			Return	of Organization E	Exempt	From I	nco	me Tax	kat (transford		0. 1545-0047	
Forr	. 9	90	Under section 501	I(c), 527, or 4947(a)(1) of the Ir	nternal Reve	nue Code (e	xcept	private foundat	ions)	2	019	
	_	of the Treasury		ot enter Social Security numbe						Open	to Public	
		nue Service	► Infor	mation about Form 990 and its	and the second se	and an and the second s		form990.			pection	
AF	or th		ndar year, or tax yea	r beginning 07	/01,2019	, and endin	-			/30 , 20 ;		
Bo	heck if ap	nlicable	e of organization					D Employar ide	ntific	ation numbe	**	
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	Addre	e Doin	g Business As					83-1280				
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	Initial		00 18TH STREET					(202) 923	2-00)54	~	
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-	Ameni return		SHINCTON, DC 20	and the second			_	G Croce receipt		printer and printe	73,336	
	Applic	ng	e and address of principal of					H(a) Is this a grou subordinates			res X N	
				NW, SUITE 500, WASH	1			H(b) Are all subordi			res N	
	-	empt status:		01(c) (4) (insert no.)	4947(a)(1)	or 527	7			(see instructio	ns)	
			BONACTIONFUND.	- 1 - T - T - T - T - T - T - T - T - T				H(c) Group exemp				
Colorester I and	The local division of	Contraction of the Owner of the O	X Corporation Tri	ust Association Other		L Year of	format	ion: 2018 M	State of	of legal dom	icile: DC	
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se se				pore of the governing body (Part					Ą			
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cth				if necessary)					6		50.	
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	b	Net unrelate	d business taxable incon	ne from Form 990-T, line 34					7b		(
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ň				e 1h)		Y FOR		1,602,32			173.336	
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				, column (A), line 11e)	22 464	• • • • • •	Fill Protecting	10,00		L		
Expen			sing expenses (Part IX, c		32,464		-	255 45	2		201 006	
				lines 11a-11d, 11f-24e)				255,45		the second s	301,996	
				st equal Part IX, column (A), line				359,54	_		538,876	
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sse	20		(Part X, line 16)					1,478,49				
et A			es (Part X, line 26)					235,71	No. of Concession, name	and the second se	108,233	
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-	and the second data									X Yes	and the second se	
ror	raper	work Reduc	tion Act Notice, see the	separate instructions.						Form	990 (2019	

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(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

	Name of exempt organization or other filer, see in	nstructions.		Taxpayer identification number (TIN)	
Type or print	NATIONAL AUDUBON SOCIETY ACTI	ON FUND		83-1280515	
- File by the	Number, street, and room or suite no. If a P.O. bo		ctions	03 1200313	
due date for filing your	1200 18TH STREET NW, SUITE 50				
return. See	City, town or post office, state, and ZIP code. Fo		dress, see instructions.		
instructions.	WASHINGTON, DC 20036				
Enter the R	eturn Code for the return that this application	n is for (file	a separate application for	or each return)	01
Application	1	Return	Application		Return
Is For		Code	Is For		Code
Form 990 c	or Form 990-EZ	01	Form 990-T (corporat	ion)	07
Form 990-E	3L	02	Form 1041-A		08
Form 4720	(individual)	03	Form 4720 (other that	n individual)	09
Form 990-F	°F	04	Form 5227		10
Form 990-7	Г (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-7	Γ (trust other than above)	06	Form 8870		12
	ne No. ► 212 979-3000				
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Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Forr	n 990 (2019) Pag
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	AUDUBON ACTION FUND WORKS TO AMPLIFY THE WORK OF NATIONAL AUDUBON
	SOCIETY, AIMING TO BUILD BIPARTISAN SUPPORT FOR COMMON-SENSE
	SOLUTIONS TO ADDRESS TODAY'S GREATEST CONSERVATION CHALLENGES FACING
	BIRDS, PEOPLE, AND THE PLACES WE NEED.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X I If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$495,590. including grants of \$0,000.) (Revenue \$0.) ATTACHMENT 1
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 495,590.
JSA	Form 990 (20
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Form 9	90 (2019)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			37
•	complete Schedule A	1	Х	X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
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		Х
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			v
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		Х
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
20 -	If "Yes," complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
164		·		

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Form 990 (2019)

Page **4**

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part K, column (A), line 21 /f Yes, "complete Schedule I, Parts I and III 22 Did the organization answer Yos' to Part VII. Soction A, line 3, 4, or 5 about compensation of the organization former officers, directors, trustees, key employees, and highest compensated 23 x a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more 14an \$100,000 as of the back day of the yaer, that was issued after December 31, 2002? If Yes, "answer lines 24b through 24d and complete Schedule K, If Ylo," go to line 25a. 24a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 1 24a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year. 24a 25 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year! 1''.vs," complete Schedule L, Part I. 25a b Is the organization neary anount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or tamy mount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or tamy anount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or tamy	Part	V Checklist of Required Schedules (continued)		Yes	No
Part KL column (A), line 27 // "Vas," complete Schedule /, Parts Land III. 22 Did the organization answer "Vas" to Part VI. Section A. Line 3. 4. or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the mass \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Ves," answer line 2 44 a Did the organization have a tax-exempt bonds beyond a temporary period exception? 24a b Did the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? 24a c Did the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? 24a c Did the organization meets any account ofter than a relunding escreture at a structure the organization account ofter than archunding escreture any time during the year? 24a 2 did did contraction maintain an escreture second to the period exception? 24a 2 did to organization avere that it engaged in an excess benefit transaction with a disqualified person in a prior temp second in the year? 25a b Is the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of theored the second or founder, substantial contributor, or 35% controlled entity of charly meetored to any urrent or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, complete Schedule L, Part I. Did t	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	NO
Did the organization answer "Yes" to Part VII. Section A, Ine 3, 4, or 5 about compensation of the organization sourcent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule A, If Mo. go to Ine 25a. 23 Did the organization haves at the exempt bond issue with an outstanding principal amount of more than 5100,000 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 Mo. go to Ine 25a. 24a Did the organization invest any proceeds of its-exempt bonds beyond a temporary period exception? 24b C Did the organization and at a the second bonds outstanding at any time during the year? 24c Did the organization and at an an escress benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with and exceptions? 25b Did the organization acceptions? 27c Did the organization provide a grant or othera saltance to any othese schedule L, Part I.			22		Х
organization current and former officers, directors, trustees, key employees, and highest compensate and structure of the organization have a tax-exempt bond issue with an outstanding principal anount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer these 24b through 24d and complete Schedule K If Yob, go to line 25a . 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a c Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a c Did the organization mixest any nonceeds of tax-exempt bonds beyond a temporary period exception? 24a 2 Did the organization mixest any nonceeds of tax-exempt bonds beyond a temporary period exception? 24a 2 Did the organization avera that 'encaped in an excess benefit transaction with a disqualified person uning the year? 24a 2 Did the organization avera that 'encaped in an excess benefit transaction with a disqualified person in a prior person trans the year? 25b Did the organization report any amount on Part X. line 5 or 22, for receivables from or pay orbites to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity (nctuding an employee thereof) or fainty member of any of these parsons? 27 Did the organization proved a grant or other assistance to any of the organization any of the organization reports any tax-exempt back-duding an employee thereof or fainty member of any of these paronson? 27	23				
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conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asset? If "Yes," 32 complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 x a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 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 T <	0				
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		related organization? If "Yes," complete Schedule R, Part V, line 2.	36		
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 Int V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes I a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6 6 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. 1c X c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
19? Note: All Form 990 filers are required to complete Schedule O. 38 X It V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to applicable Image: Check if Schedule O contains a response or note to any line in this Part V a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Image: Check II b O check II b C check II b O check II b C check II b O check II b C		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6 b 1a 6 b b 1a 6 b c 1a 1a 6 c	art				
a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6 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 reportable gaming (gambling) winnings to prize winners? 1c X 030 2.000 Form 990 (24)		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
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 reportable gaming (gambling) winnings to prize winners? 1c X 300 2.000 Form 990 (24)				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			_		
reportable gaming (gambling) winnings to prize winners?			-		
J30 2.000	С				
	A	reportable gaming (gambling) winnings to prize winners?	-		
	1030	2.000 610600 7001 2/26/2021 10·1E·12 AM X 10 7 00 0102201 00042	Form		

Form	990 (2019)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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				
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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 10b			
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.)			
12 a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form 9	990 (2019)	NATIONAL AUDUBON SOCIETY ACTION FUND 83-128	0515	F	Page 6
Part	i VI 🛛 🤇	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
		esponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	C	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		Х
Sect	ion A. (Governing Body and Management			
				Yes	No
1a		ne number of voting members of the governing body at the end of the tax year 1a	:		
		are material differences in voting rights among members of the governing body, or			
	commit	governing body delegated broad authority to an executive committee or similar tee, explain on Schedule O.			
b	Enter th	he number of voting members included on line 1a, above, who are independent 1b	-		
2	Did any	r officer, director, trustee, or key employee have a family relationship or a business relationship with			
		er officer, director, trustee, or key employee?	2		X
3	Did the	organization delegate control over management duties customarily performed by or under the direct			37
	-	sion of officers, directors, trustees, or key employees to a management company or other person?	3	X	X
4		organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		v
5		organization become aware during the year of a significant diversion of the organization's assets?	5	X	X
6		organization have members or stockholders?	6	_ A	
7a		organization have members, stockholders, or other persons who had the power to elect or appoint	7.	x	
		more members of the governing body?	7a		
b		y governance decisions of the organization reserved to (or subject to approval by) members,	76		x
-		olders, or persons other than the governing body?	7b		
8		e organization contemporaneously document the meetings held or written actions undertaken during			
		r by the following:	8a	x	
a	-	verning body?	8b	X	
b		ommittee with authority to act on behalf of the governing body?	00		
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at anization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		x
Secti		olicies (This Section B requests information about policies not required by the Internal Revenue	-))	
0000			0000	Yes	No
10-2	Did the	organization have local chapters, branches, or affiliates?	10a		Х
		did the organization have written policies and procedures governing the activities of such chapters,			
b		s, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
		be in Schedule O the process, if any, used by the organization to review this Form 990.			
		organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
		fficers, directors, or trustees, and key employees required to disclose annually interests that could give			
		conflicts?	12b	х	
с		e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
U		e in Schedule O how this was done	12c	X	
13		organization have a written whistleblower policy?	13	Х	
14		organization have a written document retention and destruction policy?	14	Х	
15		process for determining compensation of the following persons include a review and approval by			
		Indent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		janization's CEO, Executive Director, or top management official	15a		Х
b	-	fficers or key employees of the organization	15b		Х
		to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a t	axable entity during the year?	16a		Х
b		" did the organization follow a written policy or procedure requiring the organization to evaluate its			
		ation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organiz	ation's exempt status with respect to such arrangements?	16b		
Secti		isclosure			
17	List the	states with which a copy of this Form 990 is required to be filed ► <u>ATTACHMENT</u> 2			
18	Section	6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Г (Sec	tion 5	01(c)
	<u>(3)s</u> onl	y) available for public inspection. Indicate how you made these available. Check all that apply.			
	X O	wn website Another's website X Upon request Other (explain on Schedule O)			
19	Describ	e on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest p	olicy,
		ancial statements available to the public during the tax year.			
20	State th	ne name, address, and telephone number of the person who possesses the organization's books and recor ATLEY 225 VARICK STREET NEW YORK, NY 10014 212-979-3000	ds ►		
	NEETA H	AILEY 225 VARICK STREET NEW YORK, NY 10014 212-979-3000			
JSA			Form	990	(2019)

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(**C**)

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

		(C)								
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average	`				e than c		Reportable	Reportable	Estimated amount
	hours	box, unless person is both an officer and a director/trustee)						compensation	compensation	of other
	per week (list any							from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	irec	itutio	cer	emp	loye	ner		, , , , , , , , , , , , , , , , , , ,	related organizations
	organizations	br tr	onal		oloye	ë on				
	below dotted line)	Jste	trus		e	hpen				
	dotted line)	e	tee			Highest compensated employee				
						<u>a</u>				
(1) DAVID M YARNOLD	2.00									
CHIEF EXECUTIVE OFFICER	40.00			Х				0.	1,111,195.	42,151.
(2) STEPHEN E. MEYER	2.00									
VICE PRESIDENT	40.00	1		Х				0.	358,429.	52,109.
(3) DAVID J O'NEILL	2.00									
PRESIDENT (THRU 05/2020)	40.00	1		Х				0.	363,520.	36,284.
(4) MARY BETH HENSON	2.00									
TREASURER	40.00	1		Х				0.	298,406.	23,184.
(5)LORRAINE A SCIARRA	2.00									
SECRETARY	40.00			Х				0.	274,762.	22,635.
(6) MIKE CONNOR	2.00									
CHAIR	8.00	X		Х				0.	0.	0.
(7) LEIGH ALTADONNA	2.00									
DIRECTOR	0.	X						0.	0.	0.
(8) DAVID HARTWELL	2.00									
DIRECTOR (AS OF 10/2019)	8.00	X						0.	0.	0.
(9) STEPHEN TAN	2.00									
DIRECTOR	8.00	X						0.	0.	0.
(10)										
<u>(11)</u>		-								
<u>(12)</u>		-								
(13)										
(14)										
	1									

JSA 9E1041 2.000 Form 990 (2019)

Part VII	Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	bye	es,	and H	lig	hest Compensat	ed Employ	yees (c	continue	ed)	
	(A) Name and title		hours per week (list any hours for (do not check more than one box, unless person is both an officer and a director/trustee) compensation from compensation					compensati relate organiza	Reportable Es ompensation from an related organizations com			of ion		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	org: and	om the anizatio d relate inizatio	on ed
			-											
			-											
			-											
			-											
			-											
			-											
			-											
			-											
			-											
1b Sub-tot c Total fi	al rom continuation sheets to Part VII, S	Section A		• •		••			0.	2,406	,312. 0.	1	.76,	363 0
d Total (a	add lines 1b and 1c)							► D re	0.			1	76,	363
	ble compensation from the organization		0							¢.00,000			Yes	No
	e organization list any former offi ee on line 1a? <i>If "Yes," complete Sche</i> o											3	103	X
4 For an	y individual listed on line 1a, is the action and related organizations g	sum of rep	oortab	ole d	com	per	satior	n a	nd other compens	sation from	the	5		
individu	ıal			• •		• •		• •				4	Х	
for serv	y person listed on line 1a receive of vices rendered to the organization? If "											5		X
1 Comple	Independent Contractors ete this table for your five highest cor insation from the organization. Report													
	(A) Name and business ac	dress							(B) Description of se	ervices	C	(C) Compens	ation	
								-						
								+						
	umber of independent contractors (nan \$100,000 in compensation from t				nite	d to 0		e l	isted above) who	received				

Form 990 (2019)

Part VIII Statement of Revenue

Г

		Check if Schedule O contains a response or note	e to any line in this Part \	/		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
٥Ĕ	c	Fundraising events 1c				
fts r A	d	Related organizations				
ila	e	Government grants (contributions)				
ns,	f	All other contributions, gifts, grants,				
ř.	'		3,336.			
the		Noncash contributions included in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	g		EDE			
and			.,525.			
	n	Total. Add lines 1a-1f				
đ		Business	Code			
vic	2a					
ue Ser	b					
, en de	С					
Re	d					
Program Service Revenue	е					
<u>г</u>	f	All other program service revenue				
	g	Total. Add lines 2a-2f	. • 0.			
	3	Investment income (including dividends, interest,				
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds	. • 0.			
	5	Royalties				
		(i) Real (ii) Pers	onal			
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	с	Rental income or (loss) 6c				
	d	Net rental income or (loss)	. • 0.			
	7a	Gross amount from (i) Securities (ii) Oth	ner			
		sales of assets				
		other than inventory 7a				
ē	b	Less: cost or other basis				
Revenue		and sales expenses 7b				
ev	с	Gain or (loss) 7c				
	d	Net gain or (loss)	. • 0.			
Other	8a	Gross income from fundraising				
õ		events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18	0.			
	b	Less: direct expenses	0.			
	c	Net income or (loss) from fundraising events	0.			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 9a	0.			
	b	Less: direct expenses	0.			
	c	Net income or (loss) from gaming activities	. • 0.			
	10a	Gross sales of inventory, less				
		returns and allowances	0.			
	b	Less: cost of goods sold	0.			
	c b	Net income or (loss) from sales of inventory	. • 0.			
s		Business				
Miscellaneous Revenue	11a					
ane	b					1
ell; šve						
Sc	c d	All other revenue				1
Σ	e	Total. Add lines 11a-11d	. • 0.			
	12	Total revenue. See instructions				

	AL AUDUBON SOCIETY	ACTION FUND	83-1	280515 Page 1
Part IX Statement of Functional Expe				
Section 501(c)(3) and 501(c)(4) organizations	must complete all column	s. All other organization	ns must complete colu	mn (A).
Check if Schedule O contains a	response or note to any lin	e in this Part IX		
Do not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	7b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organization and domestic governments. See Part IV, line 21	10 000	10,000.		
2 Grants and other assistance to domes individuals. See Part IV, line 22	0			
3 Grants and other assistance to forei organizations, foreign governments, and forei individuals. See Part IV, lines 15 and 16	gn gn 0.			
4 Benefits paid to or for members				
5 Compensation of current officers, directo trustees, and key employees		10,941.		
6 Compensation not included above to disqualif persons (as defined under section 4958(f)(1)) a persons described in section 4958(c)(3)(B)	and			
7 Other salaries and wages	• •	156,163.		5,223
 8 Pension plan accruals and contributions (inclused section 401(k) and 403(b) employer contribution 	Ide	150,105.		37223
9 Other employee benefits		52,984.		1,569
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	0.			
b Legal		8,915.	340.	
c Accounting	E 200		5,300.	
d Lobbying	100 700	196,723.		
e Professional fundraising services. See Part IV, line				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, co				
(A) amount, list line 11g expenses on Schedule O.)	6 600	6,450.	150.	
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology		229.		
15 Royalties	0.			
16 Occupancy	0.			
17 Travel		47.		
18 Payments of travel or entertainment expense				
for any federal, state, or local public officials	. 0.			
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	0.			
24 Other expenses. Itemize expenses not cover above (List miscellaneous expenses on line 24e. line 24e amount exceeds 10% of line 25, colum	lf nn			
(A) amount, list line 24e expenses on Schedule				04.000
a FUNDRAISING SVC FROM AUDUBON			4 0 2 0	24,000
bDUES & SUBSCRIPTIONS	4,038.		4,038.	
cSERVICE BUREAUS	994.	FD 100	994.	1 (20
d ^{All} other expenses	54,810.	53,138.		1,672
e All other expenses		405 500	10.000	
 25 Total functional expenses. Add lines 1 through 2 26 Joint costs. Complete this line only if to organization reported in column (B) joint confrom a combined educational campaign a fundraising solicitation. Check here ► 	the sts	495,590.	10,822.	32,464
following SOP 98-2 (ASC 958-720)				

0.

JSA

following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Form 990 (2019)

Page	1	1

	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	769,076.	1	501,246
2	Savings and temporary cash investments.	0.	2	(
3	Pledges and grants receivable, net	709,422.	3	484,232
4	Accounts receivable, net.	0.	4	(
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
7	Notes and loans receivable, net	0.	7	
8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	0.	9	
10	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
1	Less: accumulated depreciation	0.	10c	
11	Investments - publicly traded securities	0.	11	
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,478,498.	16	985,47
17	Accounts payable and accrued expenses	9,329.	17	26,92
18	Grants payable	0.	18	
19	Deferred revenue.	0.	19	
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
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	226,384.	25	81,30
26	Total liabilities. Add lines 17 through 25	235,713.	26	108,23
27 28 29 30 31 32	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	33,363.	27	314,53
28	Net assets with donor restrictions	1,209,422.	28	562,71
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	1,242,785.	32	877,24
1	Total liabilities and net assets/fund balances	1,478,498.	33	985,47

		~ ~ ~			
NATIONAL	AUDUBON	SOCIETY	ACTION	FUND	

Form 99	90 (2019)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.73,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		538,8	
3	Revenue less expenses. Subtract line 2 from line 1	3	- 3	365,5	540.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,2	242,7	/85.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	8	377,2	245.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in		1	
	Schedule O.			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor				
	reviewed on a separate basis, consolidated basis, or both:	•		1	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis			1	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiaht of			
•	the audit, review, or compilation of its financial statements and selection of an independent accounts	•	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the			
vu	Single Audit Act and OMB Circular A-133?		3a		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lerao the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•	3b		
			Form	990	(2019)

Schedule B

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

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

NATIONAL AUDUBON SOCIETY ACTION FUND

Employer identification number

83-1280515

Organization type (check one):

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA 9E1251 1.000

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$51,525.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization NATIONAL AUDUBON SOCIETY ACTION FUND

Employer identification number 83-1280515

Part II	Noncash Property (see instructions). Use duplicate copies	s of Part II if additional space is nee	eaed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
1			
		\$51,525.	12/04/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)							P	Page 4
Name of organization	NATIONAL	AUDUBON	SOCIETY	ACTION	FUND		Employer identification number	
							83-1280515	

Part III	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) throug the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charit contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$Use duplicate copies of Part III if additional space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transf	er of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		er of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		er of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee	
				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	

SCHEE	DULE D
(Form	990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

20

OMB No. 1545-0047

19

Name of the organization	
Internal Revenue Service	
Department of the Treasury	

Name	e of the organization	Employer identification number
NAT	FIONAL AUDUBON SOCIETY ACTION FUND	83-1280515
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
4		(),
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes 🛄 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	ds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	v other purpose
	conferring impermissible private benefit?	Yes 🔛 No
Pa	Int II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in \underline{t}	a form of a conservation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
_		
a		2a
b		2b
С		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	▶\$	<u> </u>
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
5	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	•
	organization's accounting for conservation easements.	
Pa	Int III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
4.0		atotoment and belance about works
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resea	rch in furtherance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶\$
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	• \$
b	Assets included in Form 990, Part X	
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019

NATIONAL AUDUBON SOCIETY ACTION FUND

Sched	dule D (Form 990) 2019				1 1 0112	-		00 120		P	age 2
-	rt III Organizations Maintain	ing Collections o	f Art, Histo	rical Tre	asures,	or Othe	r Similar /	Assets (d	continue		
3	Using the organization's acquisition	on, accession, and	other recor	ds, checl	k any of	the follo	wing that r	nake sigr	nificant u	se o	f its
	collection items (check all that app	ly):									
а	Public exhibition		d 🗌	Loan d	or exchar	nge progr	am				
b	Scholarly research		е	Other							
С	Preservation for future gene	rations									
4	Provide a description of the organ	nization's collection	ns and expl	ain how t	they furth	ner the c	organization	's exemp	t purpose	e in	Part
	XIII.										
5	During the year, did the organization										-
_	assets to be sold to raise funds rath		itained as pa	art of the o	organizat	ion's colle	ection?		Yes		No
Pa	rt IV Escrow and Custodial A	•				•					
	Complete if the organiza 990, Part X, line 21.	ation answered "Y	res" on For	m 990, F	Part IV, II	ne 9, or	reported a	in amoui	nt on Foi	m	
1.		a avatadian ar at	har internet	liantera	o o tributio						
Ta	Is the organization an agent, truster								Yes		No
b	included on Form 990, Part X? If "Yes," explain the arrangement i	n Dort VIII and con	anlata tha fa	llowing tok		• • • • •	• • • • • •	• • • • L	Tes		INO
b				nowing tat	ле.			Amount			
с	Beginning balance					1c		Amount			
	Additions during the year					1d					
e	Distributions during the year					le					
f	Ending balance					10 1f					
2a	Did the organization include an am						al account lia	ability?	Yes		No
b	If "Yes," explain the arrangement i										1
	rt V Endowment Funds.										<u> </u>
	Complete if the organiza	ation answered "\	es" on For	m 990, F	Part IV, li	ine 10.					
		(a) Current year	(b) Pric	or year	(c) Two	years back	(d) Three y	ears back	(e) Four y	ears b	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage			e (line 1g,	column (a)) held a	IS:				
	Board designated or quasi-endown	ment ▶	%								
b	Permanent endowment ► Term endowment ►	%									
С	The percentages on lines 2a, 2b, a	_ / 0	100%								
3a	Are there endowment funds not in			ation that	are held	and adm	inistered for	the			
ou	organization by:		the organize			and dam			Y	'es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended	•									
Ра	rt VI Land, Buildings, and Equ	uipment.				in		000 5			
	Complete if the organiz Description of property		YES ON FO	1	part IV, I		See Form		I) Book valu		. <u> </u>
			estment)		ther)		preciation	(0) DOOK val		
1a	Land										
b	Buildings					_					
C	Leasehold improvements										
	Equipment.										
e	Other			V astro		10-1	×				
Iota	I. Add lines 1a through 1e. (Column	i (a) must equal Fo	rm 990, Part	x, columi	n (B), line	10C.)	<u></u>				

Schedule D (Form 990) 2019

(7) (8)	Schedule D (F	Form 990) 2019				Page 3
(a) Description of security or category (b) Book value (b) Book value (c) Mathed of valuation: Cost or end-dyser market value 2) Closely held equity interests	Part VII	Investments - Other Securities.				
(including name of security) Cost or end-dyser market value (2) Floaked advert values (2) Cloake yalue y interests (2) Cloake yalue y interests (2) Cloake yalue y interests (3) Other (3) (3) (3) (3) (3) (3) (3) (3) (3) (5) (3) (3) (3) (3) (6) (4) (4) (4) (4) (6) (4) (4) (4) (4) (6) (4) (4) (4) (4) (6) (4) (4) (4) (5) (4) (6) (4) (4) (5) (5) (5) (7) (4) (4) (5) (5) (7) (6) (4) (5) (5) (6) (7) (7) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6		Complete if the organization answered	"Yes" on Form 990	, Part IV, line	11b. See Form 990,	Part X, line 12.
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
	Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			<u></u>	81,305.

Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	5	
Part	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		K, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	nation.	

SEE PAGE 5

Schedule D (Form 990) 2019

JSA 9E1271 1.000 6106PB 700J 2/26/2021 10:15:12 AM V 19-7.9F SCHEDULE D, PART X, LINE 2

AUDUBON ACTION FUND IS INCLUDED WITHIN THE CONSOLIDATED FINANCIAL STATEMENTS OF NATIONAL AUDUBON SOCIETY. THE FOLLOWING FIN-48 FOOTNOTE IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS:

NATIONAL AUDUBON SOCIETY IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. AUDUBON ACTION FUND IS ORGANIZED UNDER IRC SECTION 501(C)(4).

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

NATIONAL AUDUBON SOCIETY HAS CALCULATED AN INCOME TAX PROVISION THAT IS IMMATERIAL FOR CONSOLIDATED FINANCIAL STATEMENT PURPOSES. IT HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

Schedule D (Form 990) 2019

NATIONAL AUDUBON SOCIETY ACTION FUND Part XIII Supplemental Information (continued)

NATIONAL AUDUBON SOCIETY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

FORM 990, SCHEUDLE D, PARTS XI AND XII

AUDUBON ACTION FUND'S OPERATIONS ARE CONSOLIDATED WITH THE RELATED ORGANIZATION, NATIONAL AUDUBON SOCIETY. IT IS NOT REQUIRED TO PRODUCE STANDALONE, AUDITED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)				Assistance f ndividuals i				OMB No. 1545-0047
(101111330)			-	swered "Yes" on F				2019
Department of the Treasury			-	ttach to Form 990		, 1110 21 01 22.		Open to Public
Internal Revenue Service		► Go	to www.irs.gov	//Form990 for the	atest information	ı.		Inspection
Name of the organization		IND					Employer identificati	
	ON SOCIETY ACTION F		0				83-128051	.5
	zation maintain records to s			e grante or assista	nce the grantees	' eligibility for the grant	e or assistance and	
-	eria used to award the grar			-	-			X Yes No
	IV the organization's proce							
	nd Other Assistance to I ne 21, for any recipient							es" on Form 990,
1 (a) Name an	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CONSERVA	TION COALITION	_						
	TON WISCONSIN 54912	82-2038028	501(C)(4)	10,000.				GENERAL SUPPORT
_(2)		_						
(3)		_						
(4)								
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						
2 Enter total numb	per of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total numb	per of other organizations lis	sted in the line	1 table	<u></u>		<u></u>	<u></u>	1.
3 Enter total numb		sted in the line	1 table					1

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

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

SCHEDULE I, PART I, LINE 2

GRANTEES ARE REQUIRED TO SUBMIT FINANCIAL AND PROGRAM REPORTS DURING THE

COURSE OF THE GRANT WORK ON A TIMELY BASIS AND TO PARTICIPATE IN AN

EVALUATION PROCESS.

Schedule I (Form 990) (2019)

SCH	EDULE J	Comper	ısa	tion Information	1	OMB No.	1545-0	0047
(Fori	n 990)	For certain Officers, Dire	ectors	s, Trustees, Key Employees, and Highest		എന	10	
				nsated Employees nswered "Yes" on Form 990, Part IV, line :	23	ZU)19	
Departn	nent of the Treasury	· · · · · · · · · · · · · · · · · · ·	Atta	ch to Form 990.		Open t		
	Revenue Service	Go to www.irs.gov/Forms	990 f	or instructions and the latest information			ectio	n
	of the organization	BON SOCIETY ACTION FUND			Employer identifica 83-12805		er	
Part		is Regarding Compensation			03-12003	110		
Fait	Question						Yes	No
1a	Check the app	propriate box(es) if the organization pro	ovide	ed any of the following to or for a pers	son listed on Fo	orm		
		Section A, line 1a. Complete Part III to						
	First-cla	ss or charter travel		Housing allowance or residence for	personal use			
	Travel fo	or companions		Payments for business use of perso	nal residence			
	Tax inde	emnification and gross-up payments		Health or social club dues or initiation	on fees			
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	pens	ses described above? If "No," con		to		
-					• • • • • • • • •	. 1b		
2	-	anization require substantiation prior						
	-	stees, and officers, including the CEC						
•								
3	organization's	 n, if any, of the following the organization CEO/Executive Director. Check all the ization to establish compensation of the ization. 	at ap	oply. Do not check any boxes for metho	ods used by a			
	Comper	nsation committee		Written employment contract				
	Indepen	dent compensation consultant		Compensation survey or study				
	Form 99	00 of other organizations		Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Par	t VII, Section A, line 1a, with respect t	o the filing			
а		verance payment or change-of-control p	-					X
b		or receive payment from, a suppleme						X
С		or receive payment from, an equity-ba				. 4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovic	le the applicable amounts for each in	tem in Part III.			
	Only costion	501(c)(3), 501(c)(4), and 501(c)(29) o		izationa must complete lines E O				
5		listed on Form 990, Part VII, Secti	-	-	v or ocorijo o			
5		isted on Form 990, Fait vii, Section contingent on the revenues of:		r, me ra, un me organization pa	ay of accide a			
а	-	ion?				. 5a		X
b		rganization?					1	X
		e 5a or 5b, describe in Part III.	-					
6	For persons	listed on Form 990, Part VII, Sect a contingent on the net earnings of:	ion ,	A, line 1a, did the organization pa	ay or accrue a	any		
а	The organizat	ion?				. 6a		Х
b	Any related of	rganization?				. 6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Section described on lines 5 and 6? If "Yes," d						x
8		ounts reported on Form 990, Part VII,						
	to the initial	contract exception described in	Reg	ulations section 53.4958-4(a)(3)? I	f "Yes," descri	ibe		
								Х
9		ine 8, did the organization also fol						
	Regulations s	ection 53.4958-6(c)?		<u></u>		. 9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DAVID J O'NEILL	(i)	0.	0.	0.	Ο.	0.	0.	0.
1PRESIDENT (THRU 05/2020)	(ii)	302,927.	50,000.	10,593.	22,065.	14,219.	399,804.	0.
STEPHEN E. MEYER	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{VICE PRESIDENT}	(ii)	336,598.	20,000.	1,831.	22,400.	29,709.	410,538.	0.
LORRAINE A SCIARRA	(i)	0.	0.	0.	0.	0.	0.	0.
3 ^{SECRETARY}	(ii)	264,428.	5,000.	5,334.	20,851.	1,784.	297,397.	0.
MARY BETH HENSON	(i)	0.	0.	0.	0.	0.	0.	0.
4TREASURER	(ii)	267,600.	10,000.	20,806.	22,400.	784.	321,590.	0.
DAVID M YARNOLD	(i)	0.	0.	0.	0.	0.	0.	0.
5 ^{CHIEF EXECUTIVE OFFICER}	(ii)	554,027.	527,500.	29,668.	22,400.	19,751.	1,153,346.	0.
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

Part III Supplemental Information

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

FORM 990, PART VII & SCHEDULE J, PART I

THE FOLLOWING INDIVIDUALS REPORTED ON AUDUBON ACTION FUND'S FORM 990

RECEIVE THEIR COMPENSATION FROM A RELATED ORGANIZATION, NATIONAL AUDUBON

SOCIETY: DAVID YARNOLD, DAVID O'NEILL, STEPHEN MEYER, LORRAINE SCIARRA

AND MARY BETH HENSON.

AUDUBON ACTION FUND REIMBURSES NATIONAL AUDUBON SOCIETY FOR THE SERVICES OF ITS EMPLOYEES. INDIVIDUALS WHO DO NOT MEET THE CRITERIA OF AN OFFICER, KEY EMPLOYEE OR HIGHLY COMPENSATED EMPLOYEE OF AUDUBON ACTION FUND ARE NOT DISCLOSED IN PART VII OR SCHEDULE J OF THE 990.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Open to Public

Name of the organization

NATIONAL AUDUBON SOCIETY ACTION FUND

5

Employer identification number 83-1280515

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		1	E1 E0E				
9	Securities - Publicly traded		1.	51,525.	FAIR MARK	E.I. /	/ALUI	<u>+</u> (
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►() Other ►() Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			
	- · ·		-				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least th	nree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement i							
31	Does the organization have a		tance policy that require	es the review of anv i	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use							
	contributions?	•	0			32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked.			
	describe in Part II.							

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

Schedule M (Form 990) 2019

Page 2

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

SCHEDULE M, PART I, LINE 31

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

SCHEDULE M, PART I, LINE 32B

TO THE EXTENT THAT THE ORGANIZATION RECEIVES DONATIONS OF SECURITIES, THE

INVESTMENT BROKER/MANAGER IS TASKED WITH SELLING THOSE SECURITIES.

Schedule M (Form 990) (2019)

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



Internal Revenue Service Name of the organization NATIONAL AUDUBON SOCIETY ACTION FUND

Employer identification number

PRINCIPAL OFFICER STATEMENT

AUDUBON ACTION FUND PRESIDENT, DAVID O'NEILL, LEFT THE ORGANIZATION IN

MAY 2020. ANDREW MILLS WAS APPOINTED PRESIDENT IN OCTOBER 2020.

FORM 990, PART VI, SECTION A, LINE 4

IN JUNE AND OCTOBER 2020, AUDUBON ACTION FUND AMENDED ITS BYLAWS TO

REFLECT THE ESTABLISHMENT OF THREE CLASSES OF MEMBERS: GOVERNING MEMBERS,

CONTRIBUTING MEMBERS AND ASSOCIATE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6

AUDUBON ACTION FUND HAS THREE CLASSES OF MEMBERS: GOVERNING MEMBERS, CONTRIBUTING MEMBERS AND ASSOCIATE MEMBERS.

A. GOVERNING MEMBERS CONSIST OF THE INDIVIDUALS WHO SERVE ON THE BOARD OF DIRECTORS.

B. CONTRIBUTING MEMBERS CONSIST OF INDIVIDUALS WHO PAY DUES ANNUALLY (BUT SHALL NOT HAVE OTHER MEMBERSHIP RIGHTS).

C. ASSOCIATE MEMBERS CONSIST OF INDIVIDUALS WHO AFFIRMATIVELY EXPRESS THEIR DESIRE TO BECOME MEMBERS OF THE CORPORATION AND HAVE THE RIGHT TO VOTE FOR ONE MEMBER OF THE BOARD OF DIRECTORS THROUGH THE PROCEDURES SET FORTH IN THE BYLAWS.

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

GOVERNING MEMBERS ARE AUTHORIZED TO VOTE FOR ALL BUT ONE DIRECTOR TO SIT

Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
NATIONAL AUDUBON SOCIETY ACTION FUND	83-1280515

ON THE BOARD OF DIRECTORS. THE RIGHT TO APPOINT THE LAST DIRECTOR IS RESERVED TO THE CONTRIBUTING AND THE ASSOCIATE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11

THE FORM 990 IS PREPARED BY NATIONAL AUDUBON SOCIETY STAFF IN CONJUNCTION WITH A NATIONALLY RECOGNIZED ACCOUNTING FIRM. THE DRAFT FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS OF AUDUBON ACTION FUND FOR REVIEW. THE BOARD MEETS WITH STAFF AND THE ACCOUNTING FIRM AND PROVIDES FEEDBACK. ONCE THE BOARD HAS SIGNED OFF ON THE FORM 990, AND AFTER ANY COMMENTS ARE INCORPORATED, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.

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FORM 990, PART VI, SECTION B, LINE 12C
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AUDUBON ACTION FUND'S CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS, PRINCIPAL OFFICERS, OR MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS. EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMEBR OF A COMMITTEE WITH BOARD DELEGATED POWERS IS REQUIRED TO SIGN AN ANNUAL STATEMENT, WHICH ELICITS INFORMATION WITH RESPECT TO POTENTIAL CONFLICTS. THE OFFICE OF GENERAL COUNSEL REVIEWS ANY POTENTIAL CONFLICTS. IN THE EVENT OF CONFLICT, THE INDIVIDUAL WHO HAS A CONFLICT MUST RECUSE HIM OR HERSELF FROM ANY PART OF ANY DISCUSSION OR DECISION THAT PERTAINS TO THE CONFLICT. THE BOARD, WITH THE ASSISTANCE OF THE GENERAL COUNSEL, MONITORS ADHERENCE TO AND COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION C, LINE 19 AUDUBON ACTION FUND'S FORM 990 IS AVAILABLE ON ITS WEBSITE. THE AUDITED

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Schedule O (Form 990 or 990-EZ) 2019				
Name of the organization	Employer identification number			
NATIONAL AUDUBON SOCIETY ACTION FUND	83-1280515			

CONSOLIDATED FINANCIAL STATEMENTS AND ANNUAL REPORT, WHICH INCORPORATES THE RESULTS OF AUDUBON ACTION FUND, ARE AVAILABLE TO THE PUBLIC ON NATIONAL AUDUBON SOCIETY'S WEBSITE. THE FORM 1024-A, CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

AUDUBON ACTION FUND AND ITS RELATED PARTY, NATIONAL AUDUBON SOCIETY'S CONSOLIDATED FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT. NATIONAL AUDUBON SOCIETY'S AUDIT & ETHICS COMMITTEE OF THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE AUDIT & ETHICS COMMITTEE HAS A POLICY THAT REQUIRES PERIODIC ROTATION OF ENGAGEMENT PARTNERS, AND REVIEW OF THE AUDITOR ENGAGEMENT.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

AUDUBON ACTION FUND, WORKING CLOSELY WITH OUR ADVOCACY PARTNER, NATIONAL AUDUBON SOCIETY, BUILDS BIPARTISAN SUPPORT FOR COMMON-SENSE SOLUTIONS TO THE GREATEST CONSERVATION CHALLENGES FACING BIRDS, PEOPLE, AND THE PLACES WE NEED. IT INTENDS TO ACCOMPLISH ITS MISSION BY MOBILIZING THE MILLIONS OF AMERICANS WHO CARE ABOUT BIRDS AND THE ENVIRONMENT TO ADVOCATE FOR CHANGE AT THE LOCAL, STATE, AND NATIONAL LEVEL. ITS WORK IS GROUNDED IN AND INFORMED BY SCIENCE AND THE CORE VALUES THAT DEMAND ITS WORK ADVANCE EQUITY, DIVERSITY AND INCLUSION. AUDUBON ACTION FUND WILL OPERATE ON THREE IMPORTANT THEORIES OF CHANGE IN ORDER TO

Employer identification number 83-1280515

ATTACHMENT 1 (CONT'D)

Page 2

ACCOMPLISH ITS MISSION INCLUDING: (1) PUBLIC EDUCATION: EDUCATING THE PUBLIC ON BIRDS AND CONSERVATION PRIORITIES. (2) LOBBYING: INFLUENCING LEGISLATION RELATING TO BIRDS AND CONSERVATION. (3) ELECTION-RELATED ACTIVITIY: EDUCATING THE PUBLIC ABOUT CANDIDATES' RECORDS AND POSITIONS.

AUDUBON ACTION FUND EXPANDED AND FOCUSED ITS EFFORTS IN INDIANA, FLORIDA, NORTH CAROLINA, AND SOUTH CAROLINA IN 2020. NEW DIGITAL TOOLS OPENED UP OPPORTUNITIES TO DEEPEN ENGAGEMENT WITH VOLUNTEERS AND TO ESTABLISH AN ONLINE PRESENCE THAT REACHES NEW SUPPORTERS, INCREASES THE FUND'S DONOR BASE, AND SUSTAINS MEMBERSHIP GROWTH AND PUBLIC ENGAGEMENT WELL INTO THE FUTURE.

IN FLORIDA, AUDUBON ACTION FUND HAS FOSTERED COLLABORATIVE EFFORTS TO REDUCE GREENHOUSE GAS EMISSIONS AND IMPLEMENT CLIMATE ADAPTATION STRATEGIES THROUGH REGIONAL COMPACTS, AND HELPED SECURE EXTENSION OF THE OIL-DRILLING MORATORIUM IN THE EASTERN GULF OF MEXICO. CLIMATE ADVOCATES ARE BEING TRAINED ACROSS THE STATE, AND A SERIES OF EVENTS AND ENGAGEMENTS WITH POLICYMAKERS IS UNDERWAY. MOST RECENTLY, AUDUBON ACTION FUND HOSTED AND MODERATED A PANEL DISCUSSION ON ENVIRONMENTAL AND CLIMATE ISSUES.

AUDUBON ACTION FUND CONTINUED TO GAIN TRACTION IN INDIANA IN 2020 WORKING ON THE ROLL-OUT OF THE GROWING CLIMATE SOLUTIONS ACT, SPONSORED BY A BI-PARTISAN GROUP OF SENATORS. AUDUBON ACTION FUND

Employer identification number 83-1280515

ATTACHMENT 1 (CONT'D)

WORKED TO FOSTER NEW SUPPORT FOR NATURAL INFRASTRUCTURE PROJECTS THAT WILL PROTECT, ENHANCE, AND RESTORE MORE THAN HALF A MILLION ACRES OF IMPORTANT HABITATS FOR BIRDS AND INCREASE COMMUNITY RESILIENCE IN THE STATE.

AUDUBON ACTION FUND SUPPORTED 'GET-OUT-THE-VOTE' EFFORTS WITH CLIMATE-SPECIFIC OUTREACH IN NORTH CAROLINA. AUDUBON ACTION FUND LAUNCHED A PILOT CAMPAIGN WITH FOUR MAIN GOALS: 1) ACQUIRE NEW NAMES FOR AUDUBON ACTION FUND; 2) PROVIDE NATIONAL AUDUBON SOCIETY MEMBERS WITH AN INNOVATIVE WAY TO VOLUNTEER; 3) ENGAGE VOTERS OTHER THAN NATIONAL AUDUBON SOCIETY'S MEMBERSHIP; AND 4) TEST THE EFFICACY OF PEER-TO-PEER TEXTING AS A TOOL FOR AUDUBON ACTION FUND'S CAMPAIGNS. THE SUCCESSFUL PILOT CONTACTED 48,391 VOTERS IN NORTH CAROLINA, DOUBLING EXPECTATIONS, AND 80 PERCENT OF ITS PARTICIPANTS REPORTED HAVING AN ENJOYABLE EXPERIENCE.

SOUTH CAROLINA CONTINUES TO BE AN IMPORTANT PILOT STATE FOR CAMPAIGNS MOVING ELECTED OFFICIALS TOWARD CLEAN ENERGY AND CLIMATE POLICY. AUDUBON ACTION FUND WORKED TO ADVANCE A CLEARLY DEFINED CLIMATE AGENDA THAT INCLUDED RENEWAL OF THE STATE'S CONSERVATION BANK, SOLAR EXPANSION LEGISLATION, AND CLIMATE RESILIENCY LEGISLATION. LAST FALL, THE STATE LEGISLATURE SUCCESSFULLY PASSED A COMPREHENSIVE RESILIENCY BILL. AHEAD OF THE JUNE 2020 PRIMARIES, AUDUBON ACTION FUND PROVIDED POSITIVE REINFORCEMENT FOR TWO STATE LEGISLATORS WHO SUPPORTED AUDUBON PRIORITIES.

Schedule O	(Form	990 or	990-EZ)	2019
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Name of the organization	Employer identification number
NATIONAL AUDUBON SOCIETY ACTION FUND	83-1280515
	ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

 AL , AK , AR , CA , CO , CT ,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA,

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

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

9 Open to Public Inspection Employer identification number

83-1280515

2

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL AUDUBON SOCIETY ACTION FUND

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
(1) NATIONAL AUDUBON SOCIETY, INC. 13-1624102							
225 VARICK STREET 7TH FLOOR NEW YORK, NY 10014	CONSERVATION	NY	501(C)(3)	07	N/A		Х
(2)							
	-						
(3)							
	-						
(4)							
	-						
(5)							
	-						
(6)							
	1						
(7)							
· · ·	1						

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page **2**

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

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

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

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

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Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 [During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ed in Parts II-IV?	[
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Sift, grant, or capital contribution to related organization(s)				1b		X
с (Sift, grant, or capital contribution from related organization(s)				1c		X
	oans or loan guarantees to or for related organization(s)				1d		X
e l	oans or loan guarantees by related organization(s)				1e		X
							37
	Dividends from related organization(s)				1f		X X
	cale of assets to related organization(s)			E E	1g		X
	Purchase of assets from related organization(s)				1h		X
	xchange of assets with related organization(s)				1i		X
jl	ease of facilities, equipment, or other assets to related organization(s).			• • • • •	1j		
I. 1	ease of facilities, equipment, or other easets from related experimetics (a)				1k		X
	ease of facilities, equipment, or other assets from related organization(s)			· · · · · F	11		X
	Performance of services or membership or fundraising solicitations for related organization(s)				1m	Х	
	Performance of services or membership or fundraising solicitations by related organization(s).				1n	X	
	Sharing of paid employees with related organization(s)				10	X	<u> </u>
0.				•••••	10		
рF	Reimbursement paid to related organization(s) for expenses.				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q		X
Ч [,]					- 4		
r (Other transfer of cash or property to related organization(s)				1r	Х	
s (Other transfer of cash or property from related organization(s).				1s		X
2	the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	red relationships and transa	action thres	hold	s.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method o amour			ng
		51 - (
(1)							
(
(2)							
$\langle 0 \rangle$							
(3)							
(Λ)							
(4)							
(5)							
(3)							
(6)							
			Scł	hedule R (F	orm	990)	2019
JSA				· · · · · · · · · · · · · · · · · · ·	-	,	

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

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

1	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	from tax under organizations?		total income end-of-year assets		(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
				sections 512-514)	Yes	No			Yes	No	(Yes	No	<u> </u>
(1)		-												
(2)		-												
(3)		-												
(4)		-												
(5)		-												
(6)		-												
(7)		-												
(8)		-												
(9)		-												
(10)		-												
(11)		-												
(12)		-												
(13)		-												
(14)		-												
(15)														
(16)														<u> </u>

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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

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