

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 09/01, 2017, and ending 08/31, 20 18

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2017

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 one 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>6,645,289.</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, line 3c)	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 2017 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

4	4	2	1	6
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 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 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 2017 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 ▶  Date ▶ 4/11/19

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.

2	2	0	0	6	2	2	2	2	0	2
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 ▶ Catharine E. Bendall Date ▶ 4/10/2019

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

Return of Organization Exempt From Income Tax

2017

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning **09/01, 2017**, and ending **08/31, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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 HARDSCRABBLE ROAD				
City or town, state or province, country, and ZIP or foreign postal code BERNARDSVILLE, NJ 07924			G Gross receipts \$ 7,675,916.		
F Name and address of principal officer: ERIC STILES 9 HARDSCRABBLE ROAD BERNARDSVILLE, NJ 07924			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
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			J Website: ▶ WWW.NJAUDUBON.ORG		
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		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR TWO FOLD MISSION IS CONNECTING PEOPLE TO NATURE AND STEWARDING THE NATURE OF TODAY FOR THE PEOPLE OF TOMORROW.		
	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	18.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18.
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	121.
	6 Total number of volunteers (estimate if necessary)	6	1,542.
	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		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,755,935.	4,932,908.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,086,605.	1,153,064.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	292,378.	273,622.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,390,481.	6,645,289.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		3,682,424.	3,973,113.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,149,768.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,000,998.	2,928,164.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,683,422.	6,901,277.	
19 Revenue less expenses. Subtract line 18 from line 12	-292,941.	-255,988.	
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)	28,293,096.	28,079,230.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,180,496.	965,460.
		27,112,600.	27,113,770.

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
	▶ Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name CATHERINE BENDALL	Preparer's signature	Date
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092	Check <input type="checkbox"/> if self-employed PTIN P00521196
	Firm's address ▶ ONE TOWER CENTER BLVD 14TH FL EAST BRUNSWICK, NJ 08816	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.

Part III Statement of Program Service Accomplishments

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

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 2,790,276. including grants of \$) (Revenue \$ 1,153,064.)
EDUCATION AND SANCTUARIES - PROMOTE EDUCATIONAL AWARENESS AND ENVIRONMENTAL PROTECTION THROUGH SUMMER CAMPS, SCHOOL-BASED PROGRAMS, FIELD TRIPS, URBAN ENVIRONMENTAL EDUCATION, 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 \$ 1,750,499. 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 \$ 627,389. 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 ▶ 5,168,164.

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

Main form area containing questions 1a through 14b with Yes/No columns and input fields for numerical values.

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 (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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) RANDY JONES BOARD CHAIR	3.00 0.	X		X				0.	0.	0.
(2) ALAN H. BERNSTEIN, ESQ. VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) ASHLEY D. REY TREASURER	1.00 0.	X		X				0.	0.	0.
(4) JOHN M. BLOOMFIELD SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) DOROTHY CLAIR DIRECTOR	1.00 0.	X						0.	0.	0.
(6) RICHARD KAUFFELD DIRECTOR	1.00 0.	X						0.	0.	0.
(7) CHARLES M. CHAPIN, III DIRECTOR	1.00 0.	X						0.	0.	0.
(8) DAVID H. HALL, PHD DIRECTOR	1.00 0.	X						0.	0.	0.
(9) HARRIETT DRUSKIN DIRECTOR	1.00 0.	X						0.	0.	0.
(10) JAMES GIBSON DIRECTOR	1.00 0.	X						0.	0.	0.
(11) JOSEPH BASRALIAN, ESQ. DIRECTOR	1.00 0.	X						0.	0.	0.
(12) DIANE C. LOUIE, MD, MPH DIRECTOR	1.00 0.	X						0.	0.	0.
(13) ELIZABETH WENDY WILKES DIRECTOR	1.00 0.	X						0.	0.	0.
(14) GERALDINE A. SMITH, ESQ. 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) ANN LAWRENCE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) MEREDITH S. MUELLER, DMIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) DANA POGORZELSKI ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) PHILIP H. WITT, PHD, ABPP ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) ERIC P. STILES ----- PRESIDENT & CEO	45.00 ----- 0.			X				127,484.	0.	5,499.
(20) SUDHA IYER ----- VP FINANCE & ADMINISTRATION	45.00 ----- 0.			X				96,507.	0.	9,307.
----- ----- ----- ----- ----- ----- ----- ----- ----- -----										
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								223,991.	0.	14,806.
d Total (add lines 1b and 1c)								223,991.	0.	14,806.

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 ► 1

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	477,002.				
	c Fundraising events	1c	31,838.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	616,205.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	3,807,863.				
	g Noncash contributions included in lines 1a-1f: \$		107,963.				
	h Total. Add lines 1a-1f			4,932,908.			
	Program Service Revenue	2a PROGRAM FEES	Business Code	900099	932,663.	932,663.	
b FEES FOR USE OF SOCIETY FACILITIES			532000	6,596.	6,596.		
c TRAVEL FEES INCOME			900099	213,805.	213,805.		
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				1,153,064.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). <u>ATTACHMENT 2</u>			163,230.			163,230.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0.		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses			397,370.			
	c Gain or (loss)			286,978.			
	d Net gain or (loss)			110,392.	110,392.		110,392.
	8a Gross income from fundraising events (not including \$ <u>31,838.</u> of contributions reported on line 1c). See Part IV, line 18 a		<u>ATCH 3</u>		15,935.		
b Less: direct expenses b				15,935.			
c Net income or (loss) from fundraising events. <u>ATCH 4</u>				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			988,543.				
b Less: cost of goods sold <u>ATCH 5</u> b			727,714.				
c Net income or (loss) from sales of inventory.				260,829.	260,829.		
Miscellaneous Revenue			Business Code				
11a CHANGE IN VALUE CASH VALUE LIFE INSURAN			909999	24,866.	24,866.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				24,866.			
12 Total revenue. See instructions.				6,645,289.	1,438,759.		273,622.

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.

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	481,224.	1	143,615.
	2 Savings and temporary cash investments	542,287.	2	394,090.
	3 Pledges and grants receivable, net	98,213.	3	156,170.
	4 Accounts receivable, net	611,913.	4	494,082.
	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 7	11,663.	7	57,088.
	8 Inventories for sale or use	533,420.	8	586,177.
	9 Prepaid expenses and deferred charges ATCH 8	77,556.	9	41,592.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 23,814,948.			
	b Less: accumulated depreciation 10b 3,726,708.			
		20,193,430.	10c	20,088,240.
	11 Investments - publicly traded securities ATCH 9	5,132,313.	11	5,445,288.
	12 Investments - other securities. See Part IV, line 11	128,125.	12	0.
	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	482,952.	15	672,888.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,293,096.	16	28,079,230.	
Liabilities	17 Accounts payable and accrued expenses	226,160.	17	467,858.
	18 Grants payable	0.	18	0.
	19 Deferred revenue ATCH 10	954,336.	19	497,602.
	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	1,180,496.	26	965,460.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,033,737.	27	7,484,298.
	28 Temporarily restricted net assets	1,103,238.	28	1,181,270.
	29 Permanently restricted net assets	17,975,625.	29	18,448,202.
	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	27,112,600.	33	27,113,770.	
34 Total liabilities and net assets/fund balances	28,293,096.	34	28,079,230.	

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	6,645,289.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,901,277.
3	Revenue less expenses. Subtract line 2 from line 1	3	-255,988.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,112,600.
5	Net unrealized gains (losses) on investments	5	92,087.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	173,223.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,152.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,113,770.

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		

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.

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

OMB No. 1545-0047

2017

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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) 2017

JSA
7E1210 1.000

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

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,242,375.	5,945,693.	5,858,893.	4,773,075.	4,932,908.	26,752,944.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	5,242,375.	5,945,693.	5,858,893.	4,773,075.	4,932,908.	26,752,944.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						3,547,165.
6 Public support. Subtract line 5 from line 4						23,205,779.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	5,242,375.	5,945,693.	5,858,893.	4,773,075.	4,932,908.	26,752,944.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	91,036.	91,432.	105,343.	133,583.	163,230.	584,624.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH 1					24,866.	24,866.
11 Total support. Add lines 7 through 10						27,362,434.
12 Gross receipts from related activities, etc. (see instructions)					12	6,371,612.
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	84.81%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	87.12%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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, 2017, 2016. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2017, 2016. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 12a or 12b 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?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

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? <i>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.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	2	

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)? <i>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).</i>	1	

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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test 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? <i>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.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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 (explain in Part VI). **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).			

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
OTHER INCOME					24,866.	24,866.
TOTALS					<u>24,866.</u>	<u>24,866.</u>

Schedule of Contributors

2017

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

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
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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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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	US DEPT. OFFICE OF THE INTERIOR 1825 VIRGINIA STREET, #B ANNAPOLIS, MD 21401	\$ 394,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WILLIAM PENN FOUNDATION 2 LOGAN SQ FL 11 PHILADELPHIA, PA 19103	\$ 545,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	\$ 370,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NATIONAL FISH AND WILDLIFE FOUNDATION 1133 15 STREET NW #11 WASHINGTON, DC 20005	\$ 174,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GEORGIA HARITON C/O 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PSE&G 80 PARK PLACE, M/C P3 NEWARK, NJ 07102	\$ 167,988.	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
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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	ESTATE OF ANNA BOSSERS 450 LEXINGTON AVE FLOOR 38 NEW YORK, NY 07102	\$ 124,524.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ESTATE OF RUDOLPH VAN GELDER 130 W 28TH STREET FLOOR 2 NEW YORK, NY 10001	\$ 488,583.	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.)

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
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

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

2017

Open to Public Inspection

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

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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
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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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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) 2017

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)		4,354.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		15,709.													
c Total lobbying expenditures (add lines 1a and 1b)		20,063.													
d Other exempt purpose expenditures		5,846,795.													
e Total exempt purpose expenditures (add lines 1c and 1d)		5,866,858.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		443,343.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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)		110,836.													
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	448,119.	496,043.	439,238.	443,343.	1,826,743.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,740,115.
c Total lobbying expenditures	42,298.	27,668.	14,320.	20,063.	104,349.
d Grassroots nontaxable amount	112,030.	124,011.	109,810.	110,836.	456,687.
e Grassroots ceiling amount (150% of line 2d, column (e))					685,031.
f Grassroots lobbying expenditures	21,948.	9,322.	2,889.	4,354.	38,513.

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)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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 campaign activity 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 main 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); 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

▶ 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.

2017

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

NEW JERSEY AUDUBON SOCIETY

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2.
b Total acreage restricted by conservation easements	54.00
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, 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 ▶ _____ 1.

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____ 6.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____ 1,000.

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)? Yes No

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.

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 on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

Schedule D (Form 990) 2017

JSA
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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? Yes No

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? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,260,438.	4,362,669.	3,279,466.	3,473,662.	3,414,895.
b Contributions	480,729.	652,854.	1,011,408.	46,793.	
c Net investment earnings, gains, and losses	343,638.	397,769.	283,205.	-61,489.	408,714.
d Grants or scholarships					
e Other expenditures for facilities and programs	158,715.	152,854.	211,408.	179,500.	349,947.
f Administrative expenses					
g End of year balance	5,926,090.	5,260,438.	4,362,671.	3,279,466.	3,473,662.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 74.5800 %
- b** Permanent endowment 6.1900 %
- c** Temporarily restricted endowment 19.2300 %

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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,883,729.		16,883,729.
b Buildings		6,243,523.	3,247,219.	2,996,304.
c Leasehold improvements				
d Equipment		687,696.	479,489.	208,207.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,088,240.

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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

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, 2018 AND 2017. THE SOCIETY DID NOT HAVE ANY INCOME TAX RELATED PENALTIES OR INTEREST FOR THE YEARS IN QUESTION.

SCHEDULE D, PART XI, 2D AND PART XII, 2D

THE CHANGE IN VALUE OF A CHARITABLE REMAINDER TRUST OF (\$8,152) HAS BEEN EXCLUDED FROM THE REVENUE SHOWN IN THE 990 AND IS SHOWN ON AN OTHER ADJUSTMENT TO NET ASSETS IN PART XI. ADDITIONALLY, FUNDRAISING EXPENSES FOR THE SPECIAL EVENT OF \$15,935 WERE NETTED WITH REVENUE AS REQUIRED BY THE FORM 990 INSTRUCTIONS SO HAVE BEEN REDUCED FROM BOTH REVENUE AND EXPENSE ON THE RECONCILIATION IN PART XI AND PART XII.

SCHEDULE D, PART V, LINE 1B

IN ACCORDANCE WITH THE SPENDING POLICY OF THE ENDOWMENT, AN ANNUAL DISTRIBUTIONS OF 4.00 PERCENT OF THE AVERAGE FAIR VALUE OF THE ENDOWMENT POOL WAS MADE FOR THE YEAR ENDED AUGUST 31, 2018. EFFECTIVE SEPTEMBER 2017, THE RATE HAS REDUCED BY .25 EACH YEAR AND WILL CONTINUE UNTIL THE RATE REACHES 3.0 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

2017

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

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	SHOREBIRD RESEARCH	75,823.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					75,823.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					75,823.

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

Schedule F (Form 990) 2017

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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 noncash assistance	(h) Description of noncash 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 noncash assistance	(g) Description of noncash 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; don't 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; don't file with Form 990)* Yes No

Part V **Supplemental Information**

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).

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
		SUMMER CAPE MAY (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	47,773.			47,773.
	2 Less: Contributions	31,838.			31,838.
	3 Gross income (line 1 minus line 2)	15,935.			15,935.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,935.			15,935.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				15,935.
	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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
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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	15 .	107,963 .	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 isn't required to be used for exempt purposes for the entire holding period?	30a		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 nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't 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) (2017)

JSA

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW JERSEY AUDUBON SOCIETY

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

221539642

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.

FORM 990, PART III, LINE 4A

EDUCATION AND SANCTUARIES NEW JERSEY AUDUBON CONDUCTED 1,915 PROGRAMS WHICH DIRECTLY REACHED 21,860 CHILDREN AND 29,951 ADULTS. THE EDUCATION TEAM DESIGNS AND CONDUCTS PROGRAMMING THAT MEETS OUR MISSION OF CONNECTING PEOPLE WITH NATURE AND STEWARDING THE NATURE OF TODAY FOR THE PEOPLE OF TOMORROW. OUR PROGRAM SUITE SUPPORTS THE ORGANIZATION'S CONSERVATION PRIORITIES AND PROVIDES MULTIPLE WAYS FOR PEOPLE TO ENJOY NATURE AND LEARN ABOUT NEW JERSEY'S NATURAL HISTORY AND BROADER CONSERVATION ISSUES. WE REACH A DIVERSE RANGE OF AGE GROUPS FROM YOUNG CHILDREN (2-3 YEARS OLD) TO ADULTS BY CONDUCTING NATURE WALKS AND BIRD WATCHING FIELD TRIPS, SCHOOL AND SCOUT FIELD TRIPS, FAMILY PROGRAMMING, OUTDOOR RECREATION, SUMMER CAMPS, IN-DEPTH NATURAL HISTORY WORKSHOPS, FESTIVALS, AFTERSCHOOL PROGRAMMING, AND ECO-TRAVEL. THESE PROGRAMS ARE LED BY THE ORGANIZATION'S PROFESSIONAL STAFF ACROSS THE STATE, AS

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WELL AS TRAINED VOLUNTEERS.

OVER 45,000 PEOPLE VISITED OUR SIX NATURE CENTERS AND WALKED OUR TRAILS ENJOYING ALL MANNER OF NATURE EXPLORATION. CENTER AND SANCTUARY HABITAT MANAGEMENT CONTINUES TO BE A PRIORITY FOR THE ORGANIZATION WITH A SPECIAL FOCUS ON REDUCING DEER BROWSE BY PUTTING UP DEER EXCLOSURES, REMOVING INVASIVE PLANTS DIRECT PULLING, CUTTING, DIGGING AND BURNING, TO CREATING AND MANAGING NATIVE PLANT POLLINATOR GARDENS. WITH OUR CONTINUED FOCUS ON DIVERSITY AND INCLUSION WE ARE MAKING CONSCIOUS EFFORTS TO IMPROVE THE ACCESSIBILITY OF OUR SANCTUARIES. WE ARE PROUD TO NOTE THAT AT OUR LORRIMER SANCTUARY WE HAVE HANDICAPPED ACCESSIBLE TRAILS, RAISED FLOWER BEDS AND SPECIALIZED PROGRAMMING. FOUR OF OUR CENTERS HOLD NATIVE PLANT SALES AS WELL AS WORKSHOPS THAT TEACH PEOPLE ABOUT GARDENING FOR WILDLIFE.

WE IDENTIFY STRATEGIC COMMUNITY-BASED PARTNERS TO HELP MEET OUR GOALS TO ENGAGE NEW JERSEY'S DIVERSE POPULATION. OUR LONG-TERM RELATIONSHIPS IN JERSEY CITY, NORTH BERGEN, EWING, NEW BRUNSWICK, LINDEN, CAMDEN AND WILDWOOD ENDURE WITH OPPORTUNITIES TO MEET WITH MORE TEACHERS AND STUDENTS IN THESE COMMUNITIES. OUR PARTNERSHIP WITH PATERSON PUBLIC SCHOOLS HAS CONTINUED TO GROW SO WE ARE NOW WORKING WITH COHORTS OF 1ST, 2ND AND 3RD GRADE TEACHERS TO CONDUCT STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS AND MATH) PROGRAMS FOR THEIR STUDENTS UTILIZING THE NATURAL AND HISTORIC ASPECTS OF THE PATERSON FALLS NATIONAL PARK. THROUGH INCREASED PHILANTHROPIC SUPPORT WE WERE ABLE TO BRING ON ADDITIONAL EDUCATION CAPACITY IN SOUTHERN NEW JERSEY WHICH HAS ALLOWED US TO CREATE NEW SCHOOL PARTNERSHIPS IN WOODBINE AND VINELAND. THE

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ECO-SCHOOLS USA PROGRAM, RUN BY THE NATIONAL WILDLIFE FEDERATION AND OVERSEEN AND IMPLEMENTED BY NJ AUDUBON IN NEW JERSEY HAS GROWN TO OVER 275 SCHOOLS ACROSS THE STATE, ACCOUNTING FOR THE INVOLVEMENT OF CLOSE TO 3,000 TEACHERS AND INDIRECTLY IMPACTING 150,000 STUDENTS. STUDENT-LED SCHOOL SUSTAINABILITY PROJECTS INCLUDE REDUCING STORMWATER RUNOFF FROM THE SCHOOL GROUNDS, CREATING SCHOOLYARD HABITATS FOR BIRDS AND POLLINATORS, REDUCING ENERGY USAGE BY THE SCHOOL THUS ADDRESSING CLIMATE CHANGE AND CREATING HEALTHY ALTERNATIVES TO SCHOOL LUNCHES.

TEACHER PROFESSIONAL DEVELOPMENT CONTINUES TO BE A CORE PROGRAM AT NEW JERSEY AUDUBON. THROUGH CORPORATE AND FOUNDATION FUNDING WE WERE ABLE TO CONDUCT 2 WEEK-LONG SUMMER TRAININGS FOCUSED ON ECOLOGY, WATERSHEDS AND SUSTAINABILITY. TEACHERS FROM THE HONEYWELL INSTITUTE FOR ECOSYSTEMS EDUCATION SUPPORTED THEIR MIDDLE AND HIGH SCHOOL STUDENTS GROUP PRESENTATIONS AT THE 3RD ANNUAL STUDENT FORUM, HELD AT NJ INSTITUTE OF TECHNOLOGY IN NEWARK, NJ. AFTERSCHOOL TEACHERS WERE ALSO GIVEN TRAINING IN USING THEIR SITE AS AN OUTDOOR CLASSROOM. OVER 50 TEACHERS FROM CENTRAL AND NORTHERN NJ PARTICIPATED WITH AN OVERWHELMING RESPONSE INDICATING THAT TAKING KIDS OUTSIDE IS A GREAT WAY TO INCREASE STUDENT ENGAGEMENT IN LEARNING ABOUT SCIENCE.

OVER 28,000 PEOPLE VISITED THE NEW JERSEY AUDUBON MIGRATION WATCHES DURING THE YEAR IN CAPE MAY, AVALON AND MONTCLAIR. THESE SITES PROVIDE PEOPLE WITH ACCESS TO WILDLIFE MIGRATION PHENOMENA (HAWK MIGRATION, SONGBIRD MIGRATION, BUTTERFLY MIGRATION) AS WELL AS OPPORTUNITIES TO LEARN MORE ABOUT HOW THEY CAN HELP THESE SPECIES. WE LAUNCHED THE MIGRATION WATCHER IN TRAINING PROGRAM FOR YOUNG BIRDWATCHERS INTERESTED

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IN LEARNING ABOUT IDENTIFYING BIRD SPECIES, COLLECTING DATA AND UNDERSTANDING MONITORING TECHNIQUES. THE CAPE MAY BIRD BANDING PROGRAM WAS STARTED IN SEPTEMBER. THIS PROGRAM WAS DEVELOPED TO MONITOR THE HEALTH OF BOTH RESIDENT AND MIGRATORY POPULATIONS OF BIRDS. VOLUNTEERS DO ALL MANNER OF WORK FOR NEW JERSEY AUDUBON INCLUDING CONDUCTING PROGRAMS, HELPING OUT AT CENTERS, CONDUCTING BIRD MONITORING AND MAINTAINING HABITAT. DURING 2018, NEW JERSEY AUDUBON HAD 1,542 VOLUNTEERS WHO CONTRIBUTED 16,204 TOTAL HOURS TO THE ORGANIZATION.

FORM 990, PART III, LINE 4B

STEWARDSHIP- CONSERVATION IS TRULY A PARTNER DRIVEN ENDEAVOR.

PARTNERSHIPS TAKE ALL FORMS, NONPROFITS UNITING FOR COMMON CAUSE, GOVERNMENT AND NON-PROFITS JOINING SKILLS, AND LINKING GOVERNMENT AND NON-PROFITS WITH PRIVATE SECTOR PARTNERS TO COMPLETE PROJECTS THAT BENEFIT THE ENVIRONMENT AND QUITE POSSIBLY ALSO IMPROVE THE BOTTOM-LINE. WE LOOK FOR NEW, NOVEL AND GAME-CHANGING PARTNERSHIPS EVERYDAY AND ARE WILLING TO WORK WITH THOSE WE KNOW AND THOSE WE'VE JUST MET. WE EXPERIENCED ALL THESE PARTNERSHIPS IN 2018!

ONE PARTNERSHIP THAT STANDS OUT FROM THIS PAST YEAR, AND IS THE REALIZATION OF SEVERAL YEARS' WORK, STARTED WITH PUBLIC POLICY AND RESULTED IN THE CREATION AND STEWARDSHIP OF POLLINATOR HABITAT. NJ AUDUBON POLICY STAFF LEAD AN EFFORT THAT RESULTED IN THE ADOPTION OF NEW LAWS IN 2017 REQUIRING THE DEPARTMENT OF TRANSPORTATION, NEW JERSEY TURNPIKE AUTHORITY, AND THE SOUTH JERSEY TRANSIT AUTHORITY TO USE ONLY NATIVE VEGETATION FOR LANDSCAPING, LAND MANAGEMENT, AND REFORESTATION. WITH THE LAW ENACTED NJ AUDUBON STEWARDSHIP STAFF WORKED WITH THE SOUTH

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JERSEY TRANSPORTATION AUTHORITY AND ADVISED THE AUTHORITY ON THE CREATION OF POLLINATOR HABITAT, USING NATIVE PLANTS OF MULTIPLE SPECIES THAT WILL BLOOM AT DIFFERENT TIMES THROUGHOUT THE SEASONS, ENSURING THE POLLINATORS HAVE THE HABITAT AND RESOURCES THEY NEED AND IMPROVING THE VIEW FOR PASSING MOTORISTS. THE SOUTH JERSEY TRANSPORTATION AUTHORITY CREATED FIFTY PLANTING LOCATIONS, UP TO 4.5 ACRES IN SIZE, ALONG THE ATLANTIC CITY EXPRESSWAY. A FANTASTIC START TO A NEW AND IMPACTFUL PARTNERSHIP! IN THE FORESTS OF NORTHERN NEW JERSEY, FOREST STEWARDSHIP FOR SPECIES SUCH AS THE GOLDEN-WINGED WARBLER, RUFFED GROUSE, BOG TURTLE AND SO MANY MORE WILDLIFE CONTINUES TO BE A FOCUS. THESE SPECIES BENEFIT FROM THE CREATION OF YOUNG FOREST HABITAT, A SUCCESSIONAL STAGE THAT IS CONTINUING TO SHRINK FROM THE LANDSCAPE AS NEW JERSEY'S FORESTS MATURE. WE CONTINUE TO WORK WITH NEW JERSEY AUDUBON CORPORATE STEWARDSHIP COUNCIL MEMBERS JERSEY CENTRAL POWER & LIGHT, PUBLIC SERVICE ELECTRIC AND GAS, AS WELL AS OTHER COUNCIL MEMBERS TO MONITOR VEGETATION AND WILDLIFE AND RESTORE HABITAT ON CORPORATE LANDS AND RIGHTS-OF-WAY. WE RECOGNIZE THAT VALUABLE WILDLIFE HABITAT CAN EXIST IN UNLIKELY PLACES AND AREAS ONCE UTILIZED BY HUMANS AND THEN LEFT TO REVERT BACK TO NATURE. THROUGHOUT NEW JERSEY WE'VE SET A GOAL OF IMPROVING AND SAFE GUARDING FOREST HEALTH AFFECTING 15,000 ACRES THROUGH THE DEVELOPMENT AND IMPLEMENTATION OF FOREST STEWARDSHIP PLANS. WHILE WE STILL HAVE ALMOST A YEAR TO GO TO ACHIEVE THIS GOAL, WE WERE EXCITED TO REALIZE THAT WE'VE PASSED THE 16,000-ACRE MARK, AND YET WE AREN'T STOPPING. WITH TWO-MILLION ACRES OF FOREST IN NEW JERSEY THERE IS MUCH WORK TO BE DONE!

IN THE HEART OF THE NEW JERSEY PINELANDS DOZENS OF NORTHERN BOBWHITE ARE

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CALLING, PAIRING AND NOW IN THE WINTER MONTHS HUDDLING TOGETHER IN COVEYS, THE OFFSPRING AND SURVIVORS OF THE MULTIPLE YEARS OF QUAIL TRANSLOCATION. IN 2018, WE RELEASED OUR 4TH YEAR OF TRANSLOCATED BIRDS, ANOTHER 80 INDIVIDUALS, BRINGING THE TOTAL NUMBER OF TRANSLOCATED BIRDS TO 320. THOSE BIRDS WERE TRACKED VIA RADIO SIGNAL TRANSMITTING COLLARS THROUGHOUT THE BREEDING SEASON THROUGH TO THE END OF THIS YEAR. TECHNICIANS ROUTINELY OBSERVED MANY UNCOLLARED BIRDS, CONFIRMING THAT REPRODUCTION AND SURVIVAL ARE THE GREATEST SUCCESS OF THE NORTHERN BOBWHITE RESTORATION INITIATIVE. 2018 REVEALED THE HIGHEST RATE OF SURVIVAL IN THE FOUR YEARS THAT QUAIL HAVE BEEN TRANSLOCATED TO NEW JERSEY! IN FURTHER SUPPORT OF THIS BOLD ENDEAVOR, NJ AUDUBON STAFF, ALONG WITH STAFF FROM THE NJ DIVISION OF FISH AND WILDLIFE HAVE CONDUCTED PREDATOR SURVEYS, INSECT ABUNDANCE EVALUATIONS, VEGETATION SURVEYS, AND LANDSCAPE SPATIAL ANALYSIS ACROSS MULTIPLE SITES IN SOUTHERN NEW JERSEY TO DETERMINE OPTIMAL LOCATIONS FOR A LARGE-SCALE RELEASE OF NORTHERN BOBWHITE. ENVISIONED TO BE THE NEXT PHASE OF THE NORTHERN BOBWHITE RESTORATION INITIATIVE, NJ DIVISION OF FISH AND WILDLIFE ARE CONSULTING WITH OTHER STATES REGARDING A DONATION OF NORTHERN BOBWHITE IN SUPPORT OF THE LARGE TRANSLOCATION AND SPECIES RECOVERY EFFORT. IN BOTH NORTHERN AND SOUTHERN NEW JERSEY, STEWARDSHIP STAFF ARE CONTINUING TO ADVANCE THE GOALS OF THE DELAWARE RIVER WATERSHED INITIATIVE, PROVIDING HIGH QUALITY AND SUFFICIENT WATER QUANTITY FOR ECOSYSTEMS AND PEOPLE. WE'VE MADE SUBSTANTIAL PROGRESS TOWARDS OUR 2019 GOAL OF IMPLEMENTING CONSERVATION PRACTICES ON 5,000 ACRES OF AGRICULTURAL LANDS. AS OF THIS FALL, WE WERE 77% OF THE WAY THERE WITH

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APPROXIMATELY 3,900 ACRES REALIZED. THESE CONSERVATION PRACTICES INCLUDE THE INSTALLATION OF COVER CROPS, CREATION OF RIPARIAN FOREST BUFFERS, MANAGEMENT OF INVASIVE PLANTS, FILTER STRIPS, TREE AND SHRUB PLANTINGS, POLLINATOR HABITAT CREATION AND MANY MORE. IN ADDITION TO A SIGNIFICANT FOCUS SUPPORTING FARMERS AND THE AGRICULTURE COMMUNITY WITH THE IMPLEMENTATION OF CONSERVATION PRACTICES, SOUTHERN NEW JERSEY FOCUSED STEWARDSHIP STAFF HAVE BEEN HARD AT WORK ON INVASIVE PLANT CONTROL PROJECTS, INCLUDING KUDZU CONTROL ON A PRIVATE FARM, TREATMENT OF MILE-A-MINUTE AT THE SALEM WILDLIFE MANAGEMENT AREA, AND INVASIVE VINES AT THE NATURE CENTER OF CAPE MAY. ALSO, IN THE SOUTH, WE CONTINUE TO TRACK BOG TURTLES AT THE SALEM COUNTY PROJECT SITE AND HAVE UNDERTAKEN SEVERAL EFFORTS TO RESTORE CROP LAND TO BOG TURTLE HABITAT, INCLUDING THE RESTORATION OF FOUR ACRES OF NATIVE HERBACEOUS WETLAND HABITAT AND INSTALLATION OF 23 ACRES OF NATIVE WARM SEASON GRASSES AND WILDFLOWERS. WHAT THESE ACCOMPLISHMENTS DON'T RECOGNIZE IS THE PEOPLE BEHIND THEM, THERE ARE MANY STORIES TO TELL OF THE PEOPLE MAKING A DIFFERENCE. I'LL LEAVE YOU WITH JUST ONE, CINDY AND JACK NICIECKI'S WHO OWN A 136-ACRE HAY FARM JUST EAST OF FRENCHTOWN. WE RECOGNIZED THE NICIECKI'S THIS YEAR WITH THE RICHARD KANE CONSERVATION AWARD FOR THEIR COMMITMENT TO GRASSLAND BIRDS. WHAT STARTED AS A RELATIONSHIP WITH THE NATURAL RESOURCES CONSERVATION SERVICE (NRCS) AND THE INCLUSION OF DELAYED MOWING IN THEIR FARMING PRACTICES RESULTED IN A DEEP COMMITMENT TO GRASSLAND BIRDS. CINDY AND JACK COMMITTED TO CONTINUE TO DELAY MOW THEIR FIELDS AFTER SUPPORT FROM NRCS ENDED. THEIR FIELDS ARE THRIVING NOW WITH BOBOLINK'S, GRASSHOPPER SPARROWS, EASTERN MEADOWLARKS AND MANY MORE OF THESE

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SENSITIVE SPECIES. CINDY AND JACK COMMITTED TO WILDLIFE AND ASSISTING WITH THE RECOVERY OF SEVERAL SPECIES LISTED AS THREATENED AND ENDANGERED IN NEW JERSEY, TRULY GREAT PARTNERS!

FORM 990, PART III, LINE 4B AND 4C

RESEARCH NEW JERSEY AUDUBON RESEARCH STAFF CONTINUED INTENSIVE MONITORING OF SEMIPALMATED SANDPIPERS (SESA) DURING SPRING MIGRATION STAGING PERIODS IN DELAWARE BAY, A CRITICAL STOPOVER FOR SHOREBIRDS TO REST, FEED AND STORE FAT RESERVES AHEAD OF THE FINAL LEG OF THEIR MIGRATION TO THE ARCTIC BREEDING GROUNDS. SESA HAVE BEEN IDENTIFIED AS A HIGH PRIORITY CONSERVATION CONCERN SPECIES, AS THEIR ATLANTIC FLYWAY POPULATIONS HAVE DECLINED BY 80% SINCE THE 1980S. FOR THE THIRD YEAR, WE ATTACHED DIGITALLY CODED RADIO TRANSMITTERS TO UNDERSTAND SURVIVAL DURING THEIR WINTERING PERIOD IN NORTHERN SOUTH AMERICA. THESE DATA, COMBINED WITH SURVIVAL DATA DURING MIGRATION AND BREEDING PERIODS, WILL BE USED TO BETTER UNDERSTAND WHEN AND WHERE SESA ARE EXPERIENCING SITUATIONS THAT SIGNIFICANTLY AFFECT POPULATION DECLINES. THIS WORK WAS BOLSTERED BY THE INSTALLATION OF THE FIRST AUTOMATED TRACKING STATIONS IN BRAZIL TO COMPLIMENT THE SEVEN CURRENTLY OPERATING IN SURINAME (3) AND FRENCH GUIANA (4). NJA RESEARCH STAFF CONTINUE TO COLLABORATE WITH PARTNERS IN NORTHEASTERN BRAZIL TO ASSESS THE EFFECTS OF SHRIMP AQUACULTURE ON

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MIGRATORY SHOREBIRDS. SPECIFICALLY, THE PROJECT IS DESIGNED TO UNDERSTAND HOW SHOREBIRDS USE HABITATS IN SHRIMP FARMS AND WHETHER THEY ARE EXPOSED TO CONTAMINANTS AT THESE SITES. OUR PRELIMINARY RESULTS SUGGEST THAT SEVERAL SPECIES USE SHRIMP AQUACULTURE PONDS EXTENSIVELY, ESPECIALLY WHEN WATER LEVELS ARE DRAWN DOWN DURING HARVESTING. OUR RESEARCH ALSO INDICATES THAT SHOREBIRDS, SPECIFICALLY SESA WE SAMPLED AT SHRIMP FARMS IN BRAZIL, HAVE HIGHER LEVELS OF HEAVY METALS THAN THOSE WE SAMPLED IN SURINAME AND DELAWARE BAY, WHERE BIRD HABITAT USE WAS NOT ASSOCIATED WITH SHRIMP FARMS. OUR SHOREBIRD CONSERVATION EFFORTS IN SOUTH AMERICA ALSO INCLUDES WORKING WITH PARTNERS IN SURINAME, FRENCH GUIANA AND BRAZIL TO CURTAIL ILLEGAL OR POORLY REGULATED SHOREBIRD HUNTING. THROUGH GRANTS FROM US AGENCY FOR INTERNATIONAL DEVELOPMENT, US FISH AND WILDLIFE SERVICE AND THE NATIONAL FISH AND WILDLIFE FOUNDATION, NJA HAS HELPED SUPPORT LAW ENFORCEMENT CAPACITY IN SURINAME, WHICH INCLUDES PROVIDING GASOLINE AND MAINTENANCE FOR PATROL VEHICLES, CONDUCT A SURVEY ON HUNTERS AND DEVELOP A PROGRAM TO EDUCATE HUNTERS ABOUT GAME LAWS AND THE IMPORTANCE OF CONSERVING SPECIES OF CONSERVATION CONCERN, LIKE SESA AND OTHER MIGRATORY SHOREBIRDS.

AS PART OF A GRANT FROM THE NATIONAL PARK SERVICE, RESEARCH STAFF CONTINUE TO MONITOR RESPONSES OF BEACH NESTING BIRDS TO THE HABITAT RESTORATION AT STONE HARBOR POINT CARRIED OUT BY NJA AND ITS PARTNERS IN 2014 AND 2015. THE RESTORATION, FUNDED BY A \$1.28 MILLION GRANT THROUGH THE NATIONAL FISH AND WILDLIFE FOUNDATION AND THE US DEPARTMENT OF INTERIOR, NJ AUDUBON RESEARCH, IMPROVED CRITICAL HABITAT FOR ENDANGERED BEACH NESTING AND MIGRATORY SHOREBIRDS WHILE PROTECTING

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NEIGHBORING COMMUNITIES FROM STORM SURGES. MORE THAN 40 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. DATA COLLECTED SINCE 2016 SUGGEST THAT THE NUMBER OF NESTING PAIRS AND THE NUMBER OF CHICKS PRODUCED AT THE SITE HAS INCREASED SIGNIFICANTLY COMPARED TO THE PERIOD PRIOR TO RESTORATION.

NEW JERSEY AUDUBON RESEARCH STAFF CONTINUED TO ASSESS THE RESPONSE OF WILDLIFE SPECIES TO ROUTINE MAINTENANCE ACTIVITIES ON PSEG TRANSMISSION LINE CORRIDORS IN THE HIGHLANDS. THE GOAL OF THIS PROJECT IS TO DEVELOP MANAGEMENT RECOMMENDATIONS THAT MEET SAFETY AND REGULATORY REQUIREMENTS FOR POWERLINE RIGHTS-OF-WAY, WHILE ALSO PROVIDING HABITAT FOR EARLY SUCCESSIONAL SPECIES OF CONSERVATION CONCERN. IN 2018, WE COMPLETED THE FOURTH YEAR OF BIRD, REPTILE, AMPHIBIAN, AND HABITAT SURVEYS ALONG SPANS THAT RECEIVED MAINTENANCE 2012 - 2014. WE ALSO WORKED CLOSELY WITH PSEG AND THE NJ ENDANGERED AND NONGAME SPECIES PROGRAM TO DEVELOP SPAN-SPECIFIC MAINTENANCE PLANS FOR AREAS THAT PROVIDE CRITICAL HABITAT FOR BREEDING GOLDENWINGED WARBLER POPULATIONS. TREATMENTS CONTINUED DURING THE WINTER OF 2017/2018, AND GOLDEN-WINGED WARBLER RESPONSES TO HABITAT MODIFICATIONS WERE ASSESSED DURING THE 2018 BREEDING SEASON. IN 2016, WE PARTNERED WITH A PRIVATE LANDOWNER IN SUSSEX COUNTY, NEW JERSEY 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.

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ONE OF THE PRIMARY GOALS OF THE LANDOWNER IS TO MANAGE HABITAT FOR RUFFED GROUSE AND GOLDEN-WINGED WARBLER, BOTH CONSIDERED 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. THIS WORK CONTINUED IN 2018. 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. AS PART OF A PROJECT FUNDED BY PSEG, NJA CONDUCTED EARLY MORNING SURVEYS AT 12 TALL BUILDINGS IN NEWARK, MID-AUGUST - EARLY NOVEMBER 2018, TO EVALUATE THE MAGNITUDE OF BIRD COLLISIONS IN THE CITY AND UNDERSTAND FACTORS THAT CAUSE THESE INTERACTIONS. DURING THE SUNRISE SURVEYS, WE FOUND MORE THAN 300 INDIVIDUALS OF 50 BIRD SPECIES THAT HAD COLLIDED WITH BUILDINGS. OF THESE, MORE THAN HALF WERE FOUND DEAD. THOSE NOT DEAD WERE EITHER INJURED OR STUNNED. INDIVIDUALS THAT COULD NOT FLY OFF WERE TAKEN TO THE RAPTOR TRUST FOR REHABILITATION. FOUR OF THE BUILDINGS WERE RESPONSIBLE FOR THE MAJORITY OF COLLISIONS (>70%). CONTINUING CONSTRUCTION OF TALL GLASS BUILDINGS IN NEWARK AND OTHER CITIES NEEDS TO CONSIDER BIRD SAFETY AS PART OF THE OVERALL DESIGN AS CUMULATIVE EFFECTS CAN BE SIGNIFICANT. NJA RESEARCH STAFF ALSO CONDUCTED SURVEYS IN THE HACKENSACK MEADOWLANDS TO CHARACTERIZE FORAGING BEHAVIOR AND HABITAT USE BY WATERBIRDS AND SONGBIRDS. DATA COLLECTED DURING THESE PROJECTS COULD HELP FUTURE

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ASSESSMENTS OF CONTAMINANTS EXPOSURE OF BIRDS USING THE SITE.

PART III, LINE 4C CONTINUED

GOVERNMENT RELATIONS

NEW JERSEY AUDUBON CONTINUED ITS LEADERSHIP IN CUTTING EDGE CONSERVATION POLICY AT THE STATE AND FEDERAL LEVEL INCLUDING CONTINUING ITS LONG-STANDING EFFORTS ADVANCING A NUMBER OF LEGISLATIVE ISSUES AS WELL AS CRITICAL STATE AND REGIONAL COALITION LEADERSHIP. NJ AUDUBON CONTINUED COORDINATION OF THE STATE-WIDE KEEP IT GREEN COALITION SUPPORTING MILLIONS OF DOLLARS IN APPROPRIATIONS FOR OPEN SPACE, PARKS, FARMLAND AND HISTORIC SITES IN 2018 AND BEGAN WORK ON IMPLEMENTATION LEGISLATION WHICH WILL GUIDE THE EXPENDITURE OF \$150 MILLION PER YEAR STARTING IN 2020. THE CONTINUED FUNDING FOR THESE PROJECTS COMES AT A CRITICAL TIME AS NJ IS SLATED TO REACH FULL BUILDOUT BY THE MIDDLE OF THE CENTURY.

NJ AUDUBON CONTINUED CO-LEADING THE FOUR-STATE COALITION FOR THE DELAWARE RIVER WATERSHED AND REALIZED THE PROMISE OF THE PASSAGE OF THE DELAWARE RIVER BASIN RESTORATION ACT WITH THE FIRST ROUND OF FUNDING THIS DECEMBER IN THE AMOUNT OF \$4.2 MILLION. FOR THE FIRST TIME, THE ENTIRE WATERSHED WILL NOW BEGIN TO BENEFIT FROM A COMPREHENSIVE GRANT FUNDING PROGRAM FOR ON-THE-GROUND STEWARDSHIP PROJECTS. NJA CONTINUES TO LEAD THE EFFORT FOR TO SUPPORT CONTINUED AND INCREASED YEARLY FUNDING FOR THIS PROGRAM.

AT THE FEDERAL LEVEL, NJA WORKED WITH PARTNERS TO SECURE AN AMENDMENT TO THE FARM BILL WHICH WILL ALLOW FUNDING TO CONTINUE TO FLOW TO THE DELAWARE RIVER BASIN THROUGH THE REGIONAL CONSERVATION PARTNERSHIP PROGRAM. WE ALSO CONTINUED OUR EFFORTS PARTNERING WITH STATE, REGIONAL AND FEDERAL GROUPS TO PROVIDE MEANINGFUL SUPPORT FOR THE RECOVERING

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AMERICA'S WILDLIFE ACT, THE LAND AND WATER CONSERVATION FUND, THE ENVIRONMENTAL JUSTICE ACT, THE COASTAL BARRIER RESOURCES ACT AND MORE. FINALLY, WE WORKED TO PROTECT AGAINST ENVIRONMENTAL ROLLBACKS SUCH AS THE OPENING OF OFFSHORE LEASE AREAS FOR OFFSHORE OIL AND GAS EXPLORATION AND DEVELOPMENT, AND ROLLBACKS OF THE CLEAN WATER ACT.

AT THE STATE LEVEL, WE WORKED TO SUPPORT REGULATION OF PLASTICS TO PREVENT THEM FROM ENTERING OUR ENVIRONMENT AND HARMING PEOPLE AND WILDLIFE. WE CELEBRATED THE PASSAGE OF THE PRESCRIBED BURN ACT, A CRITICAL TOOL IN FOREST MANAGEMENT WHICH NEW JERSEY AUDUBON HAS BEEN WORKING TO PASS FOR WELL OVER A DECADE. WE ADVANCED MEASURES TO PROTECT THE RIGHT OF CITIZENS TO ACCESS THEIR TAXPAYER FUNDED PARKS DURING STATE SHUTDOWNS.

FINALLY, WE CONTINUED DEVELOPMENT OF LONG-TERM CAMPAIGNS ON POLLINATORS AND WIND. WE CONTINUE TO DEVELOP INFORMATION ABOUT THE SIGNIFICANT IMPACTS OF PESTICIDES ON POLLINATORS AND PLAN FOR THE LAUNCH OF A ROBUST CAMPAIGN IN 2019 TO END THE OUTDOOR USE OF A CLASS OF PESTICIDES PROVEN TO HAVE CAUSED SIGNIFICANT POPULATION DECLINES IN POLLINATORS.

FORM 990, PART VI, SECTION A, LINE 6 AND 7A

LINE 6 - THE SOCIETY HAS AN ESTIMATED 20,000 MEMBERS.

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

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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, LINE VI, SECTION B, LINE 15

THE BOARD CHAIR IN CONSULTATION WITH THE EXECUTIVE COMMITTEE APPROVES 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

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

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 XI, LINES 8 AND 9

LINE 8 - A PRIOR PERIOD ADJUSTMENT OF \$173,223 WAS RECORDED DURING THE YEAR ENDED AUGUST 31, 2018 FOR A GIFT OF LIFE INSURANCE THAT HAD NOT RECORDED WHEN RECEIVED.

LINE 9 - AN ADJUSTMENT OF \$(8,152) FOR THE CHANGE IN THE VALUE OF A CHARITABLE REMAINDER TRUST WAS RECORDED AS AN OTHER CHANGE IN NET ASSETS.

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>
NJ LEAGUE OF CONSERVATION VOTERS 707 STATE ROAD, SUITE 223 PRINCETON, NJ 08450	PUBLICATIONS	114,500.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST AND DIVIDEND INCOME	163,230.			163,230.
TOTALS	<u>163,230.</u>			<u>163,230.</u>

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

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SUMMER CAPE MAY EVENT	31,838.
TOTAL	<u>31,838.</u>

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
SUMMER CAPE MAY EVENT	15,935.	15,935.
TOTALS	<u>15,935.</u>	<u>15,935.</u>

ATTACHMENT 5

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

GROSS SALES LESS RETURNS AND ALLOWANCES	988,543.
INVENTORY AT BEGINNING OF YEAR	533,420.
PURCHASES	780,471.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>1,313,891.</u>
MINUS ENDING INVENTORY	586,117.
COST OF GOODS SOLD	<u>727,714.</u>

ATTACHMENT 6

Name of the organization

NEW JERSEY AUDUBON SOCIETY

Employer identification number

221539642

ATTACHMENT 6 (CONT'D)

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PROFESSIONAL FEES	987,917.	795,344.	42,163.	150,410.
PAYROLL FEES	7,496.		7,496.	
WEBSITE REDESIGN	30,723.		30,723.	
DATA MANAGEMENT FEES	14,090.			14,090.
COMMUNICATIONS	58,230.			58,230.
BLACKBAUD	19,576.			19,576.
TOTALS	<u>1,118,032.</u>	<u>795,344.</u>	<u>80,382.</u>	<u>242,306.</u>

ATTACHMENT 7

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 11,663.
 ENDING BALANCE DUE 57,088.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 11,663.

TOTAL ENDING NOTES AND LOANS RECEIVABLES 57,088.

ATTACHMENT 8

Name of the organization NEW JERSEY AUDUBON SOCIETY	Employer identification number 221539642
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ATTACHMENT 8 (CONT'D)FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	6,724.	5,776.
PREPAID SUPPLIES	63,409.	33,913.
PREPAID PROGRAM FEES	7,423.	1,903.
TOTALS	<u>77,556.</u>	<u>41,592.</u>

ATTACHMENT 9FORM 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	5,132,313.	5,445,288.	FMV
TOTALS	<u>5,132,313.</u>	<u>5,445,288.</u>	

ATTACHMENT 10FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
REFUNDABLE ADVANCES	873,848.	409,234.
PROGRAM FEES	80,488.	88,368.
TOTALS	<u>954,336.</u>	<u>497,602.</u>

New Jersey Filing Instructions

New Jersey Audubon Society

Instructions for Filing Form CRI-300
New Jersey Long Renewal Registration/Verification Statement
For the year ended August 31, 2018

Form to File:

New Jersey Form CRI-300R, Long Form Registration/Verification Statement. We have prepared and are attaching a PDF copy for your convenience in filing your Form CRI-300R online. **DO NOT MAIL this copy to NJ Charities. Forms received through the mail will not be accepted and will be returned.** When filing in accordance with the instructions below, you will be asked to input the information provided on the report.

Filing On-line:

Client to file -

If you haven't already, you will need to create a "myNewJersey" account following the steps below. Please note that if you have previously created an account, there is no need to create a new one.

1. Access the Division of Consumer Affairs ("DCA") Portal utilizing the below website link: at [NJ DCA Portal](#)
2. Once there, locate the "**Sign In**" and "**Register**" options.
 - If you already have a "myNewJersey" account and have accessed the Charity Online Registration in the past, choose "**Sign In**" to enter your "myNewJersey" account utilizing your Login ID and Password.
 - If you DO NOT have a myNewJersey account or need to link an existing "myNewJersey" account to the Charity Online Registration, choose "**Register**".

After selecting your charity, the DCA Portal will cycle through Charity Details, My Charity Profile, and Charity Contact screens to enable you to verify your information. Please note that all questions must be answered. (the attached PDF Form CRI-200[300R] will provide all information required to be entered). Certain questions may require you to upload a document at the end of the process prior to making a payment. Your upload documents are as follows:

Forms to Upload:

- Form 990
- Form CRI-300R Certification
 - Page 1 - This page **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.
 - Page 2 – This page is to be **signed** by the chief executive officer, president or authorized representative officer of the organization.
- Audited Financial Statements [if filing a CRI-300R]

Withum to file:

- We have prepared your on-line filing and have uploaded the documents listed above as an additional service for you.
- You must now log into your Online account to complete the registration by reviewing the information entered and submitting your payment by credit card.

When to File:

Please complete the online filing process on or before ASAP

Payment

A filing fee of \$275 (based upon the following table) must be paid on-line with a major credit card

New Jersey Office of the Attorney General

Division of Consumer Affairs
 Office of Consumer Protection
 Charities Registration Section
 124 Halsey Street, 7th Floor, P.O. Box 45021
 Newark, NJ 07101
 (973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
 (Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 *et seq.*), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1.	This statement contains the facts and financial information for the fiscal year ending:	08 / 31 / 2018	
		month day year	
2.	Federal ID Number (EIN) <u>221539642</u>	2a. N.J. Charities Registration Number: CH- <u>0324400</u>	
3.	Full legal name of the registering organization: <u>NEW JERSEY AUDUBON SOCIETY</u>		
	In care of: (if necessary, otherwise leave this line blank) _____		
4.	Mailing Address: <u>9 HARDCRABBLE ROAD</u>	<u>BERNARDSVILLE, NJ 07924</u>	<input type="checkbox"/> Change of Address
	Street Address	City State ZIP Code	
NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.			
5.	The principal street address of the registering organization _____		
	Street Address	City	State ZIP Code
	<input checked="" type="checkbox"/> Same as Mailing Address		

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
 If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.
ATTACHMENT 1
- 6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

Contact person	Street Address	City	State	ZIP Code
Telephone number (include area code)	Fax number (include area code)			

7. Organization's contact information:

908-396-6614	908-766-7775
Telephone number (include area code)	Fax number (include area code)
SUDHA.IYER@NJAUDUBON.ORG	WWW.NJAUDUBON.ORG
E-mail address	Web site

8. Type of organization (check one):

<input checked="" type="checkbox"/> Nonprofit corporation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Individual	<input type="checkbox"/> Association	<input type="checkbox"/> Society
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Other (Specify) _____		

9. Where and when was the organization legally established? Date: 12/15/1910 State: NEW JERSEY
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.
10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: _____
11. Does the organization intend to solicit contributions from the general public? Yes No
12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.
NEW YORK
PENNSYLVANIA
13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.
14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
TO FOSTER ENVIRONMENTAL AWARENESS AND A CONSERVATION ETHIC IN NJ;
PROTECT NJ'S BIRDS, MAMMELS AND OTHER ANIMALS AND PLANTS AND TO
PROMOTE PRESERVATION OF NJ'S NATURAL HABITATS.
- 14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.
ATTACHMENT 2
15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.
- 15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No
- a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes No
N/A Yes No
- b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____
- c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

- 18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? Yes No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.

- 19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? Yes No
If "Yes," please attach to this registration the relevant document.

- 20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? Yes No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.

- 21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. Yes No

- 22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. Yes No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
ATTACHMENT 3				

CRI-300R Long-Form Registration Renewal Financial Statement

**Note: If the financial value of a line item = 0, place a zero in the space provided.
Please report all figures as GROSS, not NET.**

Full legal name and street address of the organization				
Full legal name: <u>NEW JERSEY AUDUBON SOCIETY</u>				
Fiscal year-end being reported: <u>08</u> / <u>31</u> / <u>2018</u>		Federal ID Number (EIN) <u>221539642</u>		
<small>month day year</small>				
Mailing address:				
<u>9 HARDSCRABBLE ROAD</u>		<u>BERNARDSVILLE, NJ 07924</u>		
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State</small>	<small>ZIP code</small>
Street address of the registering organization: _____				
<small>Street Address</small>		<small>City</small>	<small>State</small>	<small>ZIP Code</small>
New Jersey Charities Registration number: <u>CH 0324400</u> -00		Telephone number: <u>908-396-6614</u>		
		<small>(include area code)</small>		

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail	3,807,863.
(2)	Telephone solicitation	0.
(3)	Commercial co-venture	0.
(4)	Gross receipts from fund-raising events.	47,773.
(5)	Canisters, counter cards, door to door etc	0.
(6)	Corporations and other businesses	0.
(7)	Foundations and trusts	0.
(8)	Donated land, buildings, property, equipment and materials	0.
(9)	Legacies and bequests.	0.
(10)	Membership dues solely resulting from solicitations	477,002.
(11)	Other support (specify).	0.

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) 4,332,638.

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization.	0.
(2)	From an affiliated organization	0.
(3)	From another fund-raising organization.	0.

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)). 0.

Line A1e. Total Gross Contributions (add lines A1b and A1d). 4,332,638.

Line A2. Government grants including purchase of service contracts (specify agency)		
a.	_____	
b.	_____	
c.	_____	
d.	_____	
Line A2e. Total Government Grants (add lines 2a thru 2d) . ATTACHMENT 4 .		616,205.
Line A3. Other Support		
a. Bona fide membership		0.
b. Program service revenue		1,153,064.
c. Professional services rendered by volunteers		0.
d. Miscellaneous income (specify) ATTACHMENT 5 .		559,317.
Line A3e. Total Other Support (add the total of lines A3a thru A3d)		1,712,381.
Line A4. Total Gross Revenue (add lines A1e, A2e, and A3e)		6,661,224.

B. Expenses

Line B1. Program expenses		5,168,164.
Line B2. Management and general expenses		583,345.
Line B3. Fund-raising expenses		1,165,703.
Line B4. Payments to state/national affiliates (if applicable)		0.
Line B5. Total Expenses (add the totals of line B1 thru B4)		6,917,212.

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)		-255,988.
---	--	-----------

D. Fund Balance

Line D1. Net assets or fund balances at beginning of the year		27,112,600.
Line D2. Other changes in net assets or fund balances (attach explanation) ATTCH 6 .		257,158.
Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) . .		27,113,770.

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information

Organization's Name: <u>NEW JERSEY AUDUBON SOCIETY</u>		
N.J. Charities Registration Number: <u>CH-0324400</u> -00	Federal ID Number (EIN) <u>221539642</u>	
Fiscal Year-End being reported: <u>08</u> / <u>31</u> / <u>2018</u> <small>month day year</small>		

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- each other? Yes No
 - any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
 - any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes No
 - If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No
If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name _____ Title _____ Date _____

Signature _____ Name _____ Title _____ Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R - OTHER ORGANIZATIONAL NEW JERSEY LOCATIONS

790 EWING AVE, FRANKLIN LAKES, NJ 07417	908-481-4090
11 HARDSCRABBLE ROAD, BERNARDSVILLE, NJ 07924	908-396-7409
80 SCOTTS CORNER ROAD, CRANBURY, NJ 08512	609-427-3052
1600 DELAWARE AVE., CAPE MAY, NJ 08204	609-427-3045
600 RTE 47 N, CAPE MAY COURT HOUSE, NJ 08210	609-246-3581
701 E LAKE DR, CAPE MAY POINT, NJ 08212	609-400-3868
204 W STATE STREET, TRENTON, NJ 08608	609-427-3007
1024 ANDERSON ROAD, PORT MURRAY, NJ 07865	908-396-7413

FORM CRI-300R - SPECIFIC PROGRAMS AND CHARITABLE PURPOSES

THE MAIN PROGRAMMATIC CATAGORIES ARE EDUCATION AND SANCTUARIES,
STEWARDSHIP AND RESEARCH. FULL DETAILS CAN BE FOUND IN OUR FORM
990 ON OUR WEBSITE.

CRI-300R OFFICERS, DIRECTORS, TRUSTEES, FIVE HIGHEST PAID EMPLOYEESATTACHMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>TELEPHONE</u>	<u>COMPENSATION</u>
RANDY JONES 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	BOARD CHAIR		
ALAN H. BERNSTEIN, ESQ. 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	VICE CHAIR		
ASHLEY D. REY 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	TREASURER		
JOHN M. BLOOMFIELD 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	SECRETARY		
DOROTHY CLAIR 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
RICHARD KAUFFELD 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
CHARLES M. CHAPIN, III 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
DAVID H. HALL, PHD 9 HARDCRABBLE ROAD	DIRECTOR		

CRI-300R OFFICERS, DIRECTORS, TRUSTEES, FIVE HIGHEST PAID EMPLOYEESATTACHMENT 3 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>TELEPHONE</u>	<u>COMPENSATION</u>
BERNARDSVILLE, NJ 07924			
HARRIETT DRUSKIN 9 HARDSCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
JAMES GIBSON 9 HARDSCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
JOSEPH BASRALIAN, ESQ. 9 HARDSCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
DIANE C. LOUIE, MD, MPH 9 HARDSCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
ELIZABETH WENDY WILKES 9 HARDSCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
GERALDINE A. SMITH, ESQ. 9 HARDSCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
ERIC P. STILES 9 HARDSCRABBLE ROAD BERNARDSVILLE, NJ 07924	PRESIDENT & CEO		127,484.

CRI-300R OFFICERS, DIRECTORS, TRUSTEES, FIVE HIGHEST PAID EMPLOYEESATTACHMENT 3 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>TELEPHONE</u>	<u>COMPENSATION</u>
SUDHA IYER 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	VP FINANCE & ADMINIS		96,507.
ANN LAWRENCE 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
MEREDITH S. MUELLER, DMIN 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
DANA POGORZELSKI 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		
PHILIP H. WITT, PHD, ABPP 9 HARDCRABBLE ROAD BERNARDSVILLE, NJ 07924	DIRECTOR		

CRI-300R GOVERNMENT GRANTS

<u>NAME OF AGENCY</u>	<u>AMOUNT</u>
US DEPARTMENT OF AGRICULTURE	42,226.
U.S. DEPT. OF THE INTERIOR	47,973.
PLAINSBORO TOWNSHIP	89,363.
NATIONAL FISH AND WILDLIFE	184,880.
US FISH AND WILDLIFE SERVICE	165,583.
NJ DIVISION OF TRAVEL AND TOURISM	24,251.
NJ DIVISION OF FISH AND WILDLIFE NONGAME	13,608.
NJ DEPARMENT OF ENVIRONMENTAL PROTECTION	6,862.
NJ NATIONAL LAND TRUST	28,782.
OTHER	12,677.
TOTAL	<u>616,205.</u>

CRI-300R MISCELLANEOUS INCOMEATTACHMENT 5DESCRIPTION

AMOUNT

INTEREST AND DIVIDEND INCOME	163,230.
GAIN ON SALE OF SECURITIES	110,392.
NET SALES OF MERCHANDISE RELATED TO MISSION	260,829.
CHANGE IN CASH SURRENDAR VALUE LIFE INSURANCE	24,866.
TOTAL	<u>559,317.</u>

FORM CRI-300R - OTHER CHANGES IN NET ASSETS OR FUND BALANCE

PRIOR PERIOD ADJUSTMENT FOR LIFE INSURANCE POLICY NOT RECORDED AT
DATE OF RECEIPT - \$173,223
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST - \$(8,152)
UNREALIZED GAIN ON INVESTMENTS - \$92,087

NEW JERSEY AUDUBON SOCIETY
Instructions for Filing
Form CHAR500
New York State Annual Filing for Charitable Organizations
For the year ended August 31, 2018

The original return should be signed (use full name) and dated on page 1 by two authorized officers of the organization, including the chief fiscal officer.

File the signed return by July 15, 2019 with:

NYS Office of the AG, Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

A check or money order payable to "Department of Law" in the amount of \$25 should be attached to the return. Be sure to include the federal EIN and "2017 Form CHAR500" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2017
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Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 09 / 01 / 2017 and Ending (mm/dd/yyyy) 08 / 31 / 2018

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <u>NEW JERSEY AUDUBON SOCIETY</u>	Employer Identification Number (EIN): <u>221539642</u>
	Mailing Address: <u>9 HARDSCRABBLE ROAD</u>	NY Registration Number: <u>44-91-00</u>
	City / State / Zip: <u>BERNARDSVILLE, NJ, 07924</u>	Telephone: <u>(908) 204-8998</u>
	Website: <u>WWW.NJAUDUBON.ORG</u>	Email:

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer: _____
 Signature _____ Print Name and Title _____ Date _____

Chief Financial Officer or Treasurer: _____
 Signature _____ Print Name and Title _____ Date _____

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ _____	Total fee: \$ <u>25.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

1. Organization Information

Name of Organization: NEW JERSEY AUDUBON SOCIETY	NY Registration Number: 44-91-00
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2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type: <input type="checkbox"/> Professional Fund Raiser <input type="checkbox"/> Fund Raising Counsel <input type="checkbox"/> Commercial Co-Venturer	Name of FRP:	NY Registration Number:
	Mailing Address:	Telephone:
	City / State / Zip:	

3. Contract Information

Contract Start Date:	Contract End Date:
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4. Description of Services

Services provided by FRP:

5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:
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6. Commercial Co-Venturer (CCV) Report

<input type="checkbox"/> Yes <input type="checkbox"/> No	If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?
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Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

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Inspection

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: NEW JERSEY AUDUBON SOCIETY	NY Registration Number: 44-91-00
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2. Government Grants

Name of Government Agency	Amount of Grant
1. US DEPARTMENT OF AGRICULTURE	1. 42,226.
2. US DEPARTMENT OF COMMERCE	2. 2,825.
3. US DEPARTMENT OF INTERIOR	3. 394,806.
4. CITY OF LINDEN	4. 9,982.
5. NJ NATURAL LANDS TRUST	5. 28,782.
6. NJ DEP	6. 6,861.
7. NJ DIV FISH AND WILDLIFE NONGAME	7. 13,608.
8. NJ DIV TRAVEL AND TOURISM	8. 24,252.
9. PLAINSBORO TWP.	9. 89,363.
10. OTHER	10. 4,158.
11. DELAWARE DEPARTMENT OF NATURAL RESOURCES	11. 3,500.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 620,363.

NEW JERSEY AUDUBON SOCIETY
Instructions for Filing
Form BCO- 10
Pennsylvania Charitable Organization Registration Statement
For the year ended August 31, 2018

The return should be signed (use full name) and dated on page 6 by two authorized officers of the organization, including the chief fiscal officer.

File the signed return by July 15, 2019 with:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building, Harrisburg, PA 17120

There is no tax due with the filing of this return.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 103862
(N/A if initial registration)

Fiscal year ended: 08 / 31 / 2018
MM DD YYYY

FEIN: -

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: NEW JERSEY AUDUBON SOCIETY

Check if name change and give previous name _____

2. All other names used to solicit contributions: NONE

3. Contact person: ERIC STILES Contact's e-mail: ERIC.STILES@NJAUDUBON.ORG

4. Principal address of organization: _____ Mailing address (if different than principal address): _____

9 HARDSCRABBLE ROAD _____

BERNARDSVILLE NJ 07924 _____

County: SOMERSET Phone number: 908-396-7409

800 number: _____ Fax number: 908-766-7775

Email (if different than Contact's email): _____

Website: WWW.NJAUDUBON.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):

NON-PROFIT ORGANIZATION

Where established: NEW JERSEY Date established*: 12/15/1910

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

ATTACHMENT 7

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: / /
MM DD YYYY
Other _____

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000. / /
MM DD YYYY
Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

10. Has the organization been granted IRS tax-exempt status? Yes No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes No
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules.
If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

ATTACHMENT 2

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

ATTACHMENT 1

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

ATTACHMENT 3

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes No

If "Yes," give the date the person or entity started or will start soliciting contributions from

Pennsylvania residents: 04 / 10 / 2017
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

ATTACHMENT 5

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

ATTACHMENT 6

19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes No Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

ATTACHMENT 11

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

ATTACHMENT 9

B. Have final responsibility for the custody of contributions:

ATTACHMENT 8

C. Have final responsibility for final distribution of contributions:

ATTACHMENT 4

D. Are responsible for custody of financial records:

ATTACHMENT 10

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **
 Yes No

** (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 10 P.S. § 162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

ERIC STILES PRESIDENT & CEO

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

PROGRAMS FOR WHICH CONTRIBUTION WILL BE USED (LINE 13)

NEW JERSEY AUDUBON SOCIETY (THE "SOCIETY"), FOUNDED IN 1897, IS A NEW JERSEY NOT-FOR-PROFIT CORPORATION INCORPORATED IN 1937 TO FOSTER ENVIRONMENTAL AWARENESS AND A CONSERVATION ETHIC AMONG NEW JERSEY'S CITIZENS; TO PROTECT NEW JERSEY'S BIRDS, MAMMELS AND PLANTS, ESPECIALLY ENDANGERED AND THREATENED SPECIES; AND TO PROMOTE PRESERVATION OF NEW JERSEY'S VALUABLE NATURAL HABITATS.

MANNER IN WHICH CONTRIBUTION ARE SOLICITED LINE 12)

DIRECT MAIL

LIST ALL STATES AND MUNICIPALITIES (LINE 14)

NEW JERSEY NEW YORK

INDIVIDUAL(S) RESPONSIBLE FOR FINAL DISTRIBUTION OF CONTRIBUTION (LINE 22)

ERIC STILES
9 HARDSCRABBLE ROAD
BERNARDSVILLE, NJ 07924

PROFESSIONAL SOLICITORS (LINE 16)

ATTACHMENT 5

NAME AND ADDRESS

PHONE NUMBER

CONTRACT DATES

NONE

COMMERCIAL COVENTURERS (LINE 18)

ATTACHMENT 6

NAME, ADDRESS AND PHONE NUMBER

NONE

OFFICES, CHAPTERS, ETC. LOCATED IN PENNSYLVANIA (LINE 4)

NAME, ADDRESS AND PHONE NUMBER

NONE

ATTACHMENT 8

INDIVIDUAL(S) RESPONSIBLE FOR CONTRIBUTIONS (LINE 22)

NAME AND ADDRESS

ERIC STILES
9 HARDCRABBLE ROAD
BERNARDSVILLE, NJ 07924

ATTACHMENT 9

INDIVIDUAL(S) RESPONSIBLE FOR SOLICITATION ACTIVITIES (LINE 22)

NAME AND ADDRESS

KIMBERLY ARMENTI
9 HARDCRABBLE ROAD
BERNARDSVILLE, NJ 07924

INDIVIDUAL(S) RESPONSIBLE FOR CUSTODY OF FINANCIAL RECORDS (LINE 22)

ATTACHMENT 10

NAME AND ADDRESS

SUDHA IYER
9 HARDCRABBLE ROAD
BERNARDSVILLE, NJ 07924

ATTACHMENT 11

OFFICERS, DIRECTORS, TRUSTEES, AND EXECUTIVE STAFF OFFICERS (LINE 21)

NAME, ADDRESS AND TITLE

SEE SCHEDULE ATTACHED