	11,693.	11,693
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.) a PROGRAM EXPENSES	131,594.	129,016.	2,305.	273
b WILDLIFE MGT & PROPERTY	129,578.	129,010.	2,505.	273
c REPAIRS AND MAINTENANCE	28,627.	28,627.		
d OTHER	26,027	2,171.	15,089.	9,450
e All other expenses	54,624.	29,304.	11,174.	14,146
25 Total functional expenses. Add lines 1 through 24e	2,868,250.	2,023,503.	487,676.	357,071
<b>26 Joint costs</b> . Complete this line only if the organization	, ,	, ,	,	
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Figure if following SOP 98-2 (ASC 958-720)				

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Form **990** (2020)

Form 990 (2020)

Part X Balance Sheet

### THE AUDUBON SOCIETY OF RHODE ISLAND

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		Check if Schedule O contains a response or not	e to an	v line in this Part X			
			io al		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			576,014.	1	981,315.
	2	Savings and temporary cash investments			-	2	
	3	Pledges and grants receivable, net		F	81,529.	3	108,867.
	4	Accounts receivable, net			26,653.	4	22,919.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
ŝ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			20,124.	8	21,773.
Å	9	Prepaid expenses and deferred charges			7,331.	9	3,543.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,997,024.			
	b	Less: accumulated depreciation	10b	7,997,024. 4,863,014.	3,308,980.	10c	3,134,010.
	11	Investments - publicly traded securities		16,835,930.	11	18,240,869.	
	12	Investments - other securities. See Part IV, line			193,926.	12	209,275.
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			13,230,918.	15	14,220,918.
	16	Total assets. Add lines 1 through 15 (must equ		34,281,405.	16	36,943,489.	
	17	Accounts payable and accrued expenses			202,693.	17	150,523.
	18	Grants payable		18			
	19	Deferred revenue			6,345.	19	20,175.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
iab		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties	60,000.	24	60,000.
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24)	. Complete Part X			
		of Schedule D			19,260.	25	18,173.
	26	Total liabilities. Add lines 17 through 25			288,298.	26	248,871.
s		Organizations that follow FASB ASC 958, che	eck her	e ▶ 🔟			
JCe		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			16,597,851.	27	18,300,565.
Ä	28	Net assets with donor restrictions		17,395,256.	28	18,394,053.	
ů.		Organizations that do not follow FASB ASC 9					
л Ц		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current funds	F		29		
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F		31	
Ne	32	Total net assets or fund balances			33,993,107.	32	36,694,618.
	33	Total liabilities and net assets/fund balances			34,281,405.	33	36,943,489.

Form **990** (2020)

Form	990 (2020) THE AUDUBON SOCIETY OF RHODE ISLAND	05-	0265675	Pag	ge <b>12</b>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,42					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,86	8,2	50.			
3	Revenue less expenses. Subtract line 2 from line 1	3			82.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,99					
5	Net unrealized gains (losses) on investments	5	1,82	2,9	29.			
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)	9	31	9,6	00.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	36,69	4,6	18.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				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 in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?			Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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		2c	х				
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc			37			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	Ļ			

Form **990** (2020)

032012 12-23-20

(Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047
2020
Open to Public Inspection

	nt of the Treasury evenue Service			Attach to Form 990 or F v/Form990 for instructi			nformation.		Open to Public Inspection			
Name o	of the organizati	ion						Employe	identification number			
		THE	AUDUBON SO	CIETY OF RHO	DE IS	LAND		0	5-0265675			
Part	I Reason			(All organizations must o			See instructio	ns.				
The ora			ation because it is: (For lines 1 through 12, check only one box.)									
1 🗂	-			on of churches describe	,	,						
2			-	Attach Schedule E (Forn			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
3				anization described in <b>s</b>			ii).					
4	- ·	•		njunction with a hospita				(iii). Enter	the hospital's name.			
	city, and stat	-		····					·····,			
5		-	or the benefit of a co	ollege or university owne	d or opera	ted by a d	overnmental	unit descrit	oed in			
	-	-	Complete Part II.)									
6	7			mental unit described in	section 17	70(b)(1)(A)	(v).					
7		· -	-					the general	l public described in			
• —	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8				(1)(A)(vi). (Complete Par	+ 11 )							
9	_			in section 170(b)(1)(A)		ed in coniı	unction with a	a land-grant	college			
				culture (see instructions)								
	university:		g: c c c g c c				,,		,			
10 X		ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons members	ship fees a	nd gross receipts from			
	5			ct to certain exceptions;								
				e (less section 511 tax) fr								
			mplete Part III.)			0000 0090		gamzation				
11 🗌	7		. ,	sively to test for public sa	afety. See	section 5	)9(a)(4).					
12	¬ -	-		sively for the benefit of, to	•			arry out the	e purposes of one or			
				ed in <b>section 509(a)(1)</b> c								
				of supporting organizatio								
а [				supervised, or controlled					/ aivina			
				egularly appoint or elect								
			complete Part IV, Se						561P109			
ь[				d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	avina			
				anization vested in the s								
		•	t complete Part IV,					9				
<b>c</b> [				g organization operated	in connec	tion with.	and function	allv integrat	ed with.			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

#### Schedule A (Form 990 or 990-EZ) 2020 THE AUDUBON SOCIETY OF RHODE ISLAND 05-0265675 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in)       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         7 Amounts from line 4       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         9 Net income from unrelated business activities, whether or not the business is regularly carried on       (a) 2016       (b) 2017       (c) 2018       (d) 2019       (e) 2020       (f) Total         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       (b) 2017       (c) 2018       (c) 2018       (c) 2019       (c) 2019       (c) 2020       (f) Total         11 Total support. Add lines 7 through 10       (c) 2017       (c) 2018       (c) 2020	Sec	ction A. Public Support						
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12       Gross receipts from related activities, etc. (see instructions)       12         13       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       Image: Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))       14         15       Public support percentage from 2019 Schedule A, Part II, line 14       15         16a 33 1/3% support test - 2020. 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       Image: Computene Companization 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         17a 10% -facts-and-circumstances test - 2020. 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 qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization       Image: Computene Comput	11							
<ul> <li>13 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</li> <li>Section C. Computation of Public Support Percentage</li> <li>14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).</li> <li>14 9</li> <li>15 Public support percentage from 2019 Schedule A, Part II, line 14</li> <li>15 9</li> <li>16a 33 1/3% support test - 2020. 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</li> <li>b 33 1/3% support test - 2019. 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</li> <li>17a 10% -facts-and-circumstances test - 2020. 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</li> </ul>			etc. (see instructi	ons)			12	
organization, check this box and stop here Section C. Computation of Public Support Percentage I4 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). I5 Public support percentage from 2019 Schedule A, Part II, line 14 I5 9 16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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		•		,			501(c)(3)	
Section C. Computation of Public Support Percentage         14       Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).       14       9         15       Public support percentage from 2019 Schedule A, Part II, line 14       15       9         16a 33 1/3% support test - 2020. 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		-	•		-			
15       Public support percentage from 2019 Schedule A, Part II, line 14       15       9         16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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       ▶	Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
<ul> <li>16a 33 1/3% support test - 2020. 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</li> <li>b 33 1/3% support test - 2019. 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</li> <li>17a 10% -facts-and-circumstances test - 2020. 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</li> </ul>	14	Public support percentage for 2020 (I	ine 6, column (f), (	divided by line 11,	column (f))		14	%
<ul> <li>16a 33 1/3% support test - 2020. 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</li> <li>b 33 1/3% support test - 2019. 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</li> <li>17a 10% -facts-and-circumstances test - 2020. 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</li> </ul>	15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
<ul> <li>b 33 1/3% support test - 2019. 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</li> <li>17a 10% -facts-and-circumstances test - 2020. 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</li> </ul>							more, check this b	box and
and stop here. The organization qualifies as a publicly supported organization		stop here. The organization qualifies	as a publicly supp	orted organizatio	า			
<ul> <li>17a 10% -facts-and-circumstances test - 2020. 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</li> </ul>	b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check	this box
and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		and stop here. The organization quali	ifies as a publicly	supported organiz	ation			
and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	17a	10% -facts-and-circumstances test	t - <b>2020.</b> If the orc	anization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 109	6 or more,
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	ublicly supported	organization		
	b	10% -facts-and-circumstances test	t - 2019. If the orc	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 i	s 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		more, and if the organization meets th	ne facts-and-circur	mstances test, ch	eck this box and <b>s</b>	<b>top here.</b> Explain i	n Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circu	umstances test. T	he organization qu	ualifies as a public	ly supported orgar	nization	
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	18	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructio	ns 🕨 🗔

Schedule A (Form 990 or 990-EZ) 2020

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#### Schedule A (Form 990 or 990-EZ) 2020 THE AUDUBON SOCIETY OF RHODE ISLAND 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.)

Se	ction A. Public Support											
-	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
	Gifts, grants, contributions, and	(4) 2010	(0) 2011	(0) 2010	(4) 2010	(0) 2020						
•	membership fees received. (Do not											
	include any "unusual grants.")	1453991.	1508612.	1669525.	2018776.	1731103.	8382007.					
2	Gross receipts from admissions,											
~	merchandise sold or services per-											
	formed, or facilities furnished in											
	any activity that is related to the organization's tax-exempt purpose	257,218.	330,718.	566,188.	521,790.	143,224.	1819138.					
3	Gross receipts from activities that				,							
•	are not an unrelated trade or bus-											
	iness under section 513											
4	Tax revenues levied for the organ-											
•	ization's benefit and either paid to											
	or expended on its behalf											
5	The value of services or facilities											
Ŭ	furnished by a governmental unit to											
	the organization without charge											
6	Total. Add lines 1 through 5	1711209.	1839330.	2235713.	2540566.	1874327.	10201145.					
	Amounts included on lines 1, 2, and											
	3 received from disgualified persons						0.					
k	Amounts included on lines 2 and 3 received											
	from other than disqualified persons that											
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	335,309.	423,606.	319,916.	274,574.		1353405.					
c	Add lines 7a and 7b	335,309.	423,606.	319,916.	274,574.		1353405.					
	Public support. (Subtract line 7c from line 6.)						8847740.					
	Section B. Total Support											
-	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
	Amounts from line 6	1711209.	1839330.	2235713.	2540566.	1874327.	10201145.					
	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties, and income from similar sources	410,350.	389,886.	440,616.	430,963.	375,574.	2047389.					
k	Unrelated business taxable income											
	(less section 511 taxes) from businesses											
	acquired after June 30, 1975											
c	Add lines 10a and 10b	410,350.	389,886.	440,616.	430,963.	375,574.	2047389.					
	Net income from unrelated business											
	activities not included in 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 assets (Explain in Part VI.)	,	107,675.				236,090.					
13	Total support. (Add lines 9, 10c, 11, and 12.)	2249974.	2336891.	2676329.	2971529.	2249901.	12484624.					
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,					
	check this box and stop here											
-	ction C. Computation of Publ											
15	Public support percentage for 2020 (					15	70.87 %					
16	Public support percentage from 2019					16	73.90 %					
Se	ction D. Computation of Inves						16 40					
17	Investment income percentage for 20					17	16.40 %					
18	Investment income percentage from 2						12.80 %					
19a	<b>33 1/3% support tests - 2020.</b> If the											
	more than 33 1/3%, check this box a						►X					
k	<b>b</b> 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and											
~~	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> 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											
0320	23 01-25-21			16	Sche	equie A (Form 990	J UI 990-EZ) 2020					

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 THE AUDUBON SOCIETY OF RHODE ISLAND

Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion 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 organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			

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 Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	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 satisfy the Integral Part Test duri	ng the	vea(see instructions)	
-----	--	--------	-----------------------	--

- 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*.

c 🗋	The organization supported a	oovernmental entitv	. Describe in Part VI how	you supported a	governmental 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 in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.*

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No

Yes

2a

2b

За

3b

. .

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# Schedule A (Form 990 or 990-EZ) 2020 THE AUDUBON SOCIETY OF RHODE ISLAND Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Seci	ion 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		
Sect	ion 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		
Sect	ion 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			
•				

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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## Schedule A (Form 990 or 990-EZ) 2020 THE AUDUBON SOCIETY OF RHODE ISLAND

Par	TV   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 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-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

		Z) 2020 THE AU						05-0265675	Paç
Part VI	Supplemental	lines 1 2 3b 3c 4	rovide the ex	xplanations re	equired by	Part II, line	10; Part II, line 1	7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section	C
	line 1; Part IV, Sec	ction D, lines 2 and 3	; Part IV, Se	ection E, lines	1c, 2a, 2l	o, 3a, and 3b	o; Part V, line 1; I	Part V, Section B, line 1e; Pa	0, t V,
	Section D, lines 5, (See instructions.)	, 6, and 8; and Part	/, Section E,	, lines 2, 5, an	d 6. Also	complete th	is part for any ac	dditional information.	
32028 01-25-2	21				21		Sch	nedule A (Form 990 or 990-E	:Z)
	786574 AF							Y OF RHOD AFM1	

Schedule B

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

Organiza

Filers of:

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

05-	0	2	6	5	6	7	5
00	~	~	~	-	~		-

tion type(check one): Section:	THE
Section:	ion type (check one)
	S

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

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

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

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively 

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

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

(d)

Type of contribution

05-0265675

#### THE AUDUBON SOCIETY OF RHODE ISLAND

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 

1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$291,143.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-2	5-20	\$ <u>10,000.</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

16251217 786574 AFM105E

(d)

Type of contribution

X

05-0265675

Person Payroll

Noncash

(Complete Part II for

#### THE AUDUBON SOCIETY OF RHODE ISLAND

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 7 13,000. \$

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$19,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25	5-20	\$ <u>125,000.</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

16251217 786574 AFM105E

05-0265675

#### THE AUDUBON SOCIETY OF RHODE ISLAND

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 14 Person Payroll 6,089. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 16 Х Person Payroll 24,881. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 17 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

2020.05010 THE AUDUBON SOCIETY OF RHOD AFM105E1

\_25

05-0265675 THE AUDUBON SOCIETY OF RHODE ISLAND Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 20 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 22 Х Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 23 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 24 X Person Pavroll 5,000. Noncash \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(Complete Part II for noncash contributions.)

023452 11-25-20

2020.05010 THE AUDUBON SOCIETY OF RHOD AFM105E1

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05-0265675

#### THE AUDUBON SOCIETY OF RHODE ISLAND

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 26 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 27 X Person Payroll 5,057. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 28 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 Person Payroll 990,000. X Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

2020.05010 THE AUDUBON SOCIETY OF RHOD AFM105E1

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16251217 786574 AFM105E

Name of organization

Employer identification number

05-0265675

#### THE AUDUBON SOCIETY OF RHODE ISLAND

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SERVATION EASEMENT		
29			
		\$ <u>990,000.</u>	12/23/20
(a) No.	(5)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\ \	
(a) No.		(c)	(-J)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	,	(See instructions.)	
		<u> </u>	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	Bate received
		\$	
(a) No.	(b)	(c)	(d)
from	(D) Description of noncash property given	FMV (or estimate)	(a) Date received
Part I		(See instructions.)	
		\$	
(a)		(c)	
No.	(b)	(C) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		—	
—   <u> </u>			
		\$	

16251217 786574 AFM105E

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 4
Name of or	rganization		Employer identification number
THE AU	UDUBON SOCIETY OF RHODE	ISLAND	05-0265675
Part III		tions to organizations described in s ) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from			(d) Description of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif Ind ZIP + 4	t Relationship of transferor to transferee
023454 11-25	5-20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

16251217 786574 AFM105E

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form 990)

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

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



Name of the or	ganization
----------------	------------

THE AUDUBON SOCIETY OF RHODE ISLAND

Employer identification number 05-0265675

				unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(1-) [	
		(a) Donor advised funds	(b) Fur	nds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's			Yes 📖 M
	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of		-	
Part		-	IV, line /	•
1	Purpose(s) of conservation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (for example, recrea			important land area
	X Protection of natural habitat	Preservation of a c	ertified hi	istoric structure
~	X Preservation of open space			
	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conserv	
	day of the tax year.		0-	Held at the End of the Tax Y 27
	Total number of conservation easements			2,019.00
				2,019.00
	Number of conservation easements on a certified historic str		2c	0
	Number of conservation easements included in (c) acquired a			0
	listed in the National Register		. 2d	
	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganizatio	n during the tax
	year			
	Number of states where property subject to conservation ear			
	Does the organization have a written policy regarding the per			<b>v</b> , <b>v</b>
	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation eas	sements during the year
-				
	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easeme	nts during the year
	Does each conservation easement reported on line 2(d) abov			
	and section 170(h)(4)(B)(ii)?			
	In Part XIII, describe how the organization reports conservati	-		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	s that de	scribes the
	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Tracsuras or Othe	r Simi	lar Accoto
	Complete if the organization answered "Yes" on Form			iai A33613.
10			halanaa	abaat waxka
	If the organization elected, as permitted under FASB ASC 95	-	Dalarice	
	of art, historical treasures, of other similar assets held for put	blic avhibition advaction as receased in furth.		
	· · · ·	blic exhibition, education, or research in furthe	erance of	rpublic
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.		
b	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95	ncial statements that describes these items. 58, to report in its revenue statement and bala	ince shee	et works of
b	service, provide in Part XIII the text of the footnote to its finant If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public	ncial statements that describes these items. 58, to report in its revenue statement and bala	ince shee	et works of
b	service, provide in Part XIII the text of the footnote to its finant If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	ncial statements that describes these items. 58, to report in its revenue statement and bala c exhibition, education, or research in furthera	nce shee	et works of
b	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	ncial statements that describes these items. 58, to report in its revenue statement and bala c exhibition, education, or research in furthera	nce sheen nce of pr	et works of
b	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	ncial statements that describes these items. 58, to report in its revenue statement and bala c exhibition, education, or research in furthera	nce sheen nce of pr	et works of ublic service, \$\$
b 2	service, provide in Part XIII the text of the footnote to its finant If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	ncial statements that describes these items. 58, to report in its revenue statement and bala c exhibition, education, or research in furthera easures, or other similar assets for financial ga	nce sheen nce of pr	et works of ublic service, \$\$
b 2	service, provide in Part XIII the text of the footnote to its finant If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A	ncial statements that describes these items. 58, to report in its revenue statement and bala c exhibition, education, or research in furthera basures, or other similar assets for financial ga ASC 958 relating to these items:	ince shee nce of pr  in, provid	et works of ublic service, \$\$
b 2 a	service, provide in Part XIII the text of the footnote to its finant If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	ncial statements that describes these items. 58, to report in its revenue statement and bala c exhibition, education, or research in furthera asures, or other similar assets for financial ga ASC 958 relating to these items:	ince shee nce of pr  in, provic	et works of ublic service, \$
b 2 a b	service, provide in Part XIII the text of the footnote to its finant If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	ncial statements that describes these items. 58, to report in its revenue statement and bala c exhibition, education, or research in furthera easures, or other similar assets for financial ga NSC 958 relating to these items:	ince shee nce of pr  in, provic	* et works of ublic service, \$
b 2 a b ⊣A	service, provide in Part XIII the text of the footnote to its finant If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	ncial statements that describes these items. 58, to report in its revenue statement and bala c exhibition, education, or research in furthera easures, or other similar assets for financial ga NSC 958 relating to these items:	ince shee nce of pr  in, provic	et works of ublic service, \$

Sche		UBON SOCIE					265675		je <b>2</b>
Pa	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther \$	Similar Ass	e <b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that ma	ke sign	ificant use of it	s		
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's	exemp	t purpose in Pa	rt XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sir	nilar as	sets _			
	to be sold to raise funds rather than to be ma						Yes		No
Pa	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes	" on Fo	rm 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod						_		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line :	21, for escrow or c	ustodial account l	iability	?L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.								
Pa	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two years bad		Three years back	<u> </u>	,	
1a	Beginning of year balance	16,835,930.	14,576,478.	15,907,63	8.	14,110,767	. 13,	874,9	52.
b	Contributions	0.	316,284.		6.	219,508	•	317,1	99.
с	Net investment earnings, gains, and losses	2,310,300.	2,850,871.	-396,84	6.	2,366,113	. 1,	030,1	02.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	842,858.	847,712.	1,153,74	4.	729,486	. 1,	055,6	75.
f	Administrative expenses	62,503.	59,991.	60,14	6.	59,264	•	55,8	11.
g	End of year balance	18,240,869.	16,835,930.	14,576,47	8.	15,907,638	. 14,	110,7	67.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	79.0000	_%						
b	Permanent endowment $\blacktriangleright$ 20.0000	%							
с	Term endowment ► 1.0000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered f	or the	organization	_		
	by:								No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				<b>3</b> b		
_4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Pa	rt X, line	e 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (	<b>c)</b> Accu	mulated	(d) Book	value	
		basis (investm	,	(other)	depre	ciation			
1a	Land			5,748.				5,74	
	Buildings		6,23	1,972. 3	3,36	9,445.	2,862	2,52	7.
	Leasehold improvements								
	Equipment		1,29	7,186. 1	27,	9,523.		7,66	
	Other		28	2,118.	21	4,046.	68	3,07	2.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	10c)	<u></u>	►	3,134		
						Schedu	e D (Form	990) 2	2020

032052 12-01-20

Schedule D (Form 990) 2020 THE AUDUBON	SOCIETY C	F RHODE	ISLAND	05-0265675 Page <b>3</b>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11b. See	e Form 990, Part ک	K, line 12.
(a) Description of security or category (including name of security)	(b) Book value	e (c) l	Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				

#### 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.

(H)

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

(a) Description	(b) Book value
(1) WILDLIFE REFUGES, LAND, & BUILDINGS	14,220,918.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	14,220,918.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	j.
1.     (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY	18,173.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	18,173.
• Link (the forward of the second time of the Deck VIII) we call the first of the formation to the the term of the second term of the term of	Alle and the second and the second

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

Schedule D (Form 990) 2020

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	edule D (Form 990) 2020 THE AUDUBON SOCIETY OF RHO				0265675 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		ith Revenue per R	etur	n.
	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	5,526,045.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а			1,822,929.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	338,387.		
е	Add lines 2a through 2d			2e	2,161,316.
3	Subtract line 2e from line 1			3	3,364,729.
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	62,503.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	62,503.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,427,232.
-					
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		/ith Expenses per	Retu	irn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		/ith Expenses per	Retu	
Pa 1				Retu	ırn. 2,824,534.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	2,824,534.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	18,787.	1	2,824,534.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	18,787.	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	18,787.	1 2e 3	2,824,534.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	18,787.	1 2e 3	2,824,534.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	18,787.	1 2e 3	2,824,534. 18,787. 2,805,747.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	18,787.	1 2e 3	2,824,534. 18,787. 2,805,747. 62,503.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	18,787.	1 2e 3	2,824,534. 18,787. 2,805,747.

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 EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE GUIDANCE FOR

### CONTINGENCIES AS CONTAINED IN GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

### THE SOCIETY WAS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### COST OF GOOD SOLD NETTED WITH INCOME

#### PAYCHECK PROTECTION PROGRAM TREATED AS CONDITIONAL

Schedule D (Form 990) 2020

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Part XIII Supplemental Information (continued)

CONTRIBUTION

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED WITH INCOME

Schedule D (Form 990) 2020

032055 12-01-20

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#### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2020

**Open to Public** 

Department of the Treasury	
Internal Revenue Service	

Name of the organization

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.

. Inspection Employer identification number 05-0265675

#### THE AUDUBON SOCIETY OF RHODE ISLAND

Par	rt I Types of Property								
		(a)	(b)	(c)	h	(d)			
		Check if	Number of contributions or	Noncash contri amounts repor		Method of de			_
		applicable		Form 990, Part VI		noncash contribu	tion ai	nount	S
1	Art - Works of art								
	Art - Historical treasures								
	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other	Х	1	990	,000.	FAIR MARKET	VA	LUE	
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other 🕨 ()								
26	Other 🕨 ()								
27	Other 🕨 ()								
28	Other 🕨 ( )								
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement	29			1	
								Yes	No
30a	During the year, did the organization receive by	contributio	on any property rep	ported in Part I, line	es 1 throug	gh 28, that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.								
	Does the organization have a gift acceptance p						31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sel	l noncash				
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which columr	n (a) is che	cked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see t	the Instruc	tions for Form 99	0.		Schedule N	(Forr	n 990)	2020

16251217 786574 AFM105E

Schedule M (Form 990) 2020 THE AUDUBON SOCIETY OF RHODE ISLAN	D
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Schedule	IVI
Part II	

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

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032142 11-23-20				Schedule M (Form 990) 2020
		36		
251217 786574 AFM105E	2020.05010	THE AUDUBON	I SOCIETY	OF RHOD AFM105E1

SCHEDULE O (Form 990 or 990-EZ)

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



05-0265675

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

OLD ABOUT NATURAL ECOSYSTEMS AND THE NEED TO PRESERVE THEM, AND

THE AUDUBON SOCIETY OF RHODE ISLAND

ADVOCACY IN ORDER TO PROMOTE CONTINUED EFFORTS AT PRESERVING OUR

NATURAL HERITAGE.

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

GRANTS AND CONTRACTS, ADVOCACY, SALE OF PROGRAM MERCHANDISE

EXPENSES \$ 618,702. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE AUDUBON 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 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.

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

A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY BOARD

#### MEMBERS.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

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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:

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

PAYCHECK PROTECTION PROGRAM TREATED AS CONDITIONAL

CONTRIBUTION

319,600.

PART XII, LINE 2C

THERE WERE NO CHANGES TO THE OVERSIGHT AND SELECTION PROCESS OF AN

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INDEPENDENT ACCOUNTANT DURING THE YEAR.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

16251217 786574 AFM105E

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization THE AUDUBON SOCIETY OF RHODE ISLAND	Page 2 Employer identification number 05-0265675
	·
PART VIII, LINE 1G; PART X LINE 15, COLUMN B; SCH B PA	RT 1; SCH M LINE 14
A CONTRIBUTION OF A CONSERVATION EASEMENT WAS IDENTIFI	ED SUBSEQUENT TO
THE 990 BEING FILED. THE AMENDED 990 UPDATES NONCASH	CONTRIBUTIONS IN
PART VIII, LINE 1G; OTHER ASSETS IN PART X, LINE 15, C	OLUMN B; SCHEDULE
B, PART 1 TO INCLUDE CONTRIBUTOR INFORMATION; AND SCHE	DULE M, PART 1,
LINE 14 TO DISCLOSE THE NONCASH CONTRIBUTION.	
032212 11-20-20 <b>39</b>	Schedule O (Form 990 or 990-EZ) 2020
251217 786574 AFM105E 2020.05010 THE AUDUBON SOCI	LETY OF RHOD AFM105E1

Schedule O (Form 990 or 990-EZ) 2020