

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning 09/01, 2015, and ending 08/31, 2016

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2015

Department of the Treasury
Internal Revenue Service

Name of exempt organization

NEW JERSEY AUDUBON SOCIETY

Employer identification number

221539642

Name and title of officer

ERIC STILES, PRESIDENT AND CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>7,214,623.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WITHUMSMITH+BROWN, PC to enter my PIN 44216 as my signature
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Eric Stiles*

Date ▶ 03/02/2017

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2200622202
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Catherine E. Bendall*

Date ▶

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **09/01, 2015**, and ending **08/31, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW JERSEY AUDUBON SOCIETY			D Employer identification number 221539642		
	Doing Business As			E Telephone number (908) 204-8998		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9 HARDCRABBLE ROAD			City or town, state or province, country, and ZIP or foreign postal code BERNARDSVILLE, NJ 07924		
	F Name and address of principal officer: ERIC STILES 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924			G Gross receipts \$ 8,945,909.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
J Website: ▶ WWW.NJAUDUBON.ORG			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1910 M State of legal domicile: NJ			
H(c) Group exemption number ▶			If "No," attach a list. (see instructions)			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WORKS TO FOSTER ENVIRONMENTAL AWARENESS AND A CONSERVATION ETHIC IN NJ; PROTECT NJ'S BIRDS, MAMMALS AND OTHER ANIMALS AND PLANTS AND PROMOTE PRESERVATION OF NJ NATURAL HABITATS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21.
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	122.
	6 Total number of volunteers (estimate if necessary)	6	950.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,945,693.	5,858,893.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	573,608.	993,856.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	150,991.	114,586.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	321,205.	247,288.
		6,991,497.	7,214,623.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,570,804.	3,679,032.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	60,895.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 852,808.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,087,604.	3,925,031.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,658,408.	7,664,958.	
19 Revenue less expenses. Subtract line 18 from line 12	333,089.	-450,335.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	27,991,032.	28,025,891.
	22 Net assets or fund balances. Subtract line 21 from line 20	503,752.	772,680.
	27,487,280.	27,253,211.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	ERIC STILES Type or print name and title	PRESIDENT AND CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CATHERINE BENDALL				P00521196
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092	Firm's address ▶ 1 SPRING STREET NEW BRUNSWICK, NJ 08901	Phone no. 732-828-1614	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE NEW JERSEY AUDUBON SOCIETY IS A PRIVATELY SUPPORTED, NOT-FOR-PROFIT, STATEWIDE MEMBERSHIP ORGANIZATION. SEE SCHEDULE O FOR FULL MISSION STATEMENT.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,957,331. including grants of \$) (Revenue \$ 1,241,150.) EDUCATION AND SANCTUARIES - PROMOTE EDUCATIONAL AWARENESS AND ENVIRONMENTAL PROTECTION THROUGH SUMMER CAMPS, FIELD TRIPS, LECTURES AND WEEKEND EVENTS AND TO MAINTAIN WILDLIFE SANCTUARIES, EDUCATIONAL CENTERS AND OTHER PROPERTIES. FOR A MORE DETAILED DESCRIPTION OF THE PROGRAM SERVICES PROVIDED, SEE SCHEDULE O FOR NEW JERSEY AUDUBON'S CONSERVATION UPDATE.

4b (Code:) (Expenses \$ 1,396,811. including grants of \$) (Revenue \$) STEWARDSHIP - ENCOURAGE AND SUPPORT SOUND CONSERVATION AND STEWARDSHIP PRACTICES AND LAWS. FOR A MORE DETAILED DESCRIPTION OF THE PROGRAM SERVICES PROVIDED, SEE SCHEDULE O FOR NEW JERSEY AUDUBON'S CONSERVATION UPDATE.

4c (Code:) (Expenses \$ 857,554. including grants of \$) (Revenue \$) RESEARCH AND MONITORING - DISSEMINATE AND ADVANCE KNOWLEDGE OF THE NATURAL ENVIRONMENT THROUGH EDUCATIONAL AND RESEARCH PROGRAMS AND PUBLICATIONS. FOR A MORE DETAILED DESCRIPTION OF THE PROGRAM SERVICES PROVIDED, SEE SCHEDULE O FOR NEW JERSEY AUDUBON'S CONSERVATION UPDATE.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,211,696.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	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? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part 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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-9 (governance and management questions).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a-16b (policies on chapters, conflict of interest, whistleblower, compensation, etc.).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ, NY, PA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

SUDHA IYER 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924 9082048998

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ISOBEL WAYRICK BOARD CHAIR	3.00 0.	X		X				0.	0.	0.
(2) M. KAREN THOMPSON, ESQ. SECOND VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(3) RANDY JONES FIRST VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(4) THEODORE G. KOVEN SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) ALAN H. BERNSTEIN, ESQ. DIRECTOR	1.00 0.	X						0.	0.	0.
(6) JOHN M. BLOOMFIELD DIRECTOR	1.00 0.	X						0.	0.	0.
(7) ISMAEL CALDERON DIRECTOR	1.00 0.	X						0.	0.	0.
(8) CONSTANCE CAMPANELLA DIRECTOR	1.00 0.	X						0.	0.	0.
(9) CHARLES M. CHAPIN, III DIRECTOR	1.00 0.	X						0.	0.	0.
(10) DAVID H. HALL, PHD DIRECTOR	1.00 0.	X						0.	0.	0.
(11) HARRIETT DRUSKIN DIRECTOR	1.00 0.	X						0.	0.	0.
(12) JAMES GIBSON DIRECTOR	1.00 0.	X						0.	0.	0.
(13) CAROLE HUGHES DIRECTOR	1.00 0.	X						0.	0.	0.
(14) DIANE C. LOUIE, MD, MPH DIRECTOR	1.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) V. GUY MAXWELL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
16) ASHLEY D. REY ----- TREASURER	1.00 ----- 0.	X		X				0.	0.	0.
17) GERALDINE A. SMITH, ESQ. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
18) ANN LAWRENCE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
19) MEREDITH MUELLER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
20) DANA POGORZELSKI ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
21) PHILIP H. WITT, PHD, ABPP ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
22) ERIC P. STILES ----- PRESIDENT & CEO	45.00 ----- 0.			X				128,951.	0.	2,729.
23) SUDHA IYER ----- VP FINANCE & ADMINISTRATION	45.00 ----- 0.			X				96,525.	0.	4,536.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								225,476.	0.	7,265.
d Total (add lines 1b and 1c)								225,476.	0.	7,265.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 2

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	495,855.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,032,160.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,330,878.				
	g Noncash contributions included in lines 1a-1f: \$		73,075.				
	h Total. Add lines 1a-1f			5,858,893.			
	Program Service Revenue	2a <u>PROGRAM FEES</u>			Business Code		
			900099	857,286.	857,286.		
b <u>FEES FOR USE OF SOCIETY FACILITIES</u>			532000	6,700.	6,700.		
c <u>TRAVEL FEES INCOME</u>			900099	129,870.	129,870.		
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				993,856.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). <u>ATTACHMENT 2</u>				105,343.		105,343.
	4 Income from investment of tax-exempt bond proceeds				0.		
	5 Royalties				0.		
				(i) Real	(ii) Personal		
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0.		
				(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory			1,069,392.			
	b Less: cost or other basis and sales expenses			1,060,149.			
	c Gain or (loss)			9,243.			
	d Net gain or (loss)				9,243.		9,243.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			a			
	b Less: direct expenses			b			
c Net income or (loss) from fundraising events				0.			
9a Gross income from gaming activities. See Part IV, line 19			a				
b Less: direct expenses			b				
c Net income or (loss) from gaming activities				0.			
10a Gross sales of inventory, less returns and allowances			a	918,425.			
b Less: cost of goods sold			b	671,137.			
c Net income or (loss) from sales of inventory				247,288.	247,288.		
Miscellaneous Revenue			Business Code				
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				0.			
12 Total revenue. See instructions.				7,214,623.	1,241,144.	114,586.	

Part IX Statement of Functional Expenses

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	232,741.	23,702.	185,337.	23,702.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,746,714.	2,248,510.	150,111.	348,093.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,356.	33,356.		
9 Other employee benefits	372,883.	267,530.	74,354.	30,999.
10 Payroll taxes	293,338.	224,206.	32,487.	36,645.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	39,250.		39,250.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	60,895.			60,895.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 4	818,276.	620,646.	52,854.	144,776.
12 Advertising and promotion	31,215.	27,715.	42.	3,458.
13 Office expenses	409,583.	271,259.	8,758.	129,566.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	252,373.	234,821.	11,271.	6,281.
17 Travel	103,789.	91,057.	6,023.	6,709.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	228,531.	183,788.	13,423.	31,320.
23 Insurance	115,381.	93,292.	16,805.	5,284.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PROGRAM EXPENSES</u>	431,590.	396,771.	9,739.	25,080.
b <u>BAD DEBT EXPENSE</u>	3,000.	3,000.		
c <u>TRANSFER OF WEIS PROPERTY</u>	1,492,043.	1,492,043.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,664,958.	6,211,696.	600,454.	852,808.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	185,474.	1	1,107,674.
	2 Savings and temporary cash investments	309,456.	2	21,447.
	3 Pledges and grants receivable, net	669,935.	3	606,036.
	4 Accounts receivable, net	568,812.	4	508,782.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net ATCH 5	19,163.	7	14,663.
	8 Inventories for sale or use	546,703.	8	508,228.
	9 Prepaid expenses and deferred charges ATCH 6	62,653.	9	60,770.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,871,480.		
	b Less: accumulated depreciation	10b 4,493,250.	21,922,820.	10c 20,378,230.
	11 Investments - publicly traded securities ATCH 7	3,167,466.	11	4,244,847.
	12 Investments - other securities. See Part IV, line 11	112,000.	12	117,822.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	426,550.	15	457,392.
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,991,032.	16	28,025,891.	
Liabilities	17 Accounts payable and accrued expenses	304,735.	17	200,161.
	18 Grants payable	0.	18	0.
	19 Deferred revenue ATCH 8	199,017.	19	572,519.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	503,752.	26	772,680.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,801,153.	27	8,073,807.
	28 Temporarily restricted net assets	1,339,704.	28	1,229,339.
	29 Permanently restricted net assets	19,346,423.	29	17,950,065.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	27,487,280.	33	27,253,211.
	34 Total liabilities and net assets/fund balances	27,991,032.	34	28,025,891.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,214,623.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,664,958.
3	Revenue less expenses. Subtract line 2 from line 1	3	-450,335.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,487,280.
5	Net unrealized gains (losses) on investments	5	185,424.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	30,842.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,253,211.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 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 Consolidated basis Both consolidated and separate basis
- 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (97.28%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (96.29%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
---------------------------------------------------------------	----------------------------------------------------

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (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

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **NEW JERSEY AUDUBON SOCIETY**

Employer identification number
221539642

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		\$ 594,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 220,215.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 214,259.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 251,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 138,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	----------------------------------------------------

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
7	_____	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **NEW JERSEY AUDUBON SOCIETY**

Employer identification number

221539642

Part II **Noncash Property** (see instructions). Use duplicate copies of Part 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
3	RECEIVABLE	\$ 500,000.	08/31/2016

Name of organization **NEW JERSEY AUDUBON SOCIETY**

Employer identification number
221539642

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, 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, 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, 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, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
----------------------------------------------------	---------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions 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 influence public opinion (grass roots lobbying)		9,322.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		18,346.	
c Total lobbying expenditures (add lines 1a and 1b)		27,668.	
d Other exempt purpose expenditures		6,893,183.	
e Total exempt purpose expenditures (add lines 1c and 1d)		6,920,851.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		496,043.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		124,011.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	457,965.	383,422.	448,119.	496,043.	1,785,549.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,678,324.
c Total lobbying expenditures	27,804.	45,057.	42,298.	27,668.	142,827.
d Grassroots nontaxable amount	114,491.	95,856.	112,030.	124,011.	446,388.
e Grassroots ceiling amount (150% of line 2d, column (e))					669,582.
f Grassroots lobbying expenditures	6,991.	8,847.	21,948.	9,322.	47,108.

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 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 expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide 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 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as requested in the instructions above.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NEW JERSEY AUDUBON SOCIETY

Employer identification number

221539642

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 76.0000 %
b Permanent endowment 9.0000 %
c Temporarily restricted endowment 15.0000 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with Yes/No columns for 3a(i), 3a(ii), 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2) through (9), and Total.

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART II, LINE 5

CONSERVATION EASEMENT MONITORING PROTOCOL IS INTENDED TO AID IN THE CONSERVATION EASEMENT MONITORING PROCESS FOR NEW JERSEY AUDUBON SOCIETY. CONSERVATION EASEMENTS ARE DEFINED AS A VOLUNTARY AGREEMENT BETWEEN NJA AND A LANDOWNER THAT LIMITS THE TYPE OR AMOUNT OF DEVELOPMENT ON THEIR PROPERTY WHILE AT THE SAME TIME ALLOWING THE LANDOWNER TO MAINTAIN PRIVATE OWNERSHIP OF THE LAND. NJA ACCEPTS THE EASEMENT WITH UNDERSTANDING THAT IT MUST ENFORCE THE TERMS OF THE EASEMENT IN PERPETUITY. AFTER THE EASEMENT IS SIGNED, IT IS RECORDED WITH THE COUNTY REGISTER OF DEEDS AND APPLIES TO ALL FUTURE OWNERS OF THE LAND. CONSERVATION EASEMENT MONITORING PROTOCOL INVOLVES A SITE VISIT (MONITORING) AND FOLLOW-UP REPORT. SITE VISITS ARE PERFORMED ANNUALLY BY A NJA REPRESENTATIVE. THE LANDOWNER IS CONTACTED PRIOR TO THE SITE VISIT AND IS INVITED TO PARTICIPATE (HOWEVER PARTICIPATION IS NOT MANDATORY). THE DATE OF EASEMENT MONITORING MAY VARY ANNUALLY (I.E. SEASONALLY) TO MAXIMIZE OPPORTUNITY TO OBSERVE A WIDER VARIETY OF PLANTS AND ANIMALS MAKING USE OF THE EASEMENT. THE EASEMENT MONITORING REPORT IS COMPLETED DURING THE SITE VISIT AND PLACED IN THE PROPERTY FILE. PHOTOS ARE TAKEN AT EACH SITE VISIT AS PART OF THE MONITORING REPORT. A FOLLOW-UP LETTER IS SENT TO THE LANDOWNER HIGHLIGHTING THE RESULTS OF THE SITE VISIT.

SCHEDULE D, PART II, LINE 9

EXPENSES ASSOCIATED WITH ACQUIRING AND MAINTAINING THE EASEMENTS ARE EXPENSED.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

NEW JERSEY AUDUBON SOCIETY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR FEDERAL INCOME TAXES. THERE WERE NO UNCERTAIN TAX POSITIONS AT AUGUST 31, 2016 AND 2015. THE SOCIETY DID NOT HAVE ANY INCOME TAX RELATED PENALTIES OR INTEREST FOR THE YEARS IN QUESTION.

SCHEDULE D, PART XI, 2D

CHANGE IN VALUE OF A CHARITABLE REMAINDER TRUST OF \$30,842.

SCHEDULE D, PART V, LINE 1B

IN ACCORDANCE WITH THE SPENDING POLICY OF THE ENDOWMENT, ANNUAL DISTRIBUTIONS OF BETWEEN 4.50 TO 5.0 PERCENT OF THE AVERAGE FAIR VALUE OF THE ENDOWMENT POOL ARE ALLOWED. EFFECTIVE SEPTEMBER 2014, THE RATE HAS REDUCED BY .25 EACH YEAR AND WILL CONTINUE UNTIL THE RATE REACHES 4.0 PERCENT. ADDITIONAL APPROPRIATIONS FROM THE UNRESTRICTED ENDOWMENT CAN BE MADE AT THE DISCRETION OF THE BOARD FOR CAPITAL IMPROVEMENTS OR OTHER STRATEGIC INITIATIVES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NEW JERSEY AUDUBON SOCIETY

Employer identification number

221539642

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH AMERICA			PROGRAM SERVICES	SHOREBIRD RESEARCH	72,379.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					72,379.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					72,379.

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

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ _____

3 Enter total number of other organizations or entities. ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

NEW JERSEY AUDUBON SOCIETY

Employer identification number

221539642

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total						60,895.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NJ, NY, PA,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, LINE 2

M 3 DEVELOPMENT SPECIFICALLY SERVED IN THE VICE PRESIDENT OF DEVELOPMENT AND COMMUNICATIONS ROLE ON AN INTERIM BASIS TO LEAD AND GUIDE FUNDRAISING AND COMMUNICATIONS EFFORTS RELATED TO THE MISSION OF NEW JERSEY AUDUBON SOCIETY.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
M3 DEVELOPMENT 26 WOODPECKER WAY MARLBORO NJ 07746	DEVELOPMENT SERVICES		X		60,895.	

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

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

Name of the organization

NEW JERSEY AUDUBON SOCIETY

Employer identification number

221539642

Part 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 determining noncash contribution amounts
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	13 .	73,075 .	FMV
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

NEW JERSEY AUDUBON SOCIETY

Employer identification number

221539642

FORM 990, PART VI, SECTION A, LINE 6

THE SOCIETY HAS AN ESTIMATED 20,000 MEMBERS.

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

THE SOCIETY HAS MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE
GOVERNING BODY.

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

THE DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS OF
THE ORGANIZATION BY A TWO-THIRDS VOTE OF THE MEMBERS PRESENT AND VOTING
AT THE SOCIETY'S ANNUAL OR BUSINESS MEETING.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE AUDIT FIRM THAT HAS EXPERIENCE
IN THE PREPARATION OF THE FORM AND WAS REVIEWED AND APPROVED BY THE
EXECUTIVE AND FINANCE COMMITTEES AND THEN PROVIDED TO THE FULL BOARD OF
DIRECTORS.

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

EACH MEMBER OF THE BOARD OF DIRECTORS IS REQUIRED TO SIGN AN ANNUAL
DISCLOSURE REPORT REGARDING ANY CONFLICTS OF INTEREST AND RISKS OF FRAUD
WITHIN THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

THE COMPENSATION OF THE PRESIDENT & CEO OF THE SOCIETY ANNUALLY. KEY ELEMENTS OF THE PROCESS INCLUDE USE OF BENCHMARKING TO DETERMINE COMPARABLE COMPENSATION AND TO FACILITATE A PROCESS WHERE PERSONS WITH CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION AGREEMENT ARE EXCLUDED FROM THE PROCESS.

FORM 990, PART VI, SECTION C, LINE 19

THE SOCIETY DOES NOT MAKE PUBLIC ITS BY-LAWS WHICH ARE ITS GOVERNING DOCUMENTS. THE SOCIETY EVALUATES THE BY-LAWS ON A REGULAR BASIS AND AMENDS THEM AS CIRCUMSTANCES CHANGE. WHEN AN AMENDMENT IS RECOMMENDED BY THE BOARD OF DIRECTORS, NOTICE IS GIVEN TO THE MEMBERS THAT A PROPOSED AMENDMENT WILL BE CONSIDERED AT THE ANNUAL OR BUSINESS MEETING OF THE SOCIETY AND THE TEXT OF SUCH PROPOSED AMENDMENT WILL BE MADE AVAILABLE IN ADVANCE OF THE MEETING UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS AND THE FORM 990 ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART III, LINE 1

THE NEW JERSEY AUDUBON SOCIETY IS A PRIVATELY SUPPORTED, NOT-FOR-PROFIT, STATEWIDE MEMBERSHIP ORGANIZATION. FOUNDED IN 1897 AND ONE OF THE OLDEST INDEPENDENT AUDUBON SOCIETIES, NEW JERSEY AUDUBON HAS NO CONNECTION WITH THE NATIONAL AUDUBON SOCIETY. NEW JERSEY AUDUBON FOSTERS ENVIRONMENTAL AWARENESS AND A CONSERVATION ETHIC AMONG NEW JERSEY'S CITIZENS; PROTECTS NEW JERSEY'S BIRDS, MAMMALS, OTHER ANIMALS AND PLANTS, ESPECIALLY ENDANGERED AND THREATENED SPECIES; AND PROMOTES PRESERVATION OF NEW JERSEY'S VALUABLE NATURAL HABITATS.

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

FORM 990, PART III, LINE 4A

EDUCATION AND SANCTUARIES

IN 2016, NEW JERSEY AUDUBON DIRECTLY REACHED 18,824 CHILDREN AND 20,246 ADULTS THROUGH 1,895 PROGRAMS. THESE PROGRAMS WERE CONDUCTED BY NEW JERSEY AUDUBON'S PROFESSIONAL STAFF AT SIX NATURE CENTERS, AS WELL AS BY TRAINED VOLUNTEERS. IN ADDITION, 38,718 PEOPLE VISITED OUR CENTERS AND WALKED OUR TRAILS.

THE EDUCATION TEAM CONTINUES TO DESIGN AND CONDUCT PROGRAMMING THAT MEETS OUR MISSION OF CONNECTING PEOPLE WITH NATURE AND STEWARDING THE NATURE OF TODAY FOR THE PEOPLE OF TOMORROW. WE FOCUS ON A BROAD SPECTRUM OF AUDIENCES, FROM YOUNG CHILDREN (2-3 YEARS OLD) TO ADULTS. WITHIN THIS RANGE WE CONDUCT BIRD AND NATURE WALKS, NATURAL HISTORY WORKSHOPS AND FIELD EXPERIENCES, SUMMER CAMPS, SCHOOL FIELD TRIPS, AFTERSCHOOL PROGRAMMING, AND ECO-TRAVEL. WE SERVE COMMUNITIES WITHIN PROXIMITY TO OUR NATURE CENTERS AS WELL AS REACHING OUT TO THOSE THAT HAVE LITTLE OPPORTUNITY TO ENGAGE IN NATURE EXPLORATION. WE CONTINUE TO SEE SIGNIFICANT GROWTH IN OUR URBAN OUTREACH WITH PROGRAMS EXPANDING IN JERSEY CITY, NEWARK, MORRISTOWN, NORTH BRUNSWICK AND PATERSON. YOUTH BIRDWATCHING, HIKING, AND FISHING WERE OFFERED TO ENGAGE YOUNG PEOPLE IN CONSERVATION THROUGH PASSIVE NATURE RECREATION. INVITING PEOPLE TO BE MORE ACTIVE IN STEWARDSHIP AND CITIZEN SCIENCE ARE TWO KEY ASPECTS OF NJ AUDUBON'S EDUCATION PROGRAMS. CHILDREN AND ADULTS ARE ENCOURAGED TO PARTICIPATE IN BIRD MONITORING AT OUR CENTERS AND ON A STATEWIDE LEVEL. ACTIVE HABITAT RESTORATION IS USED AS A MEANS TO TEACH ABOUT BIODIVERSITY, INVASIVE AND NATIVE PLANTS, AND ACTIONS THAT PEOPLE CAN TAKE IN THEIR OWN YARDS, AT THEIR SCHOOLS, AND IN COMMON COMMUNITY

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

SPACES. WE ALSO INSTALLED A HANDICAPPED ACCESSIBLE TRAIL AT THE LORRIMER SANCTUARY IN FRANKLIN LAKES TO MEET THE NEEDS OF MOBILITY-CHALLENGED INDIVIDUALS.

DURING SUMMER 2016, OUR STATEWIDE TEAM CONDUCTED TWO WEEKLONG TEACHER SUMMER INSTITUTES TO PROVIDE K-12 TEACHERS WITH BACKGROUND IN ECOLOGY, ENVIRONMENTAL SCIENCE, SUSTAINABILITY AND EDUCATIONAL PEDAGOGY THAT HELPS MEET STATE AND FEDERAL LEARNING STANDARDS. THERE WERE 34 PARTICIPANTS, INCLUDING REPRESENTATIVES FROM TWO SCHOOLS IN MEXICO WHO PLAN TO BEGIN DISCUSSIONS ON A SISTER SCHOOL PROGRAM TO MATCH NJ SCHOOLS WITH THEIR SCHOOLS. STAFF PARTICIPATED IN NUMEROUS ANNUAL EDUCATION CONVENTIONS AND CONFERENCES BY CONDUCTING WORKSHOPS. OUR COLLABORATION ON THE ECO-SCHOOLS USA PROGRAM IS MANAGING RELATIONSHIPS WITH 215 SCHOOLS WORKING ON SCHOOL SUSTAINABILITY PROJECTS, FROM WATER CONSERVATION TO SCHOOL YARD GARDENS, AND FROM INCREASING BIODIVERSITY TO RECYCLING AND ENERGY CONSERVATION.

MORE THAN 20,000 PEOPLE VISITED THE NEW JERSEY AUDUBON MIGRATION WATCHES IN CAPE MAY THIS YEAR. THESE SITES PROVIDE PEOPLE WITH ACCESS TO WILDLIFE MIGRATION PHENOMENA (HAWK MIGRATION, SONGBIRD MIGRATION, BUTTERFLY MIGRATION) AND ALSO OPPORTUNITIES TO LEARN HOW THEY CAN HELP THESE SPECIES. WE INTRODUCED REAL-TIME BIRD MONITORING DATA COLLECTION AT OUR WATCHES TO PROVIDE IMMEDIATE ACCESS TO DATA FOR ANALYSIS AS WELL AS FOR OUTREACH TO THE GREATER PUBLIC. OUR THREE BIG EVENTS FOR THE YEAR: CAPE MAY SPRING FESTIVAL, WORLD SERIES OF BIRDING, AND CAPE MAY FALL FESTIVAL WERE WELL ATTENDED WITH 1500 REGISTRANTS. THESE EVENTS CONTINUE TO GROW AND TO FOCUS ATTENTION ON NEW JERSEY'S PREEMINENCE AS ONE OF THE

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

BEST PLACES IN THE COUNTRY FOR BIRDS AND BIRD MIGRATION. MORE THAN 20% OF REGISTRANTS WERE FROM OUT OF THE REGION AND OTHER COUNTRIES. VOLUNTEERS CONDUCTED PROGRAMS, ASSISTED AT CENTERS, AND HELPED WITH BIRD MONITORING. IN 2016, VOLUNTEERS CONTRIBUTED 16,527 HOURS TO THE ORGANIZATION, WHICH WAS AN INCREASE OF ABOUT 2,000 OVER THE PREVIOUS YEAR.

FORM 990, PART III, LINE 4B

STEWARDSHIP

EFFORTS TO RE-ESTABLISH NORTHERN BOBWHITE IN NEW JERSEY CONTINUED IN 2016 WITH THE SECOND RELEASE OF NORTHERN BOBWHITE QUAIL IN APRIL.

PARTNERSHIP IN THE DELAWARE RIVER WATERSHED INITIATIVE ADVANCED EFFORTS TO CONSERVE, RESTORE, AND PROTECT WATER QUALITY AND HABITAT IN THE HIGHLANDS AND KIRKWOOD-COHANSEY AQUIFER CLUSTERS IN NEW JERSEY. THIS WORK INCLUDED PLANTING OVER 560 ACRES OF COVER CROPS, 18 ACRES OF POLLINATOR HABITAT, THREE ACRES OF GRASSED WATERWAYS, 10,000 NATIVE BULRUSHES, PLUS THE INSTALLATION OF 45 ACRES OF NATIVE WARM SEASON GRASSES, THREE ACRES OF PHRAGMITES MANAGEMENT, TWO ACRES OF EARLY SUCCESSIONAL HABITAT CREATION, AND 20 ACRES OF MICRO-IRRIGATION. WE WERE ALSO ABLE TO SECURE AN \$8,000 WATER QUALITY MONITORING GRANT AND A \$215,000 GRANT THAT WILL ALLOW US TO PROVIDE NATIVE TREES, PLANTS, COVER CROPS, AND RELATED MATERIALS TO LANDOWNERS AND FARMERS. WORK IS UNDERWAY IN BOTH CLUSTERS ON PHASE II CONSERVATION PLANS.

OUR WORK TO ADDRESS THE THREAT OF INVASIVE SPECIES CONTINUED IN PARTNERSHIP WITH THE NJ INVASIVE SPECIES STRIKE TEAM, INCLUDING HOSTING TRAININGS FOR STAFF OF THE NJ DEPARTMENT OF ENVIRONMENTAL PROTECTION (NJ

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

DEP), LAUNCHING THE JERSEY PLANT PLEDGE CAMPAIGN, WHICH TO DATE HAS ENROLLED 15 NEW JERSEY LANDSCAPERS AND GARDEN CENTERS WHO HAVE PLEDGED TO RESTRICT THE SALE OF SELECT INVASIVE PLANTS. WE ALSO CARRIED OUT A TARGETED KUDZU ERADICATION PROGRAM, AND TREATED OR ERADICATED 534 EMERGING INVASIVE PLANT POPULATIONS.

WORKING WITH OUR 20-MEMBER CORPORATE STEWARDSHIP COUNCIL WE CONDUCTED HABITAT RESTORATION AND ENHANCEMENT PROJECTS THROUGHOUT NEW JERSEY. WE LED EFFORTS TO CREATE AND RESTORE HEALTHY FOREST HABITAT FOR YOUNG FOREST SPECIES AND OTHER WILDLIFE. THIS INCLUDED PROVIDING FOREST PLANNING AND PROJECT IMPLEMENTATION SUPPORT TO PUBLIC AND PRIVATE LANDOWNERS, ESPECIALLY LANDOWNERS IN THE GOLDEN-WINGED WARBLER FOCAL AREA. WE ALSO CONTINUED WORKING WITH THE NJ DEP TO FINALIZE A 10-YEAR FOREST STEWARDSHIP PLAN FOR THE SPARTA MOUNTAIN WILDLIFE MANAGEMENT AREA. WHEN COMPLETED THIS WILL BE THE MOST COMPREHENSIVE FSP DEVELOPED IN NJ, GIVEN ITS FOCUS ON THE OVERALL HEALTH OF FOREST ON THE 3,400-ACRE PROPERTY, HABITAT CREATION FOR A DIVERSITY OF WILDLIFE, SUBSTANTIAL STAKEHOLDER INPUT, DETAILED CONSIDERATION OF HABITAT AND WATER QUALITY FACTORS, AND ADHERENCE TO FOREST STEWARDSHIP COUNCIL CERTIFICATION STANDARDS.

FACTORS, AND ADHERENCE TO FOREST STEWARDSHIP COUNCIL CERTIFICATION STANDARDS.

FORM 990, PART III, LINE 4C
RESEARCH & MONITORING

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

WE PARTNERED WITH A PRIVATE LANDOWNER IN SUSSEX COUNTY TO HELP DEVELOP AND GUIDE FOREST STEWARDSHIP PRACTICES ON MORE THAN 3,000 ACRES OF LARGELY FORESTED HABITAT. MANAGEMENT ACTIONS WILL BE IMPLEMENTED OVER THE NEXT TEN YEARS FOLLOWING AN APPROVED FOREST STEWARDSHIP PLAN. ONE OF THE PRIMARY GOALS OF THIS LANDOWNER IS TO MANAGE HABITAT FOR RUFFED GROUSE AND GOLDEN-WINGED WARBLER, BOTH CONSIDERED TO BE SPECIES IN DECLINE THROUGHOUT THE NORTHEAST. ACTIVE MANAGEMENT WILL BE REQUIRED TO MAINTAIN YOUNG FOREST HABITAT FOR THESE AND A VARIETY OF OTHER BIRD SPECIES OF CONSERVATION CONCERN. STARTING IN MARCH 2016, NEW JERSEY AUDUBON'S RESEARCH DEPARTMENT IMPLEMENTED A BEFORE-AFTER-CONTROL-IMPACT SURVEY DESIGN TO DETERMINE WHETHER RUFFED GROUSE ARE CURRENTLY PRESENT ON THE PROPERTY. SURVEYS WERE ALSO CONDUCTED AT TWO CONTROL SITES IN NORTHWEST NEW JERSEY (DELAWARE WATER GAP NATIONAL RECREATION AREA AND SPARTA MOUNTAIN WILDLIFE MANAGEMENT AREA) KNOWN TO SUPPORT HEALTHY RUFFED GROUSE POPULATIONS. FUTURE SURVEYS WILL ASSESS WHETHER MANAGEMENT ACTIVITIES ACHIEVED THE DESIRED RESPONSE FROM TARGET SPECIES AND COMPARE THESE RESULTS WITH THOSE FROM SURVEYS CONDUCTED AT THE TWO CONTROL SITES. THIS WILL HELP SEPARATE RESPONSE TO MANAGEMENT ACTIVITIES FROM OVERALL REGIONAL TRENDS.

WE CONTINUED TO TRACK EDWARD, THE GREAT EGRET, WHO WAS FITTED WITH A SOLAR POWERED, GPS/GSM SATELLITE TRANSMITTER AT WOLF'S POND, STATEN ISLAND IN JUNE 2015. THE PROJECT IS A COLLABORATION WITH WATERBIRD SCIENTISTS AT LENOIR-RHYNE UNIVERSITY (DR. JOHN BRZORAD) AND FRIENDS UNIVERSITY (DR. ALAN MACCARONE). RESEARCH STAFF DOWNLOADED ADDITIONAL DATA STORED ON HIS TRANSMITTER WHILE THE BIRD WAS IN JAMAICA BAY, NY AND

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

NOW WE HAVE OVER 140,000 LOCATION RECORDS. EDWARD SPENT A LOT OF TIME ON STATEN ISLAND AND IN JAMAICA BAY DURING THE BREEDING AND POST BREEDING SEASON. THE PUBLIC CAN FOLLOW HIS MOVEMENTS, INCLUDING DAILY MOVEMENTS, AT WWW.MOVEBANK.ORG.

FOR A SECOND YEAR, NEW JERSEY AUDUBON RESEARCH STAFF, CITIZEN SCIENCE PROGRAM, AND CAPE MAY BIRD OBSERVATORY PARTNERED WITH THE NEW JERSEY ENDANGERED AND NONGAME SPECIES PROGRAM (ENSP) AND CONSERVE WILDLIFE FOUNDATION TO IMPLEMENT A STATEWIDE SURVEY FOR BLACK RAIL. POPULATIONS OF THE EASTERN BLACK RAIL HAVE DECLINED SIGNIFICANTLY IN RECENT YEARS, YET LITTLE IS KNOWN ABOUT THIS SECRETIVE MARSH BIRD. SPECIFIC GOALS OF THE PROJECT ARE TO DOCUMENT THE CURRENT GEOGRAPHICAL RANGE OF BLACK RAIL IN NEW JERSEY; TO ASSESS POPULATION CHANGES SINCE THE LAST SURVEY WAS CONDUCTED IN THE 1980S; AND TO CONTRIBUTE TO THE DEVELOPMENT OF RANGE-WIDE STATUS ASSESSMENT AND MANAGEMENT PLANS. THIS PROJECT WAS SUPPORTED BY A GRANT FROM THE NJ DEPARTMENT OF ENVIRONMENTAL PROTECTION. NEW JERSEY AUDUBON CITIZEN SCIENTISTS AND ENSP CONTRACTORS SURVEYED A TOTAL OF 213 SURVEY POINTS STATEWIDE IN 2016. THIS INCLUDED 174 ROAD-ACCESS POINTS SURVEYED BY NEW JERSEY AUDUBON CITIZEN SCIENTISTS AND 39 BOAT-ACCESS POINTS SURVEYED BY ENSP STAFF. THE 2016 SEASON BROUGHT THE TWO-YEAR TOTAL NUMBER OF POINTS SURVEYED TO 376: 297 BY NEW JERSEY AUDUBON CITIZEN SCIENTISTS AND 79 BY ENSP CONTRACTORS. BLACK RAIL WERE DETECTED AT 19 POINTS IN 2016.

FUNDED BY A \$1.28 MILLION GRANT THROUGH THE NATIONAL FISH AND WILDLIFE FOUNDATION AND THE US DEPARTMENT OF INTERIOR, NJ AUDUBON RESEARCH COMPLETED THE SECOND PHASE OF A LARGE HABITAT RESTORATION PROJECT AT

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

STONE HARBOR POINT, CAPE MAY COUNTY, NJ, TO IMPROVE CRITICAL HABITAT FOR ENDANGERED BEACH NESTING AND MIGRATORY SHOREBIRDS WHILE PROTECTING NEIGHBORING COMMUNITIES FROM STORM SURGES. MORE THAN 25 ACRES WERE RESTORED OR ENHANCED DURING THE PROJECT, WHICH RAISED THE ELEVATION OF NESTING AREAS, THEREBY REDUCING POTENTIAL FLOODING OF NESTS OF FEDERALLY THREATENED PIPING PLOVERS, STATE ENDANGERED BLACK SKIMMERS AND LEAST TERNS AND AMERICAN OYSTERCATCHER, A SPECIES OF SPECIAL CONSERVATION CONCERN AND PROVIDED ROOSTING AREAS FOR MIGRATORY SHOREBIRDS. A RESILIENCY DUNE THAT PROVIDES STORM PROTECTION FOR THE RESIDENTS OF THE BOROUGH OF STONE HARBOR LIVING NEAR STONE HARBOR POINT WAS ALSO CREATED. CONTINUED MONITORING OF THE SITE SUGGESTS THAT THE RESTORATION RESULTED IN AN INCREASE IN THE NUMBER OF NESTING PAIRS AT THE SITE AND THE NUMBER OF CHICKS PRODUCED, BOTH IMPORTANT MEASURES OF THE PROJECT'S SUCCESS. WE CONTINUED THE INTENSIVE MIGRATION MONITORING OF SEMIPALMATED SANDPIPERS AT DELAWARE BAY AND A CRITICAL STOPOVER FOR SHOREBIRDS TO REST, FEED AND FATTEN UP DURING NORTHBOUND MIGRATION TO THE ARCTIC BREEDING GROUNDS. FOR THE SECOND YEAR, WE ATTACHED DIGITALLY CODED RADIO TRANSMITTERS TO NEARLY 100 BIRDS TO TRACK THEIR MOVEMENTS DURING THEIR STOPOVER IN DELAWARE BAY. NJ AUDUBON AND NJ DIVISION OF FISH AND WILDLIFE MAINTAIN 11 AUTOMATED TRACKING STATIONS THAT RECORD THE SIGNALS EMITTED BY THE TRANSMITTERS, ALLOWING US IDENTIFY PATTERNS OF HABITAT USE AND DEPARTURE SCHEDULES. ADDITIONALLY, MORE THAN 300 STATIONS OPERATE IN THE NE US AND EASTERN CANADA, ALLOWING US TO TRACK BIRDS ON THEIR MIGRATION TO AND FROM THE BREEDING GROUNDS. TO ADEQUATELY ADDRESS THE CONSERVATION NEEDS OF THESE SHOREBIRDS, THE PROJECT HAS EXPANDED

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

INTERNATIONALLY TO INCLUDE NOT ONLY THE DELAWARE BAY, BUT ALSO WINTERING AND MIGRATION STAGING AREAS ALONG THE NORTHEAST COAST OF SOUTH AMERICA, SPECIFICALLY FRENCH GUIANA, SURINAME AND NORTHEASTERN BRAZIL. IN 2016, WE BEGAN A PROJECT TO ASSESS THE EFFECTS OF SHRIMP AQUACULTURE ON SEMIPALMATED SANDPIPERS AND OTHER MIGRATORY SHOREBIRDS WINTERING IN BRAZIL. THIS WORK IS FUNDED BY THE US FISH AND WILDLIFE SERVICE AND CONDUCTED IN COLLABORATION WITH AQUASIS, A CONSERVATION NGO IN THE STATE OF CEARÁ, BRAZIL.

WE CONTINUED TO EXPAND OUR GIS CATALOG OF COASTAL IMPOUNDMENTS FROM VIRGINIA TO MAINE A COLLABORATIVE PROJECT WITH SEVERAL PARTNERS FUNDED BY NATIONAL FISH AND WILDLIFE FOUNDATION AND THE US DEPARTMENT OF INTERIOR. IMPOUNDMENTS HAVE BEEN, AND CONTINUE TO BE, OF GREAT IMPORTANCE FOR THE ECOLOGICAL RESOURCES THAT THEY SUSTAIN. THESE INCLUDE POPULATIONS OF BREEDING, WINTERING AND MIGRATING BIRDS. IN FACT, SOME OF THE MOST POPULAR BIRDING SPOTS IN THE STATE AND THE REGION ARE IMPOUNDMENTS (FORSYTHE, HEISLERVILLE, KINGSLAND, JAMAICA BAY, BOMBAY HOOK, PARKER RIVER). FURTHERMORE, COASTAL IMPOUNDMENTS MAY ALSO BE THE FIRST LINE OF DEFENSE FOR ADJACENT COMMUNITIES AGAINST THE IMPACTS OF STORMS, TIDAL SURGES AND RISING SEA LEVELS. WE HAVE INCORPORATED SOCIETAL AND ECOLOGICAL IMPORTANCE IN OUR EVALUATION OF THESE SITES WITH THE PURPOSE OF PROVIDING MANAGEMENT RECOMMENDATIONS FOR SAFEGUARDING COASTAL IMPOUNDMENTS IN AN ERA OF CHANGING CLIMATE.

FORM 990, PART III, LINE 4D

POLICY & ADVOCACY

WE ACHIEVED A NUMBER OF SUCCESSFUL POLICY ACTIONS AT THE STATE LEVEL

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

DURING 2016. ONE OF OUR MOST SIGNIFICANT ACCOMPLISHMENTS WAS THE PASSAGE OF IMPLEMENTATION LEGISLATION TO PROVIDE TRANSPARENT, PREDICTABLE AND RELIABLE FUNDING FOR STATEWIDE OPEN SPACE PRESERVATION. THIS LEGISLATION PROVIDES A CLEAR PROCESS AND DIVIDES UP FUNDS PREVIOUSLY CONSTITUTIONALLY DEDICATED BY THE PUBLIC IN 2014. THE PERMANENT FUNDING WILL BE ALLOCATED FOR CRITICAL INVESTMENT IN OPEN SPACE, NATURAL AREAS, PARKS, FARMLAND, FLOOD-PRONE PROPERTIES AND HISTORIC SITES FOR BOTH PRESERVATION AND STEWARDSHIP. THIS WILL AMOUNT TO AN ADDITIONAL INVESTMENT OF \$2 BILLION IN FUNDING OVER THE NEXT 20 YEARS AND WILL ALSO ENSURE THAT FUNDS ARE NOT RAIDED FOR ALTERNATE USES. THIS LEGISLATION CONTINUES A PROUD LEGACY OF PRESERVATION IN NJ AND HELPS TO IMPROVE OUR QUALITY OF LIFE, HEALTH, DRINKING WATER, AND ECONOMY. IN SHORT, IT MAKES NJ A GREAT PLACE TO LIVE, RAISE A FAMILY, AND WORK.

WE ALSO CONTINUED OUR EFFORTS TO INTRODUCE AND ADVANCE POLICY AND LEGISLATION THAT PROTECTS HABITAT AND SPECIES. WE SPECIFICALLY FOCUSED ON SUPPORTING THE GROWTH OF SUSTAINABLE, HEALTHY FORESTS, REDUCING THE SALE AND SPREAD OF INVASIVE PLANT SPECIES, PROMOTING THE USE OF NATIVE PLANTS TO PROTECT BEES AND BUTTERFLIES, AND GROWING BACKYARD HABITAT. THESE POLICY INITIATIVES WILL STRENGTHEN OUR MISSION GOAL OF PROTECTING THE NATURE OF TODAY FOR THE PEOPLE OF TOMORROW, AND ENCOURAGING ALL NJ RESIDENTS TO BECOME BETTER STEWARDS OF OUR NATURAL AND BUILT ENVIRONMENTS. WE WERE ALSO SUCCESSFUL IN PASSING LEGISLATION THAT, FOR THE FIRST TIME IN NJ'S HISTORY, PROTECTS NATIVE POLLINATORS. AT THE FEDERAL LEVEL, NEW JERSEY AUDUBON STAFF COORDINATING THE COALITION FOR THE DELAWARE RIVER WATERSHED ADVANCED LEGISLATION KNOWN AS THE

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

DELAWARE RIVER BASIN CONSERVATION ACT (DRBCA). THIS INCLUDED DIRECT LOBBYING THROUGH IN-PERSON MEETINGS AND PHONE CALLS WITH MEMBERS OF CONGRESS AND THEIR STAFF, GRASSROOTS LOBBYING THROUGH MOBILIZING MEMBER ORGANIZATIONS AND INDIVIDUALS TO CONTACT THEIR CONGRESSIONAL REPRESENTATIVES, PRODUCING LETTERS TO THE EDITOR AND OP-EDS CALLING FOR THE BILL'S PASSAGE, AND HELPING ORGANIZE EDUCATIONAL EVENTS FOR MEMBERS OF CONGRESS AND THEIR STAFF THROUGHOUT THE FOUR-STATE REGION. THESE EVENTS INCLUDED A ROUNDTABLE DISCUSSION WITH FEDERAL MEMBERS IN APRIL 2016 AND A TOUR AND PADDLE TRIP IN THE UPPER DELAWARE RECREATIONAL AND SCENIC REGION IN PENNSYLVANIA AND NEW YORK. SPECIFICALLY, THE COALITION MET WITH 27 CONGRESSIONAL OFFICES DURING ITS ANNUAL LOBBY DAY IN MARCH AND SENT FIVE SIGN-ON LETTERS SUPPORTING THE DRBCA DURING THIS PERIOD. NEW JERSEY AUDUBON STAFF ALSO ENGAGED IN DIRECT AND GRASSROOTS LOBBYING EFFORTS TO SUPPORT THE STATE AND TRIBAL WILDLIFE GRANT PROGRAM, THE ARCTIC NATIONAL WILDLIFE REFUGE WILDERNESS DESIGNATION, THE CLEAN WATER ACT, AND THE LAND AND WATER CONSERVATION FUND, ORGANIZING ACTION ALERTS THAT RESULTED IN 214 INDIVIDUALS TAKING ACTION TO SUPPORT THIS FUND. IN THE REGION, STAFF WORKING ON THE COALITION FOR THE DELAWARE RIVER WATERSHED LAUNCHED THE STATE OUTREACH LEAD INITIATIVE IN EARLY 2016. THIS INITIATIVE PROVIDES PASS-THROUGH FUNDING FOR ORGANIZATIONS BASED IN DELAWARE, NEW JERSEY, NEW YORK, AND PENNSYLVANIA TO RECRUIT NEW MEMBERS TO THE COALITION, COORDINATE OUTREACH AND COMMUNICATION WITH STATE-BASED COALITION MEMBERS, AND MOBILIZE MEMBERS FOR ADVOCACY EFFORTS AROUND FEDERAL POLICY ISSUES, INCLUDING THE DELAWARE RIVER BASIN CONSERVATION ACT. THE STATE OUTREACH LEADS HAVE HOSTED CONFERENCE CALLS WITH MEMBERS,

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

HELPED TO SUBMIT MULTIPLE LETTERS TO THE EDITOR SUPPORTING THE DRBCA, AND
 SHARED IMPORTANT INFORMATION WITH COALITION MEMBERS VIA EMAIL, INCLUDING
 EVENTS, FUNDING OPPORTUNITIES, AND GENERAL NEWS.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MASTER DESIGN STUDIO, INC. 32531 N. SCOTTSDALE ROAD SCOTTSDALE, AZ 85266	MAGAZINE/PUBLICATION	201,766.
H4 ENTERPRISES LLC PO BOX 638 CAPE MAY COURT HOUSE, NJ 08210	EXCAVATION	483,291.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST AND DIVIDEND INCOME	105,343.			105,343.
TOTALS	<u>105,343.</u>			<u>105,343.</u>

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
---------------------------------------------------------------	----------------------------------------------------

ATTACHMENT 3

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	918,425.
INVENTORY AT BEGINNING OF YEAR	546,703.
PURCHASES	632,662.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>1,179,365.</u>
MINUS ENDING INVENTORY	508,228.
COST OF GOODS SOLD	<u><u>671,137.</u></u>

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PROGRAM CONSULTANTS	673,500.	620,646.	52,854.	
DESIGN & PUBLICATION SERVICES	119,776.			119,776.
DEVELOPMENT SEARCH	25,000.			25,000.
TOTALS	<u><u>818,276.</u></u>	<u><u>620,646.</u></u>	<u><u>52,854.</u></u>	<u><u>144,776.</u></u>

ATTACHMENT 5

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: REVOLVING LOAN PROGRAM
 INTEREST RATE: 1.0000
 REPAYMENT TERMS: 30 TO 90 DAY REPAYMENTS
 SECURITY PROVIDED: SECURED BY STATE LOAN PROGRAM
 PURPOSE OF LOAN: LOW INTEREST, SHORT TERM LOANS TO FARMERS

BEGINNING BALANCE DUE	19,163.
ENDING BALANCE DUE	<u>14,663.</u>

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
--------------------------------------------------------	---------------------------------------------

ATTACHMENT 5 (CONT'D)

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	<u>19,163.</u>
TOTAL ENDING NOTES AND LOANS RECEIVABLES	<u>14,663.</u>

ATTACHMENT 6FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	24,457.	6,341.
PREPAID SUPPLIES	23,041.	19,914.
PREPAID PROGRAM FEES	15,155.	34,515.
TOTALS	<u>62,653.</u>	<u>60,770.</u>

ATTACHMENT 7FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
MUTUAL FUNDS	3,167,466.	4,244,847.	FMV
TOTALS	<u>3,167,466.</u>	<u>4,244,847.</u>	

ATTACHMENT 8FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
REFUNDABLE ADVANCES	145,086.	414,220.
PROGRAM FEES	53,931.	158,299.
TOTALS	<u>199,017.</u>	<u>572,519.</u>