990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

OMB No. 1545-0047

Open to Public Inspection

А	LOI	rune	2016 Calend	ar year, or tax year begin	ning	09-0) <u>1</u> , ∠016, and €	enaing	08	-31 ,2017
В	Check if applicable:		oplicable:	C Name of organization Audu	ubon Naturalist Society	of	the Central	Atlantic		D Employer identification no.
Ц				Doing business as (Cor.	nt'd) States			1		53-0233715
\sqcup	Nam	ne chai	nge	Number and street (or P.O. bo	x if mail is not delivered to street address)			Room/suite	l l	E Telephone number
닏	Initia	al retur	n	8940 Jones Mil	l Road			_	(301)652-9188	
\sqsubseteq	City or town, state or province, country, and ZIP or foreign postal code									5,141,790
Ц	Ame	ended i	return	Chevy Chase, M	D 20815				_	G Gross receipts\$
	App	lication	n pending	F Name and address of principa	officer: Lisa Alexander			H(a) Is this a group	return fo	r subordinates? Yes No
				Same as C above	e			H(b) Are all subo	rdinates	s included? Yes No
<u> </u>	Тах-	exemp	ot status: X	501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or		527	If "No," a	attach a	list. (see instructions)
<u>J</u>	Web	osite:		anshome.org				H(c) Group exe	mption	number
K		_	ganization: X		sociation Other		L Year of formation:	1947 M State	of lega	I domicile: DC
Pa	art		Summar	•						
		1	Briefly descri	ibe the organization's missi	on or most significant activities:	ANS	inspires re	sidents of t	he l	DC region to
ø			apprecia	or e	experiences,					
anc			educatio:	n and advocacy. A	NS seeks to create a l	argei	and more d	iverse commu	mit	y of people
ĩ			who trea	sure the natural	world and work to pres	erve	it.			
ŏ		2	Check this be	ox 🕨 📙 if the organizatior	n discontinued its operations or dis	posed c	of more than 25% of	of its net assets.		1
ල න්		3	Number of vo	oting members of the gove	rning body (Part VI, line 1a) -				3	18
es		4	Number of in	ndependent voting member	s of the governing body (Part VI, li	ne 1b)			4	18
Ϋ́Ε̈́		5	Total number	r of individuals employed in	calendar year 2016 (Part V, line 2	a)			5	129
Activities & Governance		6	Total number	r of volunteers (estimate if r	necessary)				6	500
٩		7a	Total unrelate	ed business revenue from I	Part VIII, column (C), line 12				7a	1,840
		b	Net unrelated	d business taxable income	from Form 990-T, line 34 · ·				7b	(2,164)
								Prior Year		Current Year
ne		8	Contributions	s and grants (Part VIII, line	1h)			1,564	,614	2,244,784
		9	Program ser	vice revenue (Part VIII, line	e 2g)			1,141	,970	1,290,257
Revenue		10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)			79	,688	97,091
Re		11	Other revenu	ue (Part VIII, column (A), Iir	nes 5, 6d, 8c, 9c, 10c, and 11e)			476	,781	393,183
		12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), li	ne 12)		3,263	,053	4,025,315
		13	Grants and s	similar amounts paid (Part I	X, column (A), lines 1-3)			31	,806	33,250
		14	Benefits paid	to or for members (Part IX	(, column (A), line 4)					0
		15	Salaries, oth	er compensation, employe	e benefits (Part IX, column (A), line	s 5-10)		1,965	,471	2,101,134
Expenses				fundraising fees (Part IX, o				<u>-</u>	_	0
en		b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25)		376,755			
X	•			ses (Part IX, column (A), lir				1,109	.764	1,352,765
					equal Part IX, column (A), line 25)			3,107		
		19	Revenue les	s expenses. Subtract line	18 from line 12				,012	
	es			·				Beginning of Current		End of Year
ets (lanc	20	Total assets	(Part X, line 16)				6,028		
Ass	Ba	21	Total liabilitie	s (Part X, line 26)					,605	
Net	Fund Balances	22	Net assets of	r fund balances. Subtract I	ine 21 from line 20 · · · · ·			5,350		†
Pá	art	II	Signatu	re Block				-	_	
					rn, including accompanying schedules and si			knowledge and belief, it	s	
true	e, cor	rect, a	nd complete. Dec	claration of preparer (other than off	icer) is based on all information of which pre	oarer nas	any knowledge.		1	
			Lisa	Alexander						
Sig	gn			e of officer					Date	;
He	re		Lisa	Alexander, Execu	tive Director					
				print name and title						
			Print/Type pre	eparer's name	Preparer's signature	, .	Date	Check	if I	PTIN
Pa	id			Mullins	- The K Min	1i	02-16-2018	self-employe		P01429307
		arer	Firm's name	▶ Mullins,	PC		<u>, = = = = = = = = = = = = = = = = = = =</u>	Firm's EIN		
	•	Only			sconsin Avenue Suite 31	L7		Phone no.		
_		,	5 addios		a MD 20814				02-7	70-6371
Max	, the	IDC	diaguas this		own above? (see instructions)				, <u>.</u> . /	70-0371 ∇ Voc

all ages about environmental stewardship, serve as gathering places for environmental classes and provide a hub of organizations working to preserve the quality of the environment in the Washington, DC area.

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

397,579 including grants of \$ (Expenses \$) (Revenue \$ Part IV

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III · · · · · · · · · · · · · · · · ·	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
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	Χ	
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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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			3.5
46	for any 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	امدا		7,7
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			3.7
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		37	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,		7,7
	If "Yes," complete Schedule G, Part III	19		X

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Part IV

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
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		Χ
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		Χ
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
-	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			21
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	- 50		21
31	Part I · · · · · · · · · · · · · · · · · ·	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Λ
34	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		v
25-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
35a		35a		
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	254		
20		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		7.7
a=	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,			7.7
••	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	X	

Form 990 (2016)

Audubon Naturalist Society of the Central Atlantic

Part V Statements Regarding Other IRS Filings and Tax Compliance 53-0233715

	Check if Schedule O contains a response or note to any line in this Part V			П
	Official in Confedence of Confedence of Trace to drifty line in this Trace V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		21	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 129			
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)	_~	21	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> · · · · · · · · · · · · · · · · · ·	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit 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 were not tax deductible?	6b	Х	
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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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			
C	Enter the amount of reserves on hand			7
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Audubon Naturalist Society of the Central Atlantic 53-0233715

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

Sec	Check if Schedule O contains a response or note to any line in this Part VI			. X
000	tion A. Coverning Body and Management	1	V	NI-
10	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? - • • • • • • • • • • • • • • • • • •	11a	X	
b 122	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	21	
ŭ	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		X
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Maryland, Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Windows Website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

The Organization (301)652-9188, 8940 Jones Mill Road, Chevy Chase, MD 20815

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Audubon Naturalist Society of the Central Atlantic

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Official and pox in fictines the organization for any foliated					(C)						
(A)	(B)				sition			(D)	(E)	(F)	
Name and Title	Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other					
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Leslie Catherwood President	5.00	Х		Х				C	0	0	
(2) Paul D'Andrea Vice President	5.00_	Х		Х				O	0	0	
(3) Megan Carroll Secretary	5.00	Х		Х				O	0	0	
(4) Wendy Anderson Director	2.00	Х						O	0	0	
(5) Alice Ewen Director	2.00	Х						O	0	0	
(6) Jane Davenport McClintock Director	2.00	Х						O	0	0	
(7) Scott Fosler Treasurer	2.00	Х		X				C	0	0	
(8) Rebecca Turner Director	2.00	Х						C	0	0	
(9) Mike Gravitz Director	2.00	Х						C	0	0	
(10)Jennifer_Judd_Hinrichs 	2.00	Х						C	0	0	
(11)Diane Hoffman	2.00	Х						C	0	0_	
(12)Tim_McTaggart	2.00	Х						C	0	0	
(13)Allyn Finegold	2.00	Х						C	0	0	
(14)Bonnie VanDorn Director	2.00_	Х						C	0	0	

Form 990 (201	(6) Audubon Naturalist	Society	of t	he	Ce	ntra	al A	tla	ıntic	53-02337	15	Р	age 8
Part VII	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	and I	High	est (Comp	ens	ated Employees	continued)			
					(0								
	(A)	(B)	(do n	ot che	Posi	ition ore tha	n one		(D)	(E)		(F)	
	Name and title	Average	١,			on is b			Reportable	Reportable		stimated	
		hours per week (list any		_	a dire	ector/tr	ustee)		compensation from	compensation from related	an	nount of other	i
		hours for	Individual trustee or director	Ins	Officer	<u>₹</u>	Hi _C	Fo	the	organizations	com	pensation	on
		related	direc	Institutional trustee	icer	Key employee	jhes: ploy	Former	organization	(W-2/1099-MISC)		rom the	
		organizations below dotted	tor tr	onal		ploy	t cor		(W-2/1099-MISC)		-	anizatio d relate	
		line)	uste	trus		8	nper					anizatio	
			Φ	tee			Highest compensated employee						
							ä						
	n Peirce	2.00											
Directo			X						0	0			0
	Pielemeier	2.00	1 37										_
Directo		0.00	X					-	0	0			0
	Viseman	2.00	X						•	•			•
Directo		2.00							0	0			0
Directo	a_Clavet		X						0	0			0
(19)Lisa Al	1 1	40.00	21							0			
	lexander ive Director	1 - 20 - 00 -			X				130,643	0		2.'	750
	line Wershbale	40.00							100,010			,	
	or of Development						Х		88,982	0		8,4	483
(21)													
(22)													
<u>(23)</u>													
(24)													
(25)													
1b Sub-t	otal							•					
c Total	from continuation sheets to Part VII, Sectio	n A · ·						•					
d Total	(add lines 1b and 1c)							•	219,625	0		11,2	233
2 Total r	number of individuals (including but not limited	to those liste	d abov	/e) w	/ho r	eceiv	ed m	ore t					
report	able compensation from the organization									1			
												Yes	No
	e organization list any former officer, director		•			-							
•	oyee on line 1a? <i>If "Yes," complete Schedule</i> S										3		X
	ny individual listed on line 1a, is the sum of rep												
-	ization and related organizations greater than												
	dual										4		X
	ny person listed on line 1a receive or accrue co			-			-				_		37
	rvices rendered to the organization? If "Yes," Independent Contractors	complete Sci	riedule	<i>J</i> 10	ir su	сп ре	rson			· · · · · · · · ·	5		X
	elete this table for your five highest compensate	ed independe	nt con	tract	ors t	hat re	eceive	ed mo	ore than \$100 000	of			
	ensation from the organization. Report comper												
year.	<u> </u>				,		3		3				
	(A)								(B)			(C)	
	Name and business address								Description of	services	Comp	ensatio	n
The Hatch	er Group, 4340 East West High	way #912,	, MD	208	814				MD Clean	Ag Coalit		140	,217
	number of independent contractors (including b			se li	sted	abov	/e) wh	10					
receiv	red more than \$100,000 of compensation from	the organiza	tion	•						1			

Part VIII

		Check if Schedule O contains a response or n	ote to any line in this	Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a					
ant	b	Membership dues 1b	200,404				
ΩÄ	С	Fundraising events 1c					
iits lar	d	Related organizations 1d					
imis, G	е	Government grants (contributions) 1e					
tion er S	f	All other contributions, gifts, grants,					
들		and similar amounts not included above 1f	2,044,380				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
<u> </u>	h	Total. Add lines 1a-1f		2,244,784			
_			Business Code				
Program Service Revenue	2a	Advertising	900099	1,840		1,840	
Seve	b	Education Programs	900099	1,288,417	1,288,417		
ice I	С						
Serv	d						
Ë	е						
rogr	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,290,257			
	3	Investment income (including dividends, interest,					
		and other similar amounts)		75,441			75,441
	4	Income from investment of tax-exempt bond proc					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses · · · · 233,15					
		Rental income or (loss) 189,85	•				
	d	Net rental income or (loss)		189,851	189,851		
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 558,96	5				
	b	Less: cost or other basis					
		and sales expenses · · · · 537,31					
	ı	Gain or (loss)	•				
•		Net gain or (loss)		21,650			21,650
Other Revenue	8a	Gross income from fundraising					
e S		events (not including \$					
Ř		of contributions reported on line 1c).					
the		See Part IV, line 18	66,648	1			
0		Less: direct expenses b	29,164				
		` ,	▶	37,484			37,484
	9a	Gross income from gaming activities.					
	١.	See Part IV, line 19					
	ı	Less: direct expenses b					
		(
	10a	Gross sales of inventory, less					
	.	returns and allowances a	481,602	1			
		Less: cost of goods sold b	316,843		164		
		Net income or (loss) from sales of inventory • •		164,759	164,759		
	14-	Miscellaneous Revenue	Business Code	4 005			
		Other	900099	1,089	1,089		
	b						
	4	All other revenue					
				1 000			
		Total revenue See instructions		1,089	1 (44 11)	1 040	124 555
	14	Total revenue. See instructions		4,025,315	1,644,116	1,840	134,575

Part IX

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

	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	33,250	33,250		
2	Grants and other assistance to domestic	337230	337230		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	219,625	175,209	14,126	30,290
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,452,378	1,220,921	39,577	191,880
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,506	22,741	1,833	3,932
9	Other employee benefits	366,119	309,349	9,480	47,290
10	Payroll taxes	34,506	27,528	2,219	4,759
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	19,528	16,119	733	2,676
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	13,802		13,802	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	581,406	529,648	1,840	49,918
12	Advertising and promotion	12,284	10,993	609	682
13	Office expenses	216,355	189,938	10,531	15,886
14	Information technology	58,957	58,957		
15 16	Occupancy · · · · · · · · · · · · · · · · · · ·	146 202	140.000	1 003	4 211
17	Travel	146,293	140,889	1,093	4,311
18	Payments of travel or entertainment expenses	21,470	21,388		82
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,628	16,998	4,008	9,622
20	Interest	30,626	10,990	4,006	9,022
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	93,351	76,478	3,650	13,223
23	Insurance	25,734	19,844	3,686	2,204
24	Other expenses. Itemize expenses not covered	237731	13,011	3,000	2,201
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Nature Travel	132,957	132,957		
b		y	,		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,487,149	3,003,207	107,187	376,755
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

53-0233715

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	750,431	1	957,388
	2	Savings and temporary cash investments	93,068	2	106,819
	3	Pledges and grants receivable, net	188,345	3	385,495
	4	Accounts receivable, net	14,133	4	12,221
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	263,171	8	297,355
As	9	Prepaid expenses and deferred charges	18,818	9	50,191
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 3,931,798			
	b	Less: accumulated depreciation	2,220,568	10c	2,567,785
	11	Investments - publicly traded securities	2,480,355	11	2,743,695
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,028,889	16	7,120,949
	17	Accounts payable and accrued expenses	194,657	17	218,741
	18	Grants payable		18	
	19	Deferred revenue	483,948	19	598,913
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
≣		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · ·		24	218,628
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25	678,605	26	1,036,282
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and			
ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	3,419,746	27	4,171,342
Bal	28	Temporarily restricted net assets	1,210,814	28	1,193,601
pu	29	Permanently restricted net assets	719,724	29	719,724
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
, o		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Asŧ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	5,350,284	33	6,084,667
	34	Total liabilities and net assets/fund balances	6,028,889	34	7,120,949

Form	1990 (2016) Audubon Naturalist Society of the Central Atlantic 5	3-0233715	,	Pa	age 1 2
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		<u> - 🗌</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,0	25,3	315
2	Total expenses (must equal Part IX, column (A), line 25)		3,4	87,1	149
3	Revenue less expenses. Subtract line 2 from line 1	3	5	38,1	166
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,3	50,2	284
5	Net unrealized gains (losses) on investments	5	1	.96,2	217
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	6,0	84,6	567
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		. X
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	[2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	∑ Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	[2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	Ţ			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ţ			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2016)

SCHEDULE A

Public Charity Status and Public Support

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

OMB No. 1545-0047

2016

Open to Public

(Form 990 or 990-EZ)

Department of the Treasury

Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

		Naturalist Society of t					53-02337		
Pa	rt I	Reason for Public Charity	y Status (All oi	rganizations must c	omplete	this par	t.) See instructio	ns.	
The	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .								
4		A medical research organization oper	rated in conjunction	with a hospital describe	d in sectio	n 170(b)(1)(A)(iii). Enter the		
	hospital's name, city, and state:								
5		An organization operated for the bene	fit of a college or ur	niversity owned or operate	ed by a gov	/ernmenta	l unit described in		
		section 170(b)(1)(A)(iv). (Complete F	_		, ,				
6	П	A federal, state, or local government	•	nit described in section 1	70(b)(1)(A)(v)			
7	Ħ	An organization that normally receives	-				the general public		
•	ш	described in section 170(b)(1)(A)(vi)	•		minomarc	iiiit or iroiii	tile general public		
8	П	A community trust described in section	` .	,					
9	H	•		, ,	tad in aan	lunation w	ith a land grant called		
9	Ш	An agricultural research organization					•	je	
		or university or a non-land-grant collec	ge of agriculture (se	ee instructions). Enter the	name, city	, and state	or the college or		
	5.7	university:	(4) 11 00	4/00/ 5:1					
10	X	An organization that normally receives	• •	• • •					
		receipts from activities related to its ex	•		. ,				
		support from gross investment income		•		,	om businesses		
		acquired by the organization after Jur				•			
11	Ц	An organization organized and operation	ted exclusively to te	est for public safety. See	section 5	09(a)(4).			
12	Ш	An organization organized and operate	ed exclusively for the	ne benefit of, to perform the	ne function	s of, or to	carry out the purpose	s	
		of one or more publicly supported org	anizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	
		Check the box in lines 12a through 12	d that describes the	e type of supporting orgar	nization an	d complete	e lines 12e, 12f, and 1	2g.	
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
	supporting organization. You must complete Part IV, Sections A and B.								
	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.								
	С	Type III functionally integrated.			ection with	n. and fund	ctionally integrated wi	th.	
		its supported organization(s) (see		•				,	
	d	Type III non-functionally integra	,	-				n(s)	
	-	that is not functionally integrated.	•	•			•	` '	
		requirement (see instructions). Yo					and an automivorious	,	
	е	Check this box if the organization	-				vne II Tyne III		
	·	functionally integrated, or Type III				и турст, т	ype ii, Type iii		
	f	Enter the number of supported organiz	•	egrated supporting organ	ization.				
		Provide the following information about		ranization(e)					
	g	_			()- A - 4		(-)	(-1) A	
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	0	(v) Amount of monetary support (see	(vi) Amo	
				above (see instructions))	docum	ent?	instructions)	instruc	
					Vaa	Na			
					Yes	No			
(A)									
(B)									
(C)									
(D)									
<u></u>									
(E)									
T-4-									
Tota	1								

Part II

90 or 990-EZ) 2016 Audubon Naturalist Society of the Central Atlantic 53-0233715 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.)

Sec	tion A. Public Support	- quality		,			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 • •						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support . Add lines 7 through 10 •						
12	Gross receipts from related activities, etc. (s	ee instructions)				. 12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶□
	tion C. Computation of Public Su	• •					
14	Public support percentage for 2016 (line 6, c	olumn (f) divided	by line 11, column ((f))		· 14	%
15	Public support percentage from 2015 Sched	*					%
16a	33 1/3% support test - 2016. If the organiz			·	<u>.</u>		
	box and stop here. The organization qualifi						▶ ⊔
b	33 1/3% support test - 2015. If the organiz						
	this box and stop here. The organization qu						▶ ⊔
17a	10%-facts-and-circumstances test - 2016	•					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact		•	•	. ,		
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2015	· ·		•		line	
	15 is 10% or more, and if the organization n						
	Explain in Part VI how the organization mee			•		•	
							▶ ∐
18	Private foundation. If the organization did instructions						▶ □

53-0233715

90 or 990-EZ) 2016 Audubon Naturalist Society of the Central Atlantic 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						
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,659,065	444,807	1,631,357	1,612,348	2,311,432	7,659,009
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,541,532	838,910	1,942,788	2,185,348		8,703,440
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total . Add lines 1 through 5	3,200,597	1,283,717	3,574,145	3,797,696	4,506,294	16,362,449
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	24,587	3,922	28,306	35,503		127,345
С	Add lines 7a and 7b	24,587	3,922	28,306	35,503	35,027	127,345
8	Public support. (Subtract line 7c from line 6.)						16,235,104
Se	ction B. Total Support						10,233,104
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	3,200,597	1,283,717	3,574,145	3,797,696	4,506,294	16,362,449
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources	675,849	133,212	67,234	72,836	75,441	1,024,572
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · ·	675,849	133,212	67,234	72,836	75,441	1,024,572
11	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.)	1,670	620	10,687	2,019	1,089	16,085
13	Total support. (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •	3,878,116	1,417,549	3,652,066	3,872,551	4,582,824	17,403,106
	First five years. If the Form 990 is for the or organization, check this box and stop here	·	econd, third, fourth		a section 501(c)(3		▶ 🔲
Se	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2016 (line 8, co	•	. , ,			15	93.29 %
16	Public support percentage from 2015 Schedu					16	90.51 %
	ction D. Computation of Investme			L (6)		4=	
17 10	Investment income percentage for 2016 (line		•	lumn (f))		17	6.00 %
18	Investment income percentage from 2015 Sc						9.00 %
	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organiza	tion	▶ 🏻
b	33 1/3% support tests - 2015. If the organiz line 18 is not more than 33 1/3%, check this						▶ 🔲
20	Private foundation. If the organization did n	ot check a box on l	ine 14, 19a, or 19b	, check this box an	d see instructions		▶ 🗍

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Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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.
- 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 (b) and (c) below.
- 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.
- 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 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- 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 10b below.
 - 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	- 14		
	4c		
,			
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
e A (F		or 990-	EZ) 2016

	ule A (Form 990 or 990-EZ) 2016 Audubon Naturalist Society of the Central Atlantic 53-0233715		Р	age !
Pai	rt IV Supporting Organizations (continued)		V	NI.
44	Hea the argenization accented a gift or contribution from any of the following persons?		Yes	No
	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 (b) and (c) below, the governing body of a supported organization?	112		
	A family member of a person described in (a) above?	11a 11b		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
000	tion B. Type i dupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	organizations and made contained or received the supplied to each period dating the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "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			
	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		
•	By reason of the relationship described in (2) did the ergonization's supported ergonizations have a			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sac	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in		ctions	:)·
a		13ti uc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.).
b				
C		(see i	nstruc	ctions
2	T	(000)	Yes	No
	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? <i>If "Yes," then in Part VI identify</i>			
	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		

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.

	ule A (Form 990 or 990-EZ) 2016 Audubon Naturalist Society of the Centr	al A	tlantic 53-023	3715	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (expla	in in Part VI). S	ee
	instructions. All other Type III non-functionally integrated supporting organi	zatior	ns must complete Sectio	ns A through E	
200	tion A - Adjusted Net Income		(A) Prior Year	(B) Current \	Year
56 6	tion A - Adjusted Net Income		(A) I IIOI Teal	(optional	l)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	llection of gross income or for management, conservation, or				
ma	nintenance 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			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current \	
			(71) THOI TOU	(optional	1)
	Aggregate fair market value of all non-exempt-use assets (see				
	structions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other				
	ctors (explain in detail in Part VI):				
	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	1 /	5			
	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current Yea	ar
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2		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				

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

6

EEA

emergency temporary reduction (see instructions)

	12			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3			557 <u>2</u> 5
Sec	ction D - Distributions	, <u> </u>	,	Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
_4	Amounts paid to acquire exempt-use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	,		
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
—a				
	Excess from 2013			
	Excess from 2014			

d Excess from 2015e Excess from 2016

. . . .

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Nam	e of organization				Employer i	dentification number	•
Au	dubon Naturalist Society of				53-0233		
Pai	rt I-A Complete if the organi	ization is exempt under secti	on 501(c) or is	a section s	527 orga	nization.	
1	Provide a description of the organization's	direct and indirect political campaign ac	tivities in Part IV. (s	see instructions	for		
	definition of "political campaign activities")						
2	Political campaign activity expenditures (se	,			> \$		
3	Volunteer hours for political campaign acti	vities (see instructions)					
Pai	rt I-B Complete if the organi	ization is exempt under secti	on 501(c)(3).				
1	Enter the amount of any excise tax incurre	ed by the organization under section 495	5		> \$		
2	Enter the amount of any excise tax incurre	ed by organization managers under section	on 4955 • • •		▶ \$		
3	If the organization incurred a section 4955	tax, did it file Form 4720 for this year?				. Yes	No
4a	Was a correction made?					. Yes	No
b	If "Yes," describe in Part IV.						
Pai	rt I-C Complete if the organi	ization is exempt under secti	on 501(c), exc	ept section	501(c)(3).	
1	Enter the amount directly expended by the	e filing organization for section 527 exem	pt function				
	activities				> \$		
2	Enter the amount of the filing organization	's funds contributed to other organizatior	s for section				
	527 exempt function activities				> \$		
3	Total exempt function expenditures. Add lin	nes 1 and 2. Enter here and on Form 11	20-POL,				
	line 17b · · · · · · · · · · · · · · · · · · ·						
4	Did the filing organization file Form 1120-POL for this year? Yes N						No
5	Enter the names, addresses and employe						
	organization made payments. For each or	ganization listed, enter the amount paid	from the filing orga	nization's funds.	Also enter		
	the amount of political contributions receiv	ed that were promptly and directly delive	red to a separate p	oolitical organiza	ation, such		
	as a separate segregated fund or a political	al action committee (PAC). If additional s	pace is needed, pr	ovide informatio	n in Part IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount	naid from	(e) Amount of political	_
	(a) Hamo	(b) / (daroos	(0) =::1	filing organi	zation's	contributions received a	
				funds. If none,	enter -0	promptly and directly delivered to a separate	
						political organization. I	
						none, enter -0	
(4)							
(1)							
(2)							
(2)							
(2)							_
(3)							
(4)							
(4)							
<i>(</i> =\							_
(5)							
							_
(6)							

lubon Naturalist Society of the Central Atlantic 53	53	Atlantic	Central	the	ο£	Society	Naturalist	lubon
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Pa	complete if the organization i section 501(h)).	s exempt under section 501(c)(3) and filed	Form 5768 (elec	tion under			
		affiliated group (and list in Part IV each affiliated group mer	mber's				
	name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check if the filing organization checked box A	and "limited control" provisions apply.					
	Limits on Lobbyir		(a) Filing	(b) Affiliated			
	(The term "expenditures" mea	ns amounts paid or incurred.)	organization's totals	group totals			
1a	Total lobbying expenditures to influence public opinio	n (grass roots lobbying)	6,190				
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	11,496				
С	Total lobbying expenditures (add lines 1a and 1b)		17,686				
d	Other exempt purpose expenditures		3,469,463				
е	Total exempt purpose expenditures (add lines 1c and	1d)	3,487,149				
f	Lobbying nontaxable amount. Enter the amount from	the following table in both					
	columns.		324,357				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not over \$500,000	20% of the amount on line 1e.					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.					
	Over \$17,000,000	\$1,000,000.					
g	Grassroots nontaxable amount (enter 25% of line 1f)		81,089				
h	Subtract line 1g from line 1a. If zero or less, enter -0-						
i	Subtract line 1f from line 1c. If zero or less, enter -0-						
j	If there is an amount other than zero on either line 1h	or line 1i, did the organization file Form 4720					
	reporting section 4911 tay for this year?						

4-Year Averaging Period Under section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total			
2a	Lobbying nontaxable amount	213,909	315,988	324,915	324,357	1,179,169			
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,768,754			
С	Total lobbying expenditures	2,785	6,369	1,366	17,686	28,206			
d	Grassroots nontaxable amount	53,477	78,997	81,229	81,089	294,792			
е	Grassroots ceiling amount (150% of line 2d, column (e))					442,188			
f	Grassroots lobbying expenditures	2,275	2,145	478	6,190	11,088			

EEA Schedule C (Form 990 or 990-EZ) 2016 Schedule C (Form 990 or 990-EZ) 2016

Part II-B Complete or 990-EZ) 2016 Audubon Naturalist Society of the Central Atlantic 53-0233715 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	cook "Voc." responses to lines 10 through 11 holesy provide in Part IV a detailed	(;	a)	(b)
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Mailings to members, legislators, or the public?			
d				
e	Publications, or published or broadcast statements?			
f	Direct contact with legislators, their staffs, government officials, or a legislative body?			
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	ction
	33.(3)(3).			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or se	ction
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O	R (b)	Part	III-A, line 3, is
	answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · · ·		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Pai	rt IV Supplemental Information			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	es 1 an	d	

SCHEDULE D (Form 990)

Name of the organization

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.

Department of the Treasury
Internal Revenue Service
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Audubon Naturalist Society of the Central Atlantic 53-0233715 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included 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 treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

53-0	233715	Page

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, a	and other records, che	ck any of the followi	ng that are a signific	ant use of its	
	collection items (check all that apply):					
а	Public exhibition	d Loan	or exchange progra	ms		
b	b Scholarly research e Other					
С	Preservation for future generations	_				
4	Provide a description of the organization's collect	ions and explain how	they further the orga	nization's exempt n	urnose in Part	
	XIII.					
5						
•	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?					
Pai	rt IV Escrow and Custodial Arrang		the organization's co	Dilection: • •		· 162 140
ı a	Complete if the organization an		Form 000 Part	IV line 0 or rer	oorted an amoun	t on Form
	990, Part X, line 21.	swered res on	1 01111 330, 1 art	iv, inte 5, or tep	onted an amoun	it off i offit
4-	·			b		
1a	Is the organization an agent, trustee, custodian o					
_						· U Yes U No
b	If "Yes," explain the arrangement in Part XIII and	complete the following	g table:		<u> </u>	
					Amo	ount
С	Dogining balance			⊢ :	С	
d	riadiaono adinig aro you.			<u> </u>	d	
е	Distributions during the year			<u>1</u>	е	
f	Ending balance			<u>1</u>	f	
2a	Did the organization include an amount on Form	990, Part X, line 21, f	or escrow or custodia	al account liability?		· · U Yes U No
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if the explana	ation has been provid	ded on Part XIII		
Pa	rt V Endowment Funds.					
	Complete if the organization an	swered "Yes" on	Form 990, Part	IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	351,067	267,077	283,692	283,692	283,692
b	Contributions	_	-	-		
С	Net investment earnings, gains, and					
	losses	20,228	21,128	(16,615)		
d	Grants or scholarships			(==,===,		
е	Other expenditures for facilities and					
_	programs	8,540	4,513			
f	Administrative expenses	0,510	1,313			
g	End of year balance	362,755	283,692	267,077	283,692	283,692
2	Provide the estimated percentage of the current y				203,092	203,092
a	Board designated or quasi-endowment	%	rg, column (a)) nek	u as.		
h	Permanent endowment 100.00 %					
	Temporarily restricted endowment	%				
С	· · · ·					
2-	The percentages in lines 2a, 2b, and 2c should e		hat are hald and adn	ainiatorad for the		
3a	Are there endowment funds not in the possession	i oi tile organization ti	nat are nelu anu aun	ministered for the		Vaa Na
	organization by:					Yes No
	(i) unrelated organizations · · · · · · · · · · · · · · · · · · ·					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" on 3a(ii), are the related organizations list	•				3b
4	Describe in Part XIII the intended uses of the organization		nt funds.			
Pai	rt VI Land, Buildings, and Equipm		F 000 P	D. / Post 44 - Os	- F 000 B	4. W. Para 40
	Complete if the organization an	swered "Yes" on	Form 990, Part	TV, line TTa. Se	e Form 990, Par	t X, line 10.
	Description of property	(a) Cost or other	1 ' '		Accumulated	(d) Book value
		(investmer	nt) (c	other)	depreciation	
1a	Land		1,2	254,483		1,254,483
b	Buildings		4	495,000	234,084	260,916
С	Leasehold improvements		1,5	573,273	784,462	788,811
d	Equipment			502,492	345,467	157,025
е	Other			106,550		106,550
Total	Add lines 1a through 1e (Column (d) must equ	al Form 000 Part V			•	2 567 705

Part VII	Investments - O	ther Securities	•						
	0 1 1 15 11		1 115 / 11	_	000 D (I) / I'	441 0	_	000 B ()/ !!	

	Complete if the organization ans	swered "Yes" on Form 990,	Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year marke	
(1) Financial o	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
	must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII	Investments - Program Relate Complete if the organization and		Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		+		
(8)				
	must sound Form 000 Part V and (P) line 42	•		
Part IX	must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
1 0110 121	Complete if the organization ans	swered "Yes" on Form 990,	Part IV, line 11d. See Form 990	, Part X, line 15.
	- 1	(a) Description	,	(b) Book value
(1)		(1)		(4) 22311121
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B)	line 15.) • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. Complete if the organization ans	swered "Yes" on Form 990,	Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	must equal Form 990, Part X, col. (B) line 25.)	>		

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

га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ic pei ix	ctui	
1	Total revenue, gains, and other support per audited financial statements		1	4,520,662
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1,520,002
a		,217		
b		,814		
С	Recoveries of prior year grants	73==		
d		2,316		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e	495,347
3	Subtract line 2e from line 1	[3	4,025,315
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			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · · ·		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,025,315
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	nses pe	r Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	3,786,279
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		,814		
b	Prior year adjustments	-		
С	Other losses			
d	Other (Describe in Part XIII.) 2d 262 Add lines 2a through 2d	2,316		
e	Subtract line 2e from line 1		2e	299,130
3	1 1		3	3,487,149
4	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 4a			
a b	Other (Describe in Part XIII.) • • • • • • • • • • • • • • • • • • •	_		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	-	5	3,487,149
	rt XIII Supplemental Information.			371077213
Prov	ide 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	e 4; Part X,	, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			
01	. Other revenues not included on Form 990 (Part XI, lin	e 2d))	
Ren	tal Expenses Reported as Reduction in Revenue \$233,152. Special Event Ex	penses		
Rep	orted as Reduction in Revenue \$29,164.			

EEA Schedule D (Form 990) 2016

EEA Schedule D (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Audubon Naturalist Society of the Central Atlantic						53-0233715	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have r control of outions?	(iv) Gross receipts from activity	(or ret	ount paid to ained by) er listed in bl. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			.,	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through After Dark None col. (c)) (event type) (total number) (event type) Revenue Gross receipts 66,648 66,648 2 Less: Contributions Gross income (line 1 minus 66,648 66,648 Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment Other direct expenses 29,164 29,164 Direct expense summary. Add lines 4 through 9 in column (d) 29,164 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: **a** Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Emp

Audubon Naturalist Society of the Central Atlantic 53-

OMB No. 1545-0047

Open to Public

1990. Inspection
Employer identification number

53-0233715

01. Members or stockholder classes and rights (Part VI, line 6) Audubon Naturalist Society members support ANS' vision of creating a larger, more diverse community of people who treasure the natural world and work to preserve it. Member support enables ANS to deliver high quality environmental education for all ages and lead advocacy work to protect and restore clean streams, healthy habitats, and special natural places in the DC metro region. In compliance with the organization's bylaws, all members are entitled to vote at the ANS annual meeting of the members. 02. Member election for additional members (Part VI, line 7a) Audubon Naturalist Society (ANS) board members are nominated by the governance/nominating committee and elected by ANS members at the organization's annual meeting. ANS board members are elected for staggered three year terms, with a two-term limit. 03. Governing body decisions (Part VI, line 7b) Members of the Audubon Naturalist Society (ANS) elect new board members each year at the organization's annual meeting. ANS bylaws can be amended only by member vote. 04. Form 990 governing body review (Part VI, line 11) The Form 990 is prepared by an independent accounting firm and then reviewed in detail by the Audubon Naturalist Society's Treasurer and a working group of the Finance Committee and senior management, and presented to the Board of Directors before filing. 05. Conflict of interest policy compliance (Part VI, line 12c) Upon joining the Audubon Naturalist Society (ANS) Board of Directors and/or its committees, and annually thereafter, members sign and date a conflict of interest

Schedule O (Form 990 or 990-EZ) (2016) Page 2

Employer identification number Name of the organization Audubon Naturalist Society of the Central Atlantic 53-0233715 disclosure statement. This statement is given to the board president by ANS board members or to the committee chairperson by non-board members serving on the ANS committees. Salaried staff also sign and date a disclosure statement. Disclosure of actual, potential and perceived conflicts of interest is a normal, routine practice at board, committee and staff meetings. If a board member or staff member makes a conflict of interest disclosure, it is documented in the meeting minutes. 06. CEO, executive director, top management comp (Part VI, line 15a) The process for determining the executive director's compensation was negotiated at the time of hire and documented through the executive director's employment agreement that required an annual performance review by the Board of Directors. 07. Other officer or key employee compensation (Part VI, line 15b The compensation of other key employees is approved annually through the ANS budgeting process. Every few years, comparability data and market trends in the non-profit community are used to ensure that salaries of other key employees are in line with regional sector norms. This data, along with tenure and performance, are used to review and adjust compensation on an annual basis. 08. Governing documents, etc, available to public (Part VI, line 19) ANS' IRS Form 990 and audited financial statements are posted on the ANS website and are available upon request. Other organizational documents are available upon request. 09. Audited by an independent accountant (Part XII, line 2b) The Audubon Naturalist Society (ANS) finance committee provides oversight of selection of an independent audit firm.

Schedule O (Form 990 or 990-EZ) (2016)

Page 2

Name of the organization	Employer identification number
Audubon Naturalist Society of the Central Atlantic	53-0233715
10. List of other fees for services expenses (Part IX, line 11g)	
G - 11' - 1 G - 1 G - 1 - 4501 406	
Consulting and Contract Services \$581,406.	
11. General explanation attachment	
Form 990 Part III - Line 4A (Continuation)	
Total Jyb Tale III Bine III (concinaacion)	
Our adult environmental education program bring more than 2,000 pe	eople into nature each
year to de-stress, unplug and connect with the natural world. ANS	educational programs
serve more than 28,000 people annually.	

Statement of Program Service Accomplishments

2016 PG01

Name(s) as shown on return

Audubon Naturalist Society of the Central Atlantic

Your Social Security Number

53-0233715

Form 990-Part III(a) Statement of Service Accomplishment

Statement #4

Program Service Code

Program Service Expenses \$397579

Grants and allocations included in above expense \$0

Program Services Revenue \$0

Explanation

Membership and Volunteer Programs - Audubon Naturalist Society has the annual support of more than 4,500 member households representing approximately 10,000 individuals in the DC metro region. Members participate in ANS environmental education programs, support conservation programs through grassroots advocacy and environmental stewardship, and provide volunteer support in many capacities. Annually, more than 550 people volunteer for the society by serving on the Board of Directors and its committees, monitoring the water quality of local streams, maintaining and improving ANS nature sanctuaries, leading nature education programs, working in our Woodend Sanctuary shop, representing ANS at community events, supporting office functions, and testifying at public hearings.