** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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



	or the 2	C Name of organization	lending	JUN 30, 2022 D Employer ident	tification number	
ap	plicable:	• Name of organization				
	Address change	NATIONAL AUDUBON SOCIETY ACTION FUND				
	Name change	Doing business as		83-128051	15	
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	ite E Telephone num	nber		
]Final]return/	1200 18TH STREET NW, SUITE 500		(202) 922-	0054	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,063,60	0.
	Amendeo	WASHINGTON, DC 20030		H(a) Is this a group	·	
	Applica- tion pending	F Name and address of principal officer: MARSHALL JOHNSON		for subordina		lo
		SAME AS C ABOVE		H(b) Are all subordinate	es included? Yes	lo
		npt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1)	or 5	27 If "No," attach	h a list. See instructions	
		AUDUBONACTIONFUND.ORG		H(c) Group exemp		
		rganization: X Corporation Trust Association Other ►	L Ye	ar of formation: 2018	M State of legal domicile: I	C
Ра		Summary				
ø		riefly describe the organization's mission or most significant activities:				
Governance	PU	JBLIC WILL FOR POLICY SOLUTIONS TO ADDRESS CONSERVATION CHA				
sr n		heck this box 🕨 🛄 if the organization discontinued its operations or dispo		1	assets.	
Š					3	4
୍ଷ ଓ		umber of independent voting members of the governing body (Part VI, line 1b)			4	4
es		otal number of individuals employed in calendar year 2021 (Part V, line 2a) \ldots			5	0
Ĭ		otal number of volunteers (estimate if necessary)			6	4
Activities					7a	0.
	bΝ	et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.
			-	Prior Year	Current Year	
ē		ontributions and grants (Part VIII, line 1h)		1,114,62		
Revenue		rogram service revenue (Part VIII, line 2g)			0.	0.
ě		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,12		0.
-		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,118,74		
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		12,00		0.
		enefits paid to or for members (Part IX, column (A), line 4)			0.	0.
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	408,65			
ŠUŠ		rofessional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses			,401.			_
"		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		551,21		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		971,86		
	19 R	evenue less expenses. Subtract line 18 from line 12		146,883	· · · · · · · · · · · · · · · · · · ·	5.
s or			-	Beginning of Current Yea		_
Net Assets or Fund Balances		otal assets (Part X, line 16)	······ -	1,406,15	,	
etA		otal liabilities (Part X, line 26)		382,02		
		et assets or fund balances. Subtract line 21 from line 20		1,024,12	7. 547,02	2.
		Signature Block				
		es of perjury, I declare that I have examined this return, including accompanying schedule			my knowledge and belief, it i	3
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepai	rer has any knowledge.		

Sign Here	Signature of officer MARSHALL JOHNSON, PRESIDENT Type or print name and title		Date						
Paid	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature	Date Check PTIN if self-employed P00741490						
Preparer	Firm's name 🕞 GRANT THORNTON LLP		Firm's EIN 🕨 36-6055558						
Use Only	Only Firm's address 5757 THIRD AVENUE, 3RD FLOOR								
	NEW YORK, NY 10017-2013 Phone no.(212) 599-0100								
May the IF	RS discuss this return with the preparer shown above	ve? See instructions	X Yes No						

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)								
print	nt NATIONAL AUDUBON SOCIETY ACTION FUND 83-									
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.									
instructions	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20036	oreign add	ress, see instructions.							
Enter the	e Return Code for the return that this application is for (file	e a separa	te application for each return)		0 1					
Applicat	tion	Return	Application			Return				
ls For		Code	Is For			Code				
Form 99	0 or Form 990-EZ	01	Form 1041-A			08				
Form 47	20 (individual)	03	Form 4720 (other than individual)			09				
Form 99	0-PF	04	Form 5227			10				
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 99	0-T (trust other than above)	06	Form 8870			12				
Form 99	0-T (corporation) NEETA HATLEY	07								
Telep ● If the ● If this box ▶ 1 I r th ▶	books are in the care of 225 VARICK STREET - NI hone No. 212-979-3000 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box	s in the Un Group Exe <u>and atta</u> <u>MAY 1</u> anization's , an	Fax No. ►	f this is fo all membe	r the whole g ers the exten npt organizati 	-				
	this application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.				
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and							
	timated tax payments made. Include any prior year overp			3b	\$	Ο.				
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by							
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	Ο.				
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct del	bit) with this Form 8868, see Form 84	153-TE and						
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)				

	990 (2021) NATIONAL AUDUBON SOCIETY ACTION FUND	83-1280515	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: AUDUBON ACTION FUND WORKS TO AMPLIFY THE WORK OF NATIONAL AUDUBON		
	SOCIETY BY 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 No
	If "Yes," describe these new services on Schedule O.	·····	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
3	If "Yes," describe these changes on Schedule O.		
4	-	manaurad by avaa	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue if any far each program convice reported	s, the total expense	es, anu
40	(Code:) (Expenses \$1,483,308. including grants of \$0.) (Reven		0.)
4a	SEE SCHEDULE O	ue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$)
4c)
40	(Code:) (Expenses \$ including grants of \$) (Reven	nue\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,483,308.		
		Fo	orm 990 (2021)
132002	12-09-21		
	2		

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Form 990 (2021) NATIONAL AUDUBON S
Part IV Checklist of Required Schedules NATIONAL AUDUBON SOCIETY ACTION FUND 83-1280515 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
132003	12-09-21	Form	990	(2021)

Form **990** (2021)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
b	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
07		20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
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	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	x	
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2021.05070 NATIONAL AUDUBON SOCIETY 01822911

Form	990 (2021) NATIONAL AUDUBON SOCIETY ACTION FUND 83-128051	.5	P	age 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 <i>e-file</i> . See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x		
b	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		x		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
с	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	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x		
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		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h						
8	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				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders 11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against]				
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х		
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 the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	L			
	If "Yes," complete Form 6069.					
132005	12-09-21 5	Form	9 90	(2021)		

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2021.05070 NATIONAL AUDUBON SOCIETY 01822911

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	4								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?			X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6	Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		x						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114								
	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	х							
iza h			x							
U O	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 120								
C		10-	x							
10	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	A							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	3)s only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)									
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial							
19	statements available to the public during the tax year.									
19										
19 20	, , , , , , , , , , , , , , , , , , , ,									
	State the name, address, and telephone number of the person who possesses the organization's books and records NEETA HATLEY - 212-979-3000									

Form 990 (2021)	NATIONAL AUDUBON SOCIETY ACTION FUND	83-1280515	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employee	es, and Independent Contractors							
Check if Sch	edule O contains a response or note to any line in this Part VII							
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employees	S						
1a Complete this table t	or all persons required to be listed. Report compensation for the calendar yea	r ending with or within the organization	's tax year.					
 List all of the organ 	nization's current officers, directors, trustees (whether individuals or organizat	tions), regardless of amount of compens	sation.					

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		66	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona	~	nploy	st cor	-	1000 NEO)		organizations
	line)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) DAVID M. YARNOLD	0.00									
CHIEF EXECUTIVE OFFICER (THRU 05/21)	0.00						х	٥.	898,880.	377,293.
(2) ELIZABETH M. GRAY	2.00									
CHIEF EXECUTIVE OFFICER(AS OF 04/22)	40.00			х				0.	679,562.	25,896.
(3) STEPHEN E. MEYER	2.00									
VICE PRESIDENT (THRU 07/21)	40.00			х				٥.	426,141.	228,462.
(4) LORRAINE A. SCIARRA	2.00									
SECRETARY	40.00			х				0.	305,259.	23,611.
(5) MARSHALL JOHNSON	2.00									
PRESIDENT (AS OF 11/21)	40.00			Х				٥.	239,915.	18,732.
(6) ANDREW MILLS	2.00									
PRESIDENT(THRU 11/21)/VICE PRESIDENT	40.00			Х				0.	218,073.	26,572.
(7) MARY BETH HENSON	0.00									
TREASURER (THRU 05/21)	0.00						Х	0.	150,454.	10,636.
(8) INGRID M. MILNE	2.00									
VICE TREASURER (AS OF 04/22)	40.00			х				0.	0.	0.
(9) MIKE CONNOR	2.00									
CHAIR (THRU 11/21)	8.00	Х		Х				0.	0.	0.
(10) DAVID HARTWELL	2.00									
TREASURER/CHAIR (AS OF 11/21)	0.00	Х		х				0.	0.	0.
(11) ELIZABETH THOMPSON	2.00									
DIRECTOR/TREASURER (AS OF 11/21)	0.00	Х		х				0.	0.	0.
(12) SUSAN ORR	2.00									
DIRECTOR	8.00	Х						0.	0.	0.
(13) STEPHEN TAN	2.00									
DIRECTOR	8.00	Х						0.	0.	0.
			<u> </u>							
					<u> </u>					
	1									600 (0001)

7

132007 12-09-21

Form 990 (2021)

$10470331 \ 153424 \ 0182291-00042$

	990 (2021) NATIONAL AUI	OUBON SOCIET	Y A	CTI	ON	FUN	D			83-12	28051	5	Р	age 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	Average P hours per (do not che box, unless) than c s both	ne an	(D) Reportable compensation from	(E) Reportable compensatio from related	on		(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MI 1099-NEC)	SC/	fi org an	pensa rom th janizat d relat anizati	ie tion ted
			_											
			-											
			_											
	Subtatal								0.	2,918,	284		711	202.
с	Subtotal Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.	2,918,	٥.			0.
2	Total number of individuals (including but compensation from the organization							o re	eceived more than \$100,	000 of reportable	э			0
													Yes	No
3	Did the organization list any former office				•	-		Ŭ	• •			•	v	
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s											3	X	
-	and related organizations greater than \$15											4	х	
5	Did any person listed on line 1a receive or	accrue comper	nsati	on fi	rom	any	unre	late	ed organization or individ	dual for services		-		
	rendered to the organization? If "Yes," col	mplete Schedul	e J f	or su	ıch ı	oers	on .					5		х
	tion B. Independent Contractors													
1	Complete this table for your five highest control the organization. Report compensation for	•	•								pensat	tion fro	om	
	(A)				ig w				(B)				C)	
	Name and busines	s address						_	Description of s	ervices		ompe	nsatio	n
ALLEGIANCE GROUP 3064 49TH STREET S., FARGO, ND 85106 LOBBYING/ADVOCACY								397,000.		000.				
2	Total number of independent contractors \$100,000 of compensation from the organ		ot lir	niteo	d to		se list 1	ted	above) who received me	ore than				

132008 12-09-21

			2021) NATIONAL AUDUBON	SOC	CIETY ACTION	FUND		83-128051	5 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a respor	nse d	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	4		Followited connections						360110113 3 12 - 3 1
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a						
Gra			Membership dues 1b						
ťs,			Fundraising events 1c						
Gif			3						
ns, Sim			Government grants (contributions) 1e						
er (t	All other contributions, gifts, grants, and		1 062 600				
Oth			similar amounts not included above 1f		1,063,600. 76,276.				
ont		-	Noncash contributions included in lines 1a-1f			1,063,600.			
0 a		n	Total. Add lines 1a-1f		Business Code	1,003,000.			
	•	_			Business Code				
/ice	2								
ier.		b							
am Ser		с А							
gra Re		d		_					
Program Service Revenue		e f	All other program service revenue	_					
_			Total. Add lines 2a-2f						
	3	y	Investment income (including dividends, in						
	Ŭ		other similar amounts)						
	4		Income from investment of tax-exempt bor						
	5		Royalties	-	1				
	Ŭ		(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of (i) Securiti	es	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
e			and sales expenses 7b						
evenue		с	Gain or (loss) 7c						
			Net gain or (loss)						
Other R			Gross income from fundraising events (not		-				
đ			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		с	Net income or (loss) from fundraising even	ts	🕨				
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming activities	s	🕨				
	10	а	Gross sales of inventory, less returns						
				10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inventor	у					
S					Business Code				
eou	11	а							
lant		b							
Miscellaneous Revenue		С							
Mis			All other revenue						
			Total. Add lines 11a-11d			1 000 000			
	12		Total revenue. See instructions		🕨	1,063,600.	0.	0.	0.
13200	9 12-0	09-	-21						Form 990 (2021

NATIONAL AUDUBON SOCIETY ACTION FUND

83-1280515 Page **10**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 133,072, 133,072. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 327,094. 327,094. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 136,652, 136,652, Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): а Management 10,243. 10,243. b Legal 8,190 8,190 С Accounting 515,014 515,014 Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 151,951 151,951 column (A), amount, list line 11g expenses on Sch 0.) 9,581 9,581, Advertising and promotion 12 1,013. 994 19 13 Office expenses _____ 14 Information technology 15 Royalties 16 Occupancy 2,226. 22,687, 15,126, 5,335 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 29,092. 175. 266, Conferences, conventions, and meetings 28,651. 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) REIMBURSED EXP. (NAS) 145,953, 145,953. а FUNDRAISING SVC-AUDUBON 24,000 24 000 b DUES & SUBSCRIPTIONS 15,652, 8,977. 6,675. С SERVICE BUREAUS 261 261 d All other expenses е 1,530,455 26,401. Total functional expenses. Add lines 1 through 24e 1,483,308 20,746 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

10

132010 12-09-21

10470331 153424 0182291-00042

Form 990 (2021)

1,024,127.

1,406,151.

29

30

31

32

33

Pledges and grants receivable, net Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 1,406,151. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 178,872. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 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 203,152. 25 of Schedule D 382,024. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗵 and complete lines 27, 28, 32, and 33. 332,671. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 691,456. 28 28 Organizations that do not follow FASB ASC 958, check here

NATIONAL AUDUBON SOCIETY ACTION FUND Balance Sheet

Cash - non-interest-bearing

Savings and temporary cash investments

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

83-1280515

(A) Beginning of year

1,252,552.

153,599.

1

2

3

(B) End of year

Page 11

730,172.

67,073.

797,245.

157,615.

92,608.

250,223.

181,131.

365,891.

547,022.

797,245.

Form 990 (2021)

Form 990 (202
Part X	В

1

2

3

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

and complete lines 29 through 33.

10470331 153424 0182291-00042

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Form	1990 (2021) NATIONAL AUDUBON SOCIETY ACTION FUND	83-128051	5	Pa	_{ge} 12		
	rt XI Reconciliation of Net Assets				<u>.</u>		
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	063,	600.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	530,	455.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-	466,	855.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	024,	127.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-10,	250.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
		ſ		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			x		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,						
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000			

Form **990** (2021)

132012 12-09-21

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization	Employer Identification number	
N	NATIONAL AUDUBON SOCIETY ACTION FUND	83-1280515
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

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

Special Rules

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

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

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

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

Schedule B (Form 990) (2021)

NATIONAL	AUDUBON SOCIETY ACTION FUND	8	3-1280515
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$510,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$171,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$171,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$171,666.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$18,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Name of organization

Employer identification number

2021.05070 NATIONAL AUDUBON SOCIETY 01822911

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

15

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Schedule B (Form 990) (2021)

$10470331 \ 153424 \ 0182291-00042$

2021.05070 NATIONAL AUDUBON SOCIETY 01822911

Page 3

Employer identification number

Name of organization

Schedule E	3 (Form 990) (2021)			Page 4
Name of or	ganization		Employer ider	ntification number
NATIONAL	AUDUBON SOCIETY ACTION FUND		83-1280	515
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try. For organizations	n \$1,000 for the year
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how (gift is held
-		(e) Transfer of gif	 t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held
		(e) Transfer of gif		
-	Transferee's name, address, a		Relationship of transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	gift is held
-		(e) Transfer of gif	 t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held
-	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	t Relationship of transferor to trans	sferee

123454 11-11-21

Schedule B (Form 990) (2021)

$10470331 \ 153424 \ 0182291-00042$

16 2021.05070 NATIONAL AUDUBON SOCIETY 01822911

SCHEDULE C	PC	olitical Campaign a	nd Lobbying	Activities	OMB No. 1	1545-0047
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527						21
						∠ I
Lepartment of the Treasury Iternal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.					EZ. Open to Inspe	
Internal Revenue Service					· · ·	
-		n Form 990, Part IV, line 3, or For		e 46 (Political Campaign	Activities), then	
	-	nplete Parts I-A and B. Do not com	•			
		01(c)(3)) organizations: Complete P	arts I-A and C below. L	Do not complete Part I-B.		
 Section 527 organiz 				a 47 (Labbuing Astivitia	a) then	
		n Form 990, Part IV, line 4, or For				
		have filed Form 5768 (election und have NOT filed Form 5768 (electior	()/	•	•	
		n Form 990, Part IV, line 5 (Proxy		-	-	
Tax) (See separate inst		r Form 990, Part IV, line 5 (Proxy	Tax) (See Separate III	structions) or Form 990	-EZ, Part V, line 3	SC (PIOXy
<i>,</i> , ,		tions: Complete Part III.				
Name of organization	,, -· (- <i>)</i> -· g -····=-			Emr	ployer identification	on number
C C	NATIONAL A	UDUBON SOCIETY ACTION FUNI	D		83-128051	
Part I-A Compl	ete if the org	ganization is exempt under	r section 501(c) or	r is a section 527 o	rganization.	
 Enter the amount of Enter the amount of Enter the amount of If the organization if Was a correction m If "Yes," describe in Part I-C Compl Enter the amount of 	ete if the org of any excise tax of any excise tax ncurred a section ade? <u>Part IV.</u> ete if the org lirectly expended of the filing organ		r section 501(c)(3) r section 4955 s under section 4955 or this year? r section 501(c), e ion 527 exempt functio er organizations for sec	• • • • • • • • • • • • • • • • • • •	\$ Yes	□ No □ No 1,055.
•		s. Add lines 1 and 2. Enter here and		F	•	
	-			►	\$	1,055.
						X No
5 Enter the names, a made payments. For contributions received	ddresses and en or each organiza ved that were pr	nployer identification number (EIN) tion listed, enter the amount paid f omptly and directly delivered to a s additional space is needed, provid	of all section 527 polit from the filing organiza separate political organ	ical organizations to whic tion's funds. Also enter th ization, such as a separa	ch the filing organiz he amount of politi	cal
(a) Namo		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount o contributions re promptly and delivered to a political orga If none, en	ceived and directly separate nization.
NAS ACTION FUND PA	١C	WASHINGTON, DC 20036	88-2913233	1,055		0.

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021 NZ	ATIONAL AUDUBC	N SOCIETY ACTION	FUND	83-1	L280515 Page 2
Part II-A Complete if the orga					5
section 501(h)).					
•••	•	ffiliated group (and list ir	n Part IV each affiliated g	group member's nam	ne, address, EIN,
expenses, and share	, , ,				
B Check ▶ if the filing organization	on checked box A	and "limited control" pro	ovisions apply.		
	on Lobbying Exp ures" means amo	enditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line			F		
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or (bbying nontaxable am			
Not over \$500,000		of the amount on line 1e.			
Over \$500,000 but not over \$1,000,0		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00	· · · · · · · · · · · · · · · · · · ·	000 plus 5% of the exce			
Over \$17,000,000	\$1,00		33 0101 \$1,500,000.		
	φ1,00	0,000.			
g Grassroots nontaxable amount (ente	r 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	,				
i Subtract line 1f from line 1c. If zero c					
j If there is an amount other than zero					
reporting section 4911 tax for this ye					Yes No
		veraging Period Under			
(Some organizations that	t made a section		have to complete all o	f the five columns b	elow.
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					L
f Grassroots lobbying expenditures					lule C (Form 990) 2021

Schedule C (Form 990) 2021

132042 11-03-21

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	lobbying activity.	Yes	No	Amo	
	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a b	Volunteers?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I		3, is
2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		1		
	expenses for which the section 527(f) tax was paid).		0.		
	Current year				
	Carryover from last year				
	Total				
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce		3		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
		Jillical	4		
	Expenditure next year? Taxable amount of lobbying and political expenditures. See instructions				
Part		<u></u>	0		
instruc	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information. I-A, LINE 1:	list); Part II-A	A, lines 1 a	nd 2 (See	
THE N	NATIONAL AUDUBON SOCIETY ACTION FUND ENGAGED IN LIMITED POLITICAL				
CAMPA	AIGN ACTIVITIES IN FISCAL YEAR 2022. THE ACTION FUND INCURRED				
\$84,8	324 IN CONSULTANT EXPENSES TO FUND A DIGITAL ADVERTISING CAMPAIGN				
TO AC	CKNOWLEDGE THE ADVOCACY EFFORTS OF VARIOUS POLITICIANS WHO				
SUPPO	ORTED CONSERVATION EFFORTS IN THE STATES OF INDIANA AND SOUTH				

132043 11-03-21

Schedule C (Form 990) 2021

Part IV Supplemental Information (continued)

CAROLINA. TOTAL POLITICAL EXPENDITURES FOR THE FISCAL YEAR REPRESENTS

APPROXIMATELY 5.5% OF AUDUBON ACTION FUND'S OVERALL EXPENDITURES FOR

THE YEAR.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

NAS ACTION FUND PAC

1200 18TH STREET NW, SUITE 500 WASHINGTON, DC 20036

Schedule C (Form 990) 2021

132044 11-03-21

20 2021.05070 NATIONAL AUDUBON SOCIETY 01822911

SC	HEDULE D	Supplementa				OMB No. 1545-0047
(Forn	n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered "` . 11a. 11b. 11c. 11d. 1	Yes" on Form 990, 1e. 11f. 12a. or 12b.		2021
	ment of the Treasury		Attach to Form 990.			Open to Public Inspection
-	Revenue Service	Go to www.irs.gov/Form9	90 for instructions an	a the latest information		ployer identification number
Nam	e of the organizat	NATIONAL AUDUBON SOCIETY AC	TION FUND			83-1280515
Par	t I Organiz	ations Maintaining Donor Advise	d Funds or Other	Similar Funds or	Accou	nts. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.			·
			(a) Donor advi	sed funds	(b) Fui	nds and other accounts
1	Total number at e	nd of year				
2	Aggregate value of	f contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in v	-			
		on's property, subject to the organization's				Yes No
6	•	on inform all grantees, donors, and donor a	•	•		
		poses and not for the benefit of the donor o		• • •	-	
Par	impermissible priv	rate benefit? ration Easements. Complete if the org				
1		servation easements held by the organization			t iv, iii le 7	•
		n of land for public use (for example, recrea		, 	historically	/ important land area
		of natural habitat		Preservation of a		
		n of open space	L			
2		through 2d if the organization held a qualif	fied conservation contr	ibution in the form of a	a conserva	ation easement on the last
-	day of the tax yea					Held at the End of the Tax Year
а					2a	
b						
с	-	vation easements on a certified historic stru				
d		vation easements included in (c) acquired a				
	listed in the Nation	nal Register			2d	
3		vation easements modified, transferred, rel				during the tax
	year 🕨					
4	Number of states	where property subject to conservation eas	sement is located >			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspe	ction, handling of		
	,	forcement of the conservation easements it				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conserv	ation eas	ements during the year
	▶					
7		ses incurred in monitoring, inspecting, hanc	lling of violations, and	enforcing conservatior	n easemer	nts during the year
•	►\$					
8		vation easement reported on line 2(d) abov				
9)(4)(B)(ii)? be how the organization reports conservation				
9		d include, if applicable, the text of the footr		-		
		counting for conservation easements.			s that ues	
Par		ations Maintaining Collections of	Art, Historical Tr	easures, or Othe	r Simila	ar Assets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a		elected, as permitted under FASB ASC 95		evenue statement and	balance s	heet works
	•	easures, or other similar assets held for put	•			
		Part XIII the text of the footnote to its finar				
b		elected, as permitted under FASB ASC 95			ance shee	t works of
	art, historical treas	sures, or other similar assets held for public	exhibition, education,	or research in furthera	ance of pu	Iblic service,
	provide the follow	ing amounts relating to these items:				
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1			►	\$
	(ii) Assets include	ed in Form 990, Part X			►	\$
2	If the organization	received or held works of art, historical treat	asures, or other similar	assets for financial ga	ain, provid	e

2	If the organization received or held works of art, historical treasures, or other similar assets for financi
	the 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21 Schedule D (Form 990) 2021

10470331 153424 0182291-00042

21 2021.05070 NATIONAL AUDUBON SOCIETY 01822911

\$

▶ \$

Sche		JDUBON SOCIETY						83-128		P	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Asset	s (contil	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checł	any of the	following that	t make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	t	Loan or exc	hange progra	am					
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	on's exem	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							Part IV.	_		
	reported an amount on Form 990, Pai							, ,			
1a	Is the organization an agent, trustee, custodi		liary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII									L	
			lowing						Amoun	t	
с	Beginning balance						1c			-	
с А	Beginning balance Additions during the year						1d				
u							1e				
e f	Distributions during the year Ending balance						1f				
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-	y :	∟			
Par							<u></u>)				
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Fou	r vears	hack
10	Paginning of year balance	(u) ourient you	(5)	nor your	(0) 1100 you		aj 111100 y	ouro buon	(6) 1 00	youro	buok
	Beginning of year balance										
b	Contributions										
	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 of the curr		e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held ar	nd administer	red for the	organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)	└───	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	chedule R?					3b	L	
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	D, Part IN	/, line 11a. S	See Form 990	, ,					
	Description of property	(a) Cost or c		. ,	t or other	.,	cumulate	d	(d) Boo	k valu	le
		basis (investr	ment)	basis	(other)	depi	reciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
e	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colur	nn (B), line 1	0c.)						0.
							:	Schedule	D (Forr	n 990)) 2021

132052 10-28-21

Schedule D (Form 990) 2021 NATIONAL AUDUBON SOCIETY ACTION FU	JND
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(a) Description of scarting or actagory inclusing news of assertion (b) Book value (c) Method of valuation: Cost or end of year market value (c) Cosely held equip interests (a) Other (a) Cosely held equip interests (b) Book value (c) Cosely held equip interests (c) Cosely held equip interests (c) Cosely held equip interests (b) Cosely held equip interests (c) Cosely held equip interests (c) Cosely held equip interests (c) Cosely held equip interests (c) Cosely held equip interests (c) Cosely held equip interests (c) Cosely held equip interests (c) Cosely held equip interests (c) Cosely held equip interests (d) Cosely held equip interests (c) Cosely held equip interests (c) Cosely held equip interests (d) Cosely held equip interests (c) Cosely held equip interests (c) Method of valuation: Cost or end of year market value (d) Cosely held equip interests (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (d) Cosely held equip interests (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (d) Cosel equip interests (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (d) Cost equip interests (c) Method of v	Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(1) Financial derivatives (2) Closely held equity interests (3) Other (4) (5) (5) (7) (6) (7) (7) (7) (8) (7) (9) (7) (9) (7) (9) (7) (10) (11) (11) (12) (12) (12) (13) (11) (14) (12) (15) (12) (16) (12) (17) (11) (18) (11) (19) (11) (10) (12) (11) (12) (12) (12) (13) (12) (14) (12) (15) (12) (16) (13) (17) (12) (18) (12) (19) (12) (10) (12) (11) (12) (12) (12)	(a) Descrip				-of-year market value
(2) Color (A) Image: Color (A) (3) Other Image: Color (A) (4) Image: Color (A) Image: Color (A) (5) Image: Color (A) Image: Color (A) (5) Image: Color (A) Image: Color (A) (5) Image: Color (A) Image: Color (A) (6) Image: Color (A) Image: Color (A) (7) Image: Color (A) Image: Color (A) (6) Image: Color (A) Image: Color (A) (7) Image: Color (A) Image: Color (A) (8) Image: Color (A) Image: Color (A) (9) Image: Color (A) Image: Color (A) (10) Image: Color (A) Image: Color (A) (11) Image: Color (A) Image: Color (A) (12) Image: Color (A) Image: Color (A) (12) Image: Color (A) Image: Color (A) (12) Image: Color (A) Image: Color (A) (13) Image: Color (A) Image: Color (A) (14) Image: Color (A) Image: Color (A) (15) Image: Color (A) Image: Color (A)					· ·
(a) (b) (c) (b) (c) (c) (c) (c) (c) (d) (c) (c) (e) (c) (c) (f) (c) (c) (g) (c)		to a fail a sur 20 - Carta an a ta			
(A) Image: Constraint of the second of the sec					
(B) Image: Construction of investment investment in the organization answered "Yes" on Form 980, Part V, line 11c. See Form 980, Part X, line 13. (G) Image: Construction of investment investment in the organization answered "Yes" on Form 980, Part V, line 11c. See Form 980, Part X, line 13. (G) Image: Construction of investment investment in the organization answered "Yes" on Form 980, Part V, line 11c. See Form 980, Part X, line 13. (G) Image: Construction of investment investment in the organization answered "Yes" on Form 980, Part V, line 11c. See Form 980, Part X, line 13. (G) Image: Construction of investment investment in the organization answered "Yes" on Form 980, Part V, line 11c. See Form 980, Part X, line 13. (G) Image: Construction of investment investment in the organization answered "Yes" on Form 980, Part V, line 11d. See Form 990, Part X, line 15. (G) Image: Construction answered "Yes" on Form 980, Part V, line 11d. See Form 990, Part X, line 15. (G) Image: Construction answered "Yes" on Form 980, Part V, line 11d. See Form 990, Part X, line 15. (G) Image: Construction answered "Yes" on Form 980, Part V, line 11d. See Form 990, Part X, line 15. (G) Image: Construction answered "Yes" on Form 980, Part V, line 11d. See Form 990, Part X, line 25. (G) Image: Construction answered "Yes" on Form 980, Part V, line 11c or 11f. See Form 990, Part X, line 25. (G) Image: Construction answered "Yes" on Form 980, Part V, line 11c or 1					
(C) Image: standard of the stand					
ID ID IB ID IF ID IG ID IF ID IG ID IF ID <td></td> <td></td> <td></td> <td></td> <td></td>					
(F) (G) (G)					
(G) (H) (H) (H) (I)	(E)				
(G) (H) (H) (H) (I)					
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Total. (clo). (b) must equal Form 990, Part X, col. (b) line 12) Part Vili Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (7) (6) (7) (7) (8) (9) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (7) (9) (9) (1) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1					
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(8) (9)	(6)				
(9)	(7)				
(9)	(8)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(9)				
	Total. (Colu	ımn (b) must equal Form 990. Part X. col. (B) line	e 25.)		92,608.

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 NATIONAL AUDUBON SOCIETY ACTION FU	ND	83-1280515 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d			
е			2e
3	Subtract line 2e from line 1		
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.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
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	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)	
Pa	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; I	Part V, line 4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.	
PAR	TX, 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

132054 10-28-21

Schedule D (Form 990) 2021

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. 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, SCHEDULE 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) 2021

132055 10-28-21

SCHEDULE J (Form 990) Compensation Information OMB No. 1545-00 For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2021 Department of the Treasury Internal Revenue Service > Complete if the organization answered "Yes" on Form 990, Part IV, line 23. > Attach to Form 990. Open to Pub Inspection Name of the organization Employer identification nu 83-1280515	ic
Compensated Employees Cull Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Department of the Treasury Internal Revenue Service Attach to Form 990. Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification nu	ic mber
Department of the Treasury Internal Revenue Service Attach to Form 990. Open to Pub Inspection Name of the organization Employer identification nu	mber
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification nu	mber
NATIONAL AUDUBON SOCIETY ACTION FUND 83-1280515	No
	No
Part I Questions Regarding Compensation	No
Yes	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	
First-class or charter travel Housing allowance or residence for personal use	
Travel for companions Payments for business use of personal residence	
Tax indemnification and gross-up payments	
Discretionary spending account Personal services (such as maid, chauffeur, chef)	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	
establish compensation of the CEO/Executive Director, but explain in Part III.	
Compensation committee	
Independent compensation consultant	
Form 990 of other organizations	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a related organization:	
a Receive a severance payment or change-of-control payment?	х
b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	x
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of:	
a The organization? 5a	X
b Any related organization? 5b	X
If "Yes" on line 5a or 5b, describe in Part III.	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the net earnings of:	v
a The organization?	X
b Any related organization?	X
If "Yes" on line 6a or 6b, describe in Part III.	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	x
not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	
	x
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990	02021

132111 11-02-21

Schedule J (Form 990) 2021

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID M. YARNOLD (i)	٥.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER (THRU 05/21)		437,714.	160,000.	301,166.	368,739.	8,554.	1,276,173.	0.
(2) ELIZABETH M. GRAY	i)	Ο.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER(AS OF 04/22)		462,069.	196,514.	20,979.	23,200.	2,696.	705,458.	0.
(3) STEPHEN E. MEYER (i)	٥.	0.	0.	0.	0.	0.	0.
	ii)	216,273.	20,000.	189,868.	211,161.	17,301.	654,603.	0.
(4) LORRAINE A. SCIARRA	i)	٥.	0.	0.	0.	0.	0.	0.
	ii)	269,796.	30,000.	5,463.	21,324.	2,287.	328,870.	0.
(5) MARSHALL JOHNSON (i)	٥.	0.	0.	0.	0.	0.	0.
	ii)	239,607.	0.	308.	9,793.	8,939.	258,647.	0.
(6) ANDREW MILLS (i)	٥.	0.	0.	0.	0.	0.	0.
PRESIDENT(THRU 11/21)/VICE PRESIDENT	ii)	217,695.	0.	378.	17,858.	8,714.	244,645.	0.
(7) MARY BETH HENSON (i)	٥.	0.	0.	0.	0.	0.	0.
	ii)	129,883.	0.	20,571.	10,201.	435.	161,090.	0.
	i)							
	ii)							
(i)							
	ii)							
(i)							
	ii)							
(i)							
	ii)							
(i)							
	ii)							
(i)							
	ii)							
(i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							

Schedule J (Form 990) 2021

Page 3

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: ELIZABETH M. GRAY, LORRAINE A. SCIARRA, MARSHALL

JOHNSON ANDREW MILLS DAVID M. YARNOLD STEPHEN E. MEYER 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 J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2021 Open to Public Inspection

Employer identification number 83-1280515

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

zation						
	NATIONAL	AUDUBON	SOCIETY	ACTION	FUND	

Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ts
4	Art Marka of art			Form 990, Fart VIII, line Tg			
1	Art - Works of art						
2 3	Art - Historical treasures						
3 4	Art - Fractional interests						
4 5	Books and publications Clothing and household goods						
5 6	Cars and other vehicles						
7							
8	Boats and planes Intellectual property						
9	Securities - Publicly traded	x	1	76 276	FAIR MARKET VALUE		
9 10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
••							
12	trust interests Securities - Miscellaneous						
13	Qualified conservation contribution -						
10	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 🕨 ()						
26	Other ► ()						
27	Other 🕨 ()						
28	Other 🕨 ()						
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions			
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29		<u> </u>	
					1	Yes	No
30a	During the year, did the organization receive by		• • • • •				
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period?	•				30a	X
	If "Yes," describe the arrangement in Part II.			f			
31	Does the organization have a gift acceptance p				lons?	31 X	┼──
32a	Does the organization hire or use third parties of		•	· · ·		32a X	
L.						32a X	
	If "Yes," describe in Part II. If the organization didn't report an amount in co	olumn (o) fo	a tuna of property	for which column (a) is abar	kod		
33	describe in Part II.		a type of property	nor which column (a) is chec	keu,		
	UCOUNT III FAIL II.						1

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

Schedule M (Form 990) 2021

132141 11-17-21

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	nd 33, and whether the organization a combination of both. Also complete
SCHEDULE M, PART I, LINE 9	
THE NATIONAL AUDUBON SOCIETY ACTION FUND RECEIVED \$76,276 IN STOCK	
DONATIONS IN FULFILLMENT OF A PRIOR YEAR PLEDGE THAT WAS REPORTED ON A	
PREVIOUS FORM 990. THIS \$76,276 IS INCLUDED ON SCHEDULE M, PART I, LINE	
9.	
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.	
132142 11-17-21	Schedule M (Form 990) 2021

Schedule M (Form 990) 2021 NATIONAL AUDUBON SOCIETY ACTION FUND

83-1280515

Page 2

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 83-1280515

FORM 990, PART III, LINE 4A

AUDUBON ACTION FUND, WORKING TO SUPPORT OUR ADVOCACY PARTNER, NATIONAL

NATIONAL AUDUBON SOCIETY ACTION FUND

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 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 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

ACTIVITY: EDUCATING THE PUBLIC ABOUT CANDIDATES' RECORDS AND POSITIONS.

AUDUBON ACTION FUND CURRENTLY IS ENGAGED IN STATE-WIDE WORK IN INDIANA,

FLORIDA, NORTH CAROLINA, SOUTH CAROLINA, ARIZONA, COLORADO, AND NEW

MEXICO. IN ADDITION, IT CONTINUES TO DEPLOY NATIONWIDE CAMPAIGNS

FOCUSED ON ADVANCING OR PROTECTING AUDUBON PRIORITIES BOTH IN CONGRESS,

THE ADMINISTRATION, AND IN STATE CAPITOLS. THE ACTION FUND CONTINUES TO

BUILD ITS ONLINE PRESENCE THAT REACHES NEW SUPPORTERS, INCREASES THE

FUND'S DONOR BASE, AND SUSTAINS MEMBERSHIP GROWTH AND PUBLIC ENGAGEMENT

WELL INTO THE FUTURE.

RECENT BIPARTISAN MOBILIZATION CAMPAIGNS URGED MEMBERS OF CONGRESS TO

PASS LEGISLATION ADVANCING AUDUBON PRIORITIES INCLUDING: THE GROWING

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

10470331 153424 0182291-00042

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31
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Vame of the organization NATIONAL AUDUBON SOCIETY ACTION FUND	Employer identification number 83–1280515
LIMATE SOLUTIONS ACT (GCSA), THE BUILD BACK BETTER ACT, THE	
NFRASTRUCTURE INVESTMENT AND JOBS ACT (IIJA), AND THE WATER RESOURCES	
EVELOPMENT ACT (WRDA). THESE CAMPAIGNS TARGETED BOTH REPUBLICANS AND	
EMOCRATS AND INCLUDED THANK YOU CAMPAIGNS TOWARDS MEMBERS THAT	
SUPPORTED ADVANCING THESE BILLS.	
N INDIANA AND ARIZONA, AUDUBON ACTION FUND WORKED TO FOSTER NEW	
UPPORT FOR THE ISSUES OF CLEAN ENERGY, CONSERVATION, CLIMATE, AND	
NATER INCLUDING STATEWIDE PROJECTS THAT WILL PROTECT, ENHANCE, AND	
ESTORE IMPORTANT HABITATS FOR BIRDS AND INCREASE COMMUNITY RESILIENCE.	
DDITIONALLY, AUDUBON CONTINUES TO BUILD RELATIONSHIPS WITH KEY	
OLICYMAKERS THAT ARE VITAL TO AUDUBON PRIORITIES INSIDE THESE STATES.	
OLORADO, FLORIDA, NEW MEXICO, NORTH CAROLINA, AND SOUTH CAROLINA	
FFICIALS TOWARD SUPPORTING CLEAN ENERGY, CLIMATE, CONSERVATION AND	
ATER POLICY, AND AUDUBON ACTION FUND WILL CONTINUE TO EXPAND CAMPAIGNS	
IN THE FUTURE.	
UDUBON ACTION FUND ENGAGED IN LIMITED POLITICAL ACTIVITIES FOCUSED ON	
ONSERVATION, CLIMATE, AND CLEAN ENERGY ISSUES IN FISCAL YEAR 2022.	
HESE POLITICAL EXPENDITURES WERE DIRECTED TOWARDS THE 2022 ELECTIONS.	
PECIFICALLY, AUDUBON ACTION FUND INVESTED IN TARGETED MAIL, PRINT, AND	
IGITAL ADVERTISING CAMPAIGNS IN CONGRESSIONAL AND STATE-LEVEL RACES IN	
ARIOUS STATES. THE ACTION FUND PUSHED FORWARD CANDIDATES THAT CHAMPION	
VARIOUS STATES. THE ACTION FUND PUSHED FORWARD CANDIDATES THAT CHAMPION UDUBON POLICIES THAT PROTECT BIRDS, PEOPLE, AND THE PLACES THEY NEED, NCLUDING: THE MIGRATORY BIRD PROTECTION ACT, THE INFLATION REDUCTION	

 $10470331 \ 153424 \ 0182291-00042$

2021.05070 NATIONAL AUDUBON SOCIETY 01822911

Name of the organization NATIONAL AUDUBON SOCIETY ACTION FUND	Employer identification number 83-1280515
ACT, THE FORAGE FISH CONSERVATION ACT, THE MIGRATORY BIRDS OF THE	
AMERICAS CONSERVATION ENHANCEMENT ACT. ADDITIONALLY, AUDUBON ACTION	
FUND RAN A PILOT GET-OUT-THE-VOTE CAMPAIGN TO PUSH ACTION FUND MEMBERS	
TO THE POLLS TO SUPPORT BIRDS. STATES WHERE AUDUBON ACTION FUND WAS	
PRESENT DURING THE 2022 CYCLE, INCLUDES: AK, AR, AZ, CA, CO, FL, IL,	
IN, MI, MN, PA, SC, VA, AND WA.	
THE NATIONAL AUDUBON SOCIETY ACTION FUND POLITICAL ACTION COMMITTEE	
(AUDUBON ACTION FUND PAC) WAS ESTABLISHED BY AUDUBON ACTION FUND IN MAY	
2022 TO FACILITATE POLITICAL CONTRIBUTIONS BY AUDUBON ACTION FUND'S	
RESTRICTED CLASS. AUDUBON ACTION FUND PAC WILL SUPPORT CANDIDATES WHO	
PRIORITIZE COMMON-SENSE SOLUTIONS TO THE GREATEST CONSERVATION	
CHALLENGES FACING BIRDS, PEOPLE, AND THE PLACES WE NEED.	
FORM 990, PART VI, SECTION A, LINE 6: AUDUBON ACTION FUND HAS THREE CLASSES OF MEMBERS: GOVERNING MEMBERS, CONTRIBUTING MEMBERS AND ASSOCIATE MEMBERS.	
AUDUBON ACTION FUND HAS THREE CLASSES OF MEMBERS: GOVERNING MEMBERS,	
AUDUBON ACTION FUND HAS THREE CLASSES OF MEMBERS: GOVERNING MEMBERS, CONTRIBUTING MEMBERS AND ASSOCIATE MEMBERS.	
AUDUBON ACTION FUND HAS THREE CLASSES OF MEMBERS: GOVERNING MEMBERS, CONTRIBUTING MEMBERS AND ASSOCIATE MEMBERS.	
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.	
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.	
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. C. ASSOCIATE MEMBERS CONSIST OF INDIVIDUALS WHO AFFIRMATIVELY EXPRESS THEIR	
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. C. ASSOCIATE MEMBERS CONSIST OF INDIVIDUALS WHO AFFIRMATIVELY EXPRESS THEIR DESIRE TO BECOME MEMBERS OF THE CORPORATION AND HAVE THE RIGHT TO VOTE FOR	
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. 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.	

Page 2

Schedule O (Form 990) 2021

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

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.

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

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 MEMBER OF A COMMITTEE WITH BOARD

DELEGATED POWERS IS REQUIRED TO SIGN AN ANNUAL STATEMENT, AND AVER THAT

THEY ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND THERE ARE

NO CONFLICTS. IN THE EVENT OF CONFLICT, THE INDIVIDUAL WHO HAS A CONFLICT

MUST RECUSE THEMSELF FROM ANY PART OF ANY DISCUSSION OR DECISION THAT

PERTAINS TO THE CONFLICT. THE BOARD, WITH THE ASSISTANCE OF COUNSEL,

MONITORS ADHERENCE TO AND COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

AUDUBON ACTION FUND'S FORM 990 IS AVAILABLE ON ITS WEBSITE. THE AUDITED

CONSOLIDATED FINANCIAL STATEMENTS AND ANNUAL REPORT, WHICH INCORPORATES THE

34

132212 11-11-21

Schedule O (Form 990) 2021

Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization NATIONAL AUDUBON SOCIETY ACTION FUND	Employer identification number 83-1280515
RESULTS OF AUDUBON ACTION FUND AND AUDUBON ACTION FUND PAC, 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 XI, LINE 9, CHANGES IN NET ASSETS:	
WRITE-OFF OF PLEDGES -10,250.	
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.	

132212 11-11-21

132161 11-17-21 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

NATIONAL AUDUBON SOCIETY ACTION FUND

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

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

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 Part II 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	(f) Direct controlling entity		3) i12(b)(13) iolled ity?
				501(c)(3))		Yes	No
NATIONAL AUDUBON SOCIETY, INC 13-1624102							
225 VARICK STREET 7TH FLOOR	1						
NEW YORK, NY 10014	CONSERVATION	NEW YORK	501(C)(3)	LINE 7	N/A		х
NATIONAL AUDUBON SOCIETY ACTION FUND							
POLITICAL ACTION COMMITTEE - 88-2913233,	7						
1200 18TH STREET NW, SUITE 500, WASHINGTON,	ENVIRON. ADVOCACY	DISTRICT OF COLUMBIA	527	N/A	NAS AF	х	

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

SEE PART VII FOR CONTINUATIONS

OMB No. 1545-0047 21

Open to Public

Employer identification number

Schedule R (Form 990) 2021

83-1280515

Inspection

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?		Genera manag partne	l or Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
]										
]										
	1										
	1										
	1										
	4										
			l	l							

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	(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) ction (b)(13) trolled tity?
		country)						Yes	No
								<u> </u>	<u> </u>
								<u> </u> '	<u> </u>

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)			Σ
c Gift, grant, or capital contribution from related organization(s)			2
d Loans or loan guarantees to or for related organization(s)			2
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	1 i		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)		X	_
p Reimbursement paid to related organization(s) for expenses		x	
a Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r	x	
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL AUDUBON SOCIETY, INC.	0	596,818.	FMV
(2) NATIONAL AUDUBON SOCIETY ACTION FUND POLITICAL ACTION COMMITTER	м	614.	FMV
(3) NATIONAL AUDUBON SOCIETY ACTION FUND POLITICAL ACTION COMMITTER	Р	441.	FMV
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 ____NATIONAL AUDUBON SOCIETY ACTION FUND

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NATIONAL AUDUBON SOCIETY ACTION FUND POLITICAL ACTION

COMMITTEE

EIN: 88-2913233

1200 18TH STREET NW, SUITE 500

WASHINGTON, DC 20036

132165 11-17-21

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

NATIONAL AUDUBON SOCIETY ACTION FUND 1200 18TH STREET NW, SUITE 500 WASHINGTON, DC 20036

PREPARED BY:

GRANT THORNTON LLP 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED. Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

	OMB No. 1545-0047
)	2021
	Open to Public Inspection

AF	or th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and e	ending Jt	JN 30, 2022						
B c a	heck if pplicab	C Name of organization		D Employer identif	fication number					
	Addre	ss NATIONAL AUDUBON SOCIETY ACTION FUND								
	Name	hange Doing business as 63-1260515								
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er					
	Final returr	1200 18TH STREET NW, SUITE 500		(202) 922-0	054					
	termi ated			G Gross receipts \$	1,063,600.					
	Amer	WASHINGTON, DC 20030		H(a) Is this a group	return					
	Appli tion			for subordinate	es? Yes X No					
	pendi	^{ng} same as c above		H(b) Are all subordinates	included? Yes No					
		empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) c	or 🗌 527	If "No," attach	a list. See instructions					
		te: AUDUBONACTIONFUND.ORG		H(c) Group exempti	on number 🕨					
		forganization: X Corporation Trust Association Other ►	L Year of	of formation: 2018	M State of legal domicile: DC					
Pa	art I	Summary								
¢,	1	Briefly describe the organization's mission or most significant activities: WE ARE	COMMITTE	D TO BUILDING						
ő		PUBLIC WILL FOR POLICY SOLUTIONS TO ADDRESS CONSERVATION CHAN	LLENGES.							
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	ssets.					
ove	3	Number of voting members of the governing body (Part VI, line 1a)			4					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)								
es 6	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0					
Ĭţ	6	Total number of volunteers (estimate if necessary)		6	4					
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		78	0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
				Prior Year	Current Year					
e	8	Contributions and grants (Part VIII, line 1h)		1,114,621	1,063,600.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0	. 0.					
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,127						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	. 0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,118,748	1,063,600.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,000						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0						
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ _{.}$		408,656	/					
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	401.							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		551,210	. 933,637.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		971,866	, ,					
	19	Revenue less expenses. Subtract line 18 from line 12		146,882	-466,855.					
s or			Beg	ginning of Current Year						
t Assets d Balanc	20	Total assets (Part X, line 16)		1,406,151	· · · · ·					
t As	21	Total liabilities (Part X, line 26)		382,024	· · · ·					
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		1,024,127	. 547,022.					
Pa	art II	Signature Block								
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of m	ly knowledge and belief, it is					

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date						
Here	MARSHALL JOHNSON, PRESIDENT									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	SCOTT THOMPSETT			self-employed P00741490						
Preparer	Firm's name 🕒 GRANT THORNTON LLP			Firm's EIN 🕨 36-6055558						
Use Only	Firm's address 🖕 757 THIRD AVENUE, 3RD FL	OOR								
	NEW YORK, NY 10017-2013		Phone no.(212) 599-0100							
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	J2001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

	1990 (2021) NATIONAL AUDUBON SOCIETY ACTION FUND	83-1280515	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	AUDUBON ACTION FUND WORKS TO AMPLIFY THE WORK OF NATIONAL AUDUBON		
	SOCIETY BY 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?	Ye	es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	es 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1, 483, 308. including grants of \$0. (Reverse)	nue \$	0.)
	SEE SCHEDULE O		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
			,
4.0)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,483,308.		
13200	2 12-09-21	Form	1 990 (2021)

Form 990 (2021) NATIONAL AUDUBON S
Part IV Checklist of Required Schedules NATIONAL AUDUBON SOCIETY ACTION FUND 83-1280515 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
-	public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	А	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	146	x	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZa		12a		x
h	Schedule D, Parts XI and XII	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	00-	X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
h	any tax-exempt bonds?	24c 24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c	x	X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	A	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		x
32	Did the organization requirate, terminate, or dissolve and cease operations? <i>If yes, complete Schedule N, Part I</i>	- 51		<u> </u>
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
<u> </u>	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	X	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2021) NATIONAL AUDUBON SOCIETY ACTION FUND 83-128051	.5	P	o _{age} 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 <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
a	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┼──
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.	00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		+
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Section 501(c)(12) organizations. Enter:			
''a				
b	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against			
D.	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
с	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form **990** (2021) 2021.05070 NATIONAL AUDUBON SOCIETY 01822911

Form	990 (2021) NATIONAL AUDUBON SOCIETY ACTION FUND		83-12805		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	a "No" r	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	.	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
h	Enter the number of voting members included on line 1a, above, who are independent	16		1		
0	•	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	WILLI	arry other			x
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the		•			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or application of the power to elect or application of the power of	point o	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
		onuo	0000.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		,,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ_i			12.0		<u> </u>
v		,		12c	х	
10	on Schedule O how this was done Did the organization have a written whistleblower policy?				x	<u> </u>
13				13	x	<u> </u>
14 15				14		
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45		v
a	The organization's CEO, Executive Director, or top management official			15a		X X
b	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a			
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain)	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			d finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records 🕨			
	NEETA HATLEY - 212-979-3000					
	225 VARICK STREET, NEW YORK, NY 10014					
132006	3 12-09-21			Form	9 90	(2021)
						. ,

Form 990 (2021)	NATIONAL AUDUBON SOCIETY ACTION FUND	83-1280515	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employ	ees, and Independent Contractors								
Check if S	Chedule O contains a response or note to any line in this Part VII								
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employees	S							
1a Complete this tabl	e for all persons required to be listed. Report compensation for the calendar yea	r ending with or within the organization'	s tax year.						
 List all of the org 	ganization's current officers, directors, trustees (whether individuals or organizat	tions), regardless of amount of compens	sation.						

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless persor					compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	ndividual trustee or director	Institutional trustee	5	Key employee	sst co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) DAVID M. YARNOLD	0.00									
CHIEF EXECUTIVE OFFICER (THRU 05/21)	0.00						х	0.	898,880.	377,293.
(2) ELIZABETH M. GRAY	2.00									
CHIEF EXECUTIVE OFFICER(AS OF 04/22)	40.00			х				0.	679,562.	25,896.
(3) STEPHEN E. MEYER	2.00									
VICE PRESIDENT (THRU 07/21)	40.00			Х				٥.	426,141.	228,462.
(4) LORRAINE A. SCIARRA	2.00									
SECRETARY	40.00			Х				0.	305,259.	23,611.
(5) MARSHALL JOHNSON	2.00									
PRESIDENT (AS OF 11/21)	40.00			Х				0.	239,915.	18,732.
(6) ANDREW MILLS	2.00									
PRESIDENT(THRU 11/21)/VICE PRESIDENT	40.00			Х				0.	218,073.	26,572.
(7) MARY BETH HENSON	0.00									
TREASURER (THRU 05/21)	0.00						Х	0.	150,454.	10,636.
(8) INGRID M. MILNE	2.00									
VICE TREASURER (AS OF 04/22)	40.00			Х				0.	0.	0.
(9) MIKE CONNOR	2.00									
CHAIR (THRU 11/21)	8.00	Х		Х				0.	0.	0.
(10) DAVID HARTWELL	2.00									
TREASURER/CHAIR (AS OF 11/21)	0.00	Х		Х				0.	0.	0.
(11) ELIZABETH THOMPSON	2.00									
DIRECTOR/TREASURER (AS OF 11/21)	0.00	Х		Х				0.	0.	0.
(12) SUSAN ORR	2.00									
DIRECTOR	8.00	Х						0.	0.	0.
(13) STEPHEN TAN	2.00									
DIRECTOR	8.00	Х						0.	0.	0.
		l								

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Form 990 (2021)

	990 (2021) NATIONAL AUD	UBON SOCIET	ΥA	CTI	ON	FUN	D			83-12	28051	5	P	age 8		
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)						
	(A)	(B)				C)			(D)	(E)			(F)			
	Name and title	Average	(do		Pos heck		۱ than o	ne	Reportable	Reportable	,	Es	timate	ed		
		hours per	box	, unle	ss pei	rson i	s both pr/trust	an	compensation	compensatio		ar	amount of			
		week					1711 USU		- from	from related			other			
		(list any hours for	irecto						the organization	organization (W-2/1099-MIS			pensa			
		related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)			om th anizat			
		organizations	truste	al trustee		/ee	mper		1099-NEC)			•	d relat			
		below	Individual trustee or director	In stit utio nal 1	5	mplo	est co oyee	er					anizati			
		line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former				-				
											$ \longrightarrow $					
					-											
1b	Subtotal	1						•	0.	2,918,	284.		711,	202.		
	Total from continuation sheets to Part VI								0.		٥.			٥.		
	Total (add lines 1b and 1c)								0.	2,918,	284.		711,	202.		
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	<u></u>					
	compensation from the organization													0		
													Yes	No		
3	Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on						
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	Х			
4	For any individual listed on line 1a, is the su															
	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual			4	Х			
5	Did any person listed on line 1a receive or a															
	rendered to the organization? If "Yes." con	plete Schedule	e J f	or sı	ıch ı	oers	on				<u></u>	5		X		
Sec	tion B. Independent Contractors															
1	Complete this table for your five highest co										pensat	ion fro	om			
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	hin T		ear.						
	(A) Name and business	address							(B) Description of s	envices	6))	;) nsatio	n		
<u></u>	GIANCE GROUP	2001633						_	Description of s			ompe	Isatio	11		
	49TH STREET S., FARGO, ND 85106								LOBBYING/ADVOCACY				397	000.		
5004	4910 SIREEI S., FARGO, ND 05100							-	LOBBIING/ADVOCACI				, יננ	000.		
								╡								
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se list	ed	above) who received me	ore than						
	\$100,000 of compensation from the organi						1									

Form **990** (2021)

132008 12-09-21

				DUBON SO	CIETY ACTION	FUND		83-128051	5 Page 9
Pa	rt V	/	Statement of Revenue						
			Check if Schedule O contains a	response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns	1a					
unt			Membership dues						
٦Ĝ			Fundraising events						
ifts ar A			Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions)	1e					
r Si		f	All other contributions, gifts, grants, and	1					
the			similar amounts not included above \dots	1f	1,063,600.				
diti		g	Noncash contributions included in lines 1a-1f	1g \$	76,276.				
<u>а С</u>		h	Total. Add lines 1a-1f		►	1,063,600.			
					Business Code				
e	2	а							
Program Service Revenue		b							
am Ser		С							
Jev		d							
rog F		е							
₽			All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including divide	-					
			other similar amounts) Income from investment of tax-exer						
	4 5			• •					
	5		Royalties	(i) Real	(ii) Personal				
	6	~							
		a b	Gross rents 6a Less: rental expenses 6b						
		c	Rental income or (loss) 6c						
			Net rental income or (loss)						
				Securities	(ii) Other				
		u	assets other than inventory 7a						
		b	Less: cost or other basis						
ē			and sales expenses 7b						
evenue		с	Gain or (loss) 7c						
			Net gain or (loss)		>				
Other R			Gross income from fundraising events (
£			including \$						
			contributions reported on line 1c). S						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraisin		>				
	9	а	Gross income from gaming activitie						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ad		,▶				
	10	а	Gross sales of inventory, less return						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales of in	iventory					
sn		-			Business Code				
leoi	11							-	
ilar ven		b							
Miscellaneous Revenue		с С	All other revenue						
Ξ			All other revenue						
	12		Total revenue. See instructions			1,063,600.	0.	0.	0.
13200					F	, , , .			Form 990 (2021

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NATIONAL AUDUBON SOCIETY ACTION FUND

D	Check if Schedule O contains a respons	(A)		(C)	<u>(</u> D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 G	arants and other assistance to domestic organizations				
а	nd domestic governments. See Part IV, line 21				
2 G	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
3 G	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	100.050	400.050		
	rustees, and key employees	133,072.	133,072.		
	Compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	205 004	205 004		
	Other salaries and wages	327,094.	327,094.		
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	136,652.	136,652.		
	Other employee benefits	130,052.	130,052.		
	Payroll taxes				
	ees for services (nonemployees):				
	Aanagement	10,243.	10,243.		
		8,190.	10,243.	8,190.	
		515,014.	515,014.	0,150.	
	obbying	515,014.	515,014.		
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	olumn (A), amount, list line 11g expenses on Sch 0.)	151,951.	151,951.		
	Advertising and promotion	9,581.	9,581.		
	Office expenses	1,013.	994.	19.	
	nformation technology	_,			
	Royalties				
	Decupancy				
	ravel	22,687.	15,126.	5,335.	2,22
	Payments of travel or entertainment expenses				-7
	or any federal, state, or local public officials				
		29,092.	28,651.	266.	17
	nterest	, ,	,		
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	nsurance				
	Other expenses. Itemize expenses not covered				
a	bove. (List miscellaneous expenses on line 24e. If				
li a	ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	EIMBURSED EXP. (NAS)	145,953.	145,953.		
~ -	UNDRAISING SVC-AUDUBON	24,000.	, -		24,00
	UES & SUBSCRIPTIONS	15,652.	8,977.	6,675.	,
_	ERVICE BUREAUS	261.		261.	
	All other expenses				
	total functional expenses. Add lines 1 through 24e	1,530,455.	1,483,308.	20,746.	26,40
	oint costs. Complete this line only if the organization				·
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	Check here The following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

trustee, key employee, creator or founder, substa	contributor, or 35%		
controlled entity or family member of any of thes	e pers	ons	5
Loans and other receivables from other disqualif			
under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)	6
Notes and loans receivable, net			7
Inventories for sale or use			8
Description of the second state of the second		9	
Land, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D	10a		
Less: accumulated depreciation	10b		10c
Investments - publicly traded securities			11
Investments - other securities. See Part IV, line 1	1		12
Investments - program-related. See Part IV, line 1	11		13
Intangible assets			14
Other assets. See Part IV, line 11			15

Form 990		NATIONAL	AUDUBON	SOCIETY	ACTION	FUND	
Part X	Balance Sh	eet					

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

Cash - non-interest-bearing Savings and temporary cash investments

Pledges and grants receivable, net

Total assets. Add lines 1 through 15 (must equal line 33)

Accounts payable and accrued expenses

Grants payable

Deferred revenue Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

Loans and other payables to any current or former officer, director,

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨

controlled entity or family member of any of these persons

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

trustee, key employee, creator or founder, substantial contributor, or 35%

83-1280515

(A) Beginning of year

1,252,552.

153,599.

1,406,151.

178,872.

203,152.

382,024.

332,671.

691,456.

1,024,127.

1,406,151.

16

17

18

19

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21

22

23

24

25

26

27

28

29

30

31

32

33

1

2

3

4

(B) End of year

Accounts receivable, net Loans and other receivables from any current or former officer, director,

1

2

3

4

5

6

7

8

9

11

12

13

14

15

16

17

18

19

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23

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27

28

29

30

31

32

33

of Schedule D

Liabilities

Net Assets or Fund Balances

Assets

10a Land, b

b Less: ad

Page 11

730,172.

67,073.

797,245.

157,615.

92,608.

250,223.

181,131.

365,891.

547,022.

797,245.

Form	1990 (2021) NATIONAL AUDUBON SOCIETY ACTION FUND	83-128051	5	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				<u>.</u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	063,	600.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	530,	455.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	466,	855.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	024,	127.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-10,	250.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		547,	022.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

132012 12-09-21

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization	Employer Identification number	
N	NATIONAL AUDUBON SOCIETY ACTION FUND	83-1280515
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

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

Special Rules

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

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

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

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

Schedule B (Form 990) (2021)

NATIONAL	AUDUBON SOCIETY ACTION FUND	8	3-1280515
Part I	Contributors (see instructions). Use duplicate copies of Part I is	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$171,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$171,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$18,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990) (2021)

123452 11-11-21

 $10470331 \ 153424 \ 0182291-00042$

Page **2**

Schedule B (Form 990) (2021) Name of organization

Employer identification number

ort II	Nanaaah Branartu (
art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 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
		(¢	

 $10470331 \ 153424 \ 0182291-00042$

Schedule B (Form 990) (2021)

Employer identification number

Schedule B (Form 990) (2021)

Name of organization

Schedule I	B (Form 990) (2021)		Page 4
Name of o	rganization		Employer identification number
NATIONAL Part III	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	(a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	83-1280515 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year r. For organizations ss for the year. (Enter this info. once.) \$\$
	Use duplicate copies of Part III if additiona	Il space is needed.	1
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
·	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Tropoforasia nama addusas	(e) Transfer of gift	Polationship of transform to transform
	Transferee's name, address, a	ano ZIP + 4	Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE C	Po	olitical Campaign a	and Lobbying	Activities		OMB No. 1545-004
(Form 990)						2021
	-	anizations Exempt From Income				ZUZ I
Department of the Treasury		if the organization is described			0-EZ.	Open to Public
Internal Revenue Service		Go to www.irs.gov/Form990 for i	instructions and the la	atest information.		Inspection
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Campai	gn Activ	vities), then
 Section 501(c)(3) or 	ganizations: Con	nplete Parts I-A and B. Do not com	plete Part I-C.			
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below. I	Do not complete Part I-	•В.	
 Section 527 organiz 	ations: Complete	e Part I-A only.				
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, line	e 47 (Lobbying Activit	ties), th	en
 Section 501(c)(3) or 	ganizations that	have filed Form 5768 (election und	der section 501(h)): Con	nplete Part II-A. Do not	t comple	ete Part II-B.
 Section 501(c)(3) or 	ganizations that	have NOT filed Form 5768 (electio	n under section 501(h))	: Complete Part II-B. D	o not co	omplete Part II-A.
If the organization ans Tax) (See separate inst		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form 9	90-EZ,	Part V, line 35c (Pro
 Section 501(c)(4), (5), or (6) organiza [.]	tions: Complete Part III.				
Name of organization				E	mploye	r identification num
	NATIONAL A	UDUBON SOCIETY ACTION FUN	D			83-1280515
Part I-A Compl	ete if the org	janization is exempt unde	r section 501(c) or	r is a section 527	orgar	nization.
 Enter the amount of Enter the amount of 	of any excise tax of any excise tax	janization is exempt unde incurred by the organization unde incurred by organization manager	r section 4955		\$	
4a Was a correction m	nade?	n 4955 tax, did it file Form 4720 fo				└── Yes └── └── Yes └──
b If "Yes," describe in					4/->/0>	
		anization is exempt unde				
		d by the filing organization for sect			►\$	1,0
		ization's funds contributed to othe				
exempt function ac				, J	►\$	
•	•	s. Add lines 1 and 2. Enter here an				1 0
					►\$	1,0
00						
made payments. For contributions recei	or each organiza ved that were pr	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid	from the filing organiza separate political organ	tion's funds. Also ente nization, such as a sepa	r the an	nount of political
	. ,	1 /1	1			
(a) Nam	9	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s co -0	(e) Amount of politica ntributions received a promptly and directly delivered to a separat political organization If none, enter -0
NAS ACTION FUND PA	C	WASHINGTON, DC 20036	88-2913233	1,0	55.	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHASEE PART IV FOR CONTINUATION

Schedule C (Form 990) 2021

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		SOCIETY ACTION			1280515 Page 2
Part II-A Complete if the organ section 501(h)).	nization is exe	mpt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
	on belongs to an aff	iliated group (and list ir	Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share	of excess lobbying	expenditures).			
B Check 🕨 📃 if the filing organization	on checked box A a	nd "limited control" pro	ovisions apply.		
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)			(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influe	nce public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or (obying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,0		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00	· · · · · · · · · · · · · · · · · · ·	00 plus 5% of the exce			
Over \$17,000,000	\$1,000				
, ,	· · · · · · · · ·	,			
g Grassroots nontaxable amount (ente	r 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	, ,				
i Subtract line 1f from line 1c. If zero c					
j If there is an amount other than zero			•		1
reporting section 4911 tax for this ye		-			Yes No
······································		eraging Period Under			
(Some organizations that	t made a section 5		have to complete all o	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Ford)	(k)
	e lobbying activity.	(a) Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
q	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	3		
	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR (I	b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal			
а	Current year		. 2 a		
b	Carryover from last year		. 2b		
с	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	T IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAR	C I-A, LINE 1:				
THE	NATIONAL AUDUBON SOCIETY ACTION FUND ENGAGED IN LIMITED POLITICAL				
CAMI	PAIGN ACTIVITIES IN FISCAL YEAR 2022. THE ACTION FUND INCURRED				
\$84,	824 IN CONSULTANT EXPENSES TO FUND A DIGITAL ADVERTISING CAMPAIGN				
TO A	ACKNOWLEDGE THE ADVOCACY EFFORTS OF VARIOUS POLITICIANS WHO				
SUPI	PORTED CONSERVATION EFFORTS IN THE STATES OF INDIANA AND SOUTH				

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Schedule C (Form 990) 2021

Part IV Supplemental Information (continued)

CAROLINA. TOTAL POLITICAL EXPENDITURES FOR THE FISCAL YEAR REPRESENTS

APPROXIMATELY 5.5% OF AUDUBON ACTION FUND'S OVERALL EXPENDITURES FOR

THE YEAR.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

NAS ACTION FUND PAC

1200 18TH STREET NW, SUITE 500 WASHINGTON, DC 20036

Schedule C (Form 990) 2021

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SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
(Forn	n 990)		anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2021
	ment of the Treasury	▶.	Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection
	Revenue Service e of the organizati			Fmr	bloyer identification number
Num	of the organizati	NATIONAL AUDUBON SOCIETY AC	TION FUND	- ,	83-1280515
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	coun	ts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		•
			(a) Donor advised funds (b) Fun	ds and other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4					
5					
	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used or		
			r donor advisor, or for any other purpose conferri		
	impermissible priv			•	Yes No
Par	t II Conserv		ganization answered "Yes" on Form 990, Part IV,		
1		servation easements held by the organization			
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a histo	rically	important land area
	Protection of	of natural habitat	Preservation of a certi	fied his	storic structure
	Preservation	n of open space			
2			ied conservation contribution in the form of a cor	nservat	tion easement on the last
	day of the tax yea				Held at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b				2b	
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3			eased, extinguished, or terminated by the organiz	zation	during the tax
	year 🕨				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and ent	forcement of the conservation easements it	holds?		Yes 📃 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ments during the year
	▶				
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sement	ts during the year
	▶\$				
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, descril	be how the organization reports conservation	on easements in its revenue and expense statem	ent and	d
	balance sheet, and	d include, if applicable, the text of the footn	note to the organization's financial statements that	t desc	ribes the
	organization's acc	counting for conservation easements.			_
Par			Art, Historical Treasures, or Other S	imila	r Assets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ince sh	neet works
	of art, historical tre	easures, or other similar assets held for pub	olic exhibition, education, or research in furtheran	ce of p	public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	sheet	works of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	of pub	olic service,
	provide the follow	ing amounts relating to these items:			
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1			\$
					\$
2	If the organization		asures, or other similar assets for financial gain, p	orovide	

2	If the organization received or held works of art, historical treasures, or other similar assets for
	the following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

Schedule D (Form 990) 2021

\$ \$

►

Sche		JDUBON SOCIETY						83-128		P	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Asset	s (contil	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checł	any of the	following that	t make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	t	Loan or exc	hange progra	am					
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	on's exem	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							Part IV.	_		
	reported an amount on Form 990, Pai							, ,			
1a	Is the organization an agent, trustee, custodi		liary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII									L	
			lowing						Amoun	t	
с	Beginning balance						1c			-	
с А	Beginning balance Additions during the year						1d				
u							1e				
e f	Distributions during the year Ending balance						1f				
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-	y :	∟			
Par							<u></u>)				
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Fou	r vears	hack
10	Paginning of year balance	(u) ourient you	(5)	nor your	(0) 1100 you		aj 111100 y	ouro buon	(6) 1 00	youro	buok
	Beginning of year balance										
b	Contributions										
	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 of the curr		e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held ar	nd administer	red for the	organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)	└───	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	chedule R?					3b	L	
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	D, Part IN	/, line 11a. S	See Form 990	, ,					
	Description of property	(a) Cost or c		. ,	t or other	.,	cumulate	d	(d) Boo	k valu	le
		basis (investr	ment)	basis	(other)	depi	reciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
e	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colur	nn (B), line 1	0c.)						0.
							:	Schedule	D (Forr	n 990)) 2021

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Schedule D (Form 990) 2021 NATIONAL AUDUBON SOCIETY ACTION FUN	SOCIETY ACTION FUND	AUDUBON	NATIONAL	(Form 990) 2021	Schedule D (
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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o (a) Description of investment			
	(b) Book value	(c) Method of valuation: Cost or end	oryear market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Pook volue
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
	n Fauna 000 Davit IV/ line	11. ou 116 Coo Fours 000 Dout V line 05	
Complete if the organization answered "Yes" o	n Form 990, Part IV, Ime	The or This See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			00.000
(2) INTERCOMPANY PAYABLE			92,608.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 000 Part V col (P) line	25)		92,608.

Contraction (Contraction Contraction Contr

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 NATIONAL AUDUBON SOCIETY ACTION FUN	1D	83-1280515 Page	, 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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.)	4b		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		
Pa	t XIII Supplemental Information.			

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

PART 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

132054 10-28-21

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued) 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. 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, SCHEDULE 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) 2021

132055 10-28-21

SCHEDULE J (Form 990) Compensation Information OMB No. 1545- Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees OMB No. 1545- Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Open to Put Inspection	olic n
Department of the Treasury ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Open to Put the Treasury ► Attach to Form 990.	olic n
Department of the Treasury Attach to Form 990. Open to Pu	n
	umber
Name of the organization Employer identification r	
NATIONAL AUDUBON SOCIETY ACTION FUND 83-1280515	
Part I Questions Regarding Compensation	
Ye	<u>No</u>
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	
First-class or charter travel Housing allowance or residence for personal use	
Travel for companions Payments for business use of personal residence	
Tax indemnification and gross-up payments Health or social club dues or initiation fees	
Discretionary spending account Personal services (such as maid, chauffeur, chef)	
b If any of the bayes on line to are checked, did the examination follows written policy recording payment or	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	-
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	
establish compensation of the CEO/Executive Director, but explain in Part III.	
Compensation committee Written employment contract	
Independent compensation consultant Compensation survey or study	
Form 990 of other organizations Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a related organization:	
a Receive a severance payment or change of control payment?	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	X
c Participate in or receive payment from an equity-based compensation arrangement?	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of:	
a The organization? 5a	<u> </u>
b Any related organization? 5b	X
If "Yes" on line 5a or 5b, describe in Part III.	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the net earnings of:	
a The organization? 6a	X
b Any related organization?	X
If "Yes" on line 6a or 6b, describe in Part III.	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	x
not described on lines 5 and 6? If "Yes," describe in Part III 7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	x
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 Regulations section 53.4958-6(c)?	
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990.	0) 2021

132111 11-02-21

Schedule J (Form 990) 2021

83-1280515

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 of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID M. YARNOLD (i)	٥.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER (THRU 05/21)		437,714.	160,000.	301,166.	368,739.	8,554.	1,276,173.	0.
(2) ELIZABETH M. GRAY	i)	Ο.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER(AS OF 04/22)		462,069.	196,514.	20,979.	23,200.	2,696.	705,458.	0.
(3) STEPHEN E. MEYER (i)	٥.	0.	0.	0.	0.	0.	0.
	ii)	216,273.	20,000.	189,868.	211,161.	17,301.	654,603.	0.
(4) LORRAINE A. SCIARRA	i)	٥.	0.	0.	0.	0.	0.	0.
	ii)	269,796.	30,000.	5,463.	21,324.	2,287.	328,870.	0.
(5) MARSHALL JOHNSON (i)	٥.	0.	0.	0.	0.	0.	0.
	ii)	239,607.	0.	308.	9,793.	8,939.	258,647.	0.
(6) ANDREW MILLS (i)	٥.	0.	0.	0.	0.	0.	0.
PRESIDENT(THRU 11/21)/VICE PRESIDENT	ii)	217,695.	0.	378.	17,858.	8,714.	244,645.	0.
(7) MARY BETH HENSON (i)	٥.	0.	0.	0.	0.	0.	0.
	ii)	129,883.	0.	20,571.	10,201.	435.	161,090.	0.
	i)							
	ii)							
(i)							
	ii)							
(i)							
	ii)							
(i)							
	ii)							
(i)							
	ii)							
(i)							
	ii)							
(i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							

Schedule J (Form 990) 2021 NATIONAL AUDUBON SOCIETY ACTION FUND

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: ELIZABETH M. GRAY, LORRAINE A. SCIARRA, MARSHALL

JOHNSON, ANDREW MILLS, DAVID M. YARNOLD, STEPHEN E. MEYER, 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 J (Form 990) 2021

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2021 Open to Public Inspection

Employer identification number 83-1280515

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

lization						
	NATIONAL	AUDUBON	SOCIETY	ACTION	FUND	

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribut			3
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							
9	Securities - Publicly traded	X	1	76,276.	FAIR MARKET VALUE	3		
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 ▶ ()							
26	Other ()							
27	Other ► ()							
28	Other 🕨 (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		X
b	,							
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31	x	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

132141 11-17-21

Schedule M (Form 990) 2021 NATIONAL AUDUBON SOCIETY ACTION FUND	83-1280515	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a con this part for any additional information.	3, and whether the organi nbination of both. Also cor	zation nplete
SCHEDULE M, PART I, LINE 9		
THE NATIONAL AUDUBON SOCIETY ACTION FUND RECEIVED \$76,276 IN STOCK		
DONATIONS IN FULFILLMENT OF A PRIOR YEAR PLEDGE THAT WAS REPORTED ON A		
PREVIOUS FORM 990. THIS \$76,276 IS INCLUDED ON SCHEDULE M, PART I, LINE		
9.		
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.		
132142 11-17-21	Schedule M (For	m 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 83-1280515

FORM 990, PART III, LINE 4A

AUDUBON ACTION FUND, WORKING TO SUPPORT OUR ADVOCACY PARTNER, NATIONAL

NATIONAL AUDUBON SOCIETY ACTION FUND

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 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 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

ACTIVITY: EDUCATING THE PUBLIC ABOUT CANDIDATES' RECORDS AND POSITIONS.

AUDUBON ACTION FUND CURRENTLY IS ENGAGED IN STATE-WIDE WORK IN INDIANA,

FLORIDA, NORTH CAROLINA, SOUTH CAROLINA, ARIZONA, COLORADO, AND NEW

MEXICO. IN ADDITION, IT CONTINUES TO DEPLOY NATIONWIDE CAMPAIGNS

FOCUSED ON ADVANCING OR PROTECTING AUDUBON PRIORITIES BOTH IN CONGRESS,

THE ADMINISTRATION, AND IN STATE CAPITOLS. THE ACTION FUND CONTINUES TO

BUILD ITS ONLINE PRESENCE THAT REACHES NEW SUPPORTERS, INCREASES THE

FUND'S DONOR BASE, AND SUSTAINS MEMBERSHIP GROWTH AND PUBLIC ENGAGEMENT

WELL INTO THE FUTURE.

RECENT BIPARTISAN MOBILIZATION CAMPAIGNS URGED MEMBERS OF CONGRESS TO

PASS LEGISLATION ADVANCING AUDUBON PRIORITIES INCLUDING: THE GROWING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

Name of the organization NATIONAL AUDUBON SOCIETY ACTION FUND	Employer identification number
	00 120010
CLIMATE SOLUTIONS ACT (GCSA), THE BUILD BACK BETTER ACT, THE	
INFRASTRUCTURE INVESTMENT AND JOBS ACT (IIJA), AND THE WATER RESOURCES	
DEVELOPMENT ACT (WRDA). THESE CAMPAIGNS TARGETED BOTH REPUBLICANS AND	
DEMOCRATS AND INCLUDED THANK YOU CAMPAIGNS TOWARDS MEMBERS THAT	
SUPPORTED ADVANCING THESE BILLS.	
IN INDIANA AND ARIZONA, AUDUBON ACTION FUND WORKED TO FOSTER NEW	
SUPPORT FOR THE ISSUES OF CLEAN ENERGY, CONSERVATION, CLIMATE, AND	
WATER INCLUDING STATEWIDE PROJECTS THAT WILL PROTECT, ENHANCE, AND	
RESTORE IMPORTANT HABITATS FOR BIRDS AND INCREASE COMMUNITY RESILIENCE.	
ADDITIONALLY, AUDUBON CONTINUES TO BUILD RELATIONSHIPS WITH KEY	
POLICYMAKERS THAT ARE VITAL TO AUDUBON PRIORITIES INSIDE THESE STATES.	
COLORADO, FLORIDA, NEW MEXICO, NORTH CAROLINA, AND SOUTH CAROLINA	
CONTINUE TO BE IMPORTANT STATES FOR CAMPAIGNS THAT MOVE ELECTED	
OFFICIALS TOWARD SUPPORTING CLEAN ENERGY, CLIMATE, CONSERVATION AND	
WATER POLICY, AND AUDUBON ACTION FUND WILL CONTINUE TO EXPAND CAMPAIGNS	
IN THE FUTURE.	
AUDUBON ACTION FUND ENGAGED IN LIMITED POLITICAL ACTIVITIES FOCUSED ON	
CONSERVATION, CLIMATE, AND CLEAN ENERGY ISSUES IN FISCAL YEAR 2022.	
THESE POLITICAL EXPENDITURES WERE DIRECTED TOWARDS THE 2022 ELECTIONS.	
SPECIFICALLY, AUDUBON ACTION FUND INVESTED IN TARGETED MAIL, PRINT, AND	
DIGITAL ADVERTISING CAMPAIGNS IN CONGRESSIONAL AND STATE-LEVEL RACES IN	
VARIOUS STATES. THE ACTION FUND PUSHED FORWARD CANDIDATES THAT CHAMPION	
AUDUBON POLICIES THAT PROTECT BIRDS, PEOPLE, AND THE PLACES THEY NEED,	
INCLUDING: THE MIGRATORY BIRD PROTECTION ACT, THE INFLATION REDUCTION	
ACT, THE GROWING CLIMATE SOLUTIONS ACT, THE BLUE CARBON FOR OUR PLANET	

Schedule O (Form 990) 2021	Page 2
Name of the organization NATIONAL AUDUBON SOCIETY ACTION FUND	Employer identification number 83-1280515
ACT, THE FORAGE FISH CONSERVATION ACT, THE MIGRATORY BIRDS OF THE	
AMERICAS CONSERVATION ENHANCEMENT ACT. ADDITIONALLY, AUDUBON ACTION	
FUND RAN A PILOT GET-OUT-THE-VOTE CAMPAIGN TO PUSH ACTION FUND MEMBERS	
TO THE POLLS TO SUPPORT BIRDS. STATES WHERE AUDUBON ACTION FUND WAS	
PRESENT DURING THE 2022 CYCLE, INCLUDES: AK, AR, AZ, CA, CO, FL, IL,	
IN, MI, MN, PA, SC, VA, AND WA.	
THE NATIONAL AUDUBON SOCIETY ACTION FUND POLITICAL ACTION COMMITTEE	
(AUDUBON ACTION FUND PAC) WAS ESTABLISHED BY AUDUBON ACTION FUND IN MAY	
2022 TO FACILITATE POLITICAL CONTRIBUTIONS BY AUDUBON ACTION FUND'S	
RESTRICTED CLASS. AUDUBON ACTION FUND PAC WILL SUPPORT CANDIDATES WHO	
PRIORITIZE COMMON-SENSE SOLUTIONS TO THE GREATEST CONSERVATION	
CHALLENGES FACING BIRDS, PEOPLE, AND THE PLACES WE NEED.	
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.	
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.	

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

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

THE BOARD OF DIRECTORS. THE RIGHT TO ELECT THE LAST DIRECTOR IS RESERVED TO

132212 11-11-21

Schedule O (Form 990) 2021

THE CONTRIBUTING AND THE ASSOCIATE MEMBERS.

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

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.

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

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 MEMBER OF A COMMITTEE WITH BOARD

DELEGATED POWERS IS REQUIRED TO SIGN AN ANNUAL STATEMENT, AND AVER THAT

THEY ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND THERE ARE

NO CONFLICTS. IN THE EVENT OF CONFLICT, THE INDIVIDUAL WHO HAS A CONFLICT

MUST RECUSE THEMSELF FROM ANY PART OF ANY DISCUSSION OR DECISION THAT

PERTAINS TO THE CONFLICT. THE BOARD, WITH THE ASSISTANCE OF COUNSEL,

MONITORS ADHERENCE TO AND COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

AUDUBON ACTION FUND'S FORM 990 IS AVAILABLE ON ITS WEBSITE. THE AUDITED

CONSOLIDATED FINANCIAL STATEMENTS AND ANNUAL REPORT, WHICH INCORPORATES THE

132212 11-11-21

Schedule O (Form 990) 2021

Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization NATIONAL AUDUBON SOCIETY ACTION FUND	Employer identification number 83-1280515
RESULTS OF AUDUBON ACTION FUND AND AUDUBON ACTION FUND PAC, 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 XI, LINE 9, CHANGES IN NET ASSETS:	
WRITE-OFF OF PLEDGES -10,250.	
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.	

132212 11-11-21

SCH	EDULE R
	1

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

83-1280515

Name of the organization

NATIONAL AUDUBON SOCIETY ACTION FUND

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

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

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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NATIONAL AUDUBON SOCIETY, INC 13-1624102							
225 VARICK STREET 7TH FLOOR							
NEW YORK, NY 10014	CONSERVATION	NEW YORK	501(C)(3)	LINE 7	N/A		х
NATIONAL AUDUBON SOCIETY ACTION FUND							
POLITICAL ACTION COMMITTEE - 88-2913233,	1						
1200 18TH STREET NW, SUITE 500, WASHINGTON,	ENVIRON. ADVOCACY	DISTRICT OF COLUMBIA	527	N/A	NAS AF	x	
	-						
	-						
	-						

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

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.

organizationo troatea ao a pa		,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes		
]											
	1											
	-											
	-											
	-											
	{											
	4											

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	(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	Sec 512(I contr ent	i) b)(13) rolled iity?
		country)				400010		Yes	No
	1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)			X
d Loans or loan guarantees to or for related organization(s)			X
e Loans or loan guarantees by related organization(s)			x
f Dividends from related organization(s)	1f		х
g Sale of assets to related organization(s)	1g		х
h Purchase of assets from related organization(s)			Х
i Exchange of assets with related organization(s)			Х
j Lease of facilities, equipment, or other assets to related organization(s)			х
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)		Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
o Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses	1p	х	
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	1r	х	
s Other transfer of cash or property from related organization(s)			х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresho	olds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL AUDUBON SOCIETY, INC.	0	596,818.	FMV
(2) NATIONAL AUDUBON SOCIETY ACTION FUND POLITICAL ACTION COMMITTER	м	614.	FMV
(3) NATIONAL AUDUBON SOCIETY ACTION FUND POLITICAL ACTION COMMITTEE	Р	441.	FMV
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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Schedule R (Form 990) 2021 NATIONAL AUDUBON SOCIETY ACTION FUND

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-)	(-)	(-1)	10		(4)	()		- \	(1)	(1)	(1.)			
(a)	(b)	(c)	(d)	(e) Are a	i ll	(f)	(g)		h)	(i)	(j)	(k)			
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin				
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?				
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	<u>'</u>			
				+	-+							+			
												L			
	-														
												 			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NATIONAL AUDUBON SOCIETY ACTION FUND POLITICAL ACTION

COMMITTEE

EIN: 88-2913233

1200 18TH STREET NW, SUITE 500

WASHINGTON, DC 20036

Schedule R (Form 990) 2021

132165 11-17-21