

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

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 MASSACHUSETTS AUDUBON SOCIETY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 208 SOUTH GREAT ROAD City or town, state or province, country, and ZIP or foreign postal code LINCOLN, MA 01773	D Employer identification number 04-2104702 E Telephone number 781-259-9500 G Gross receipts \$ 38,771,620. 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) H(c) Group exemption number ▶
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: ▶ HTTP://WWW.MASSAUDUBON.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: 1896 M State of legal domicile: MA

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: LAND & HABITAT CONSERVATION AND ENVIRONMENTAL EDUCATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	1143
	6 Total number of volunteers (estimate if necessary)	6	14071
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	143,627.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	52,013.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,646,660.	17,618,747.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,338,816.	8,752,727.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	629,054.	662,559.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,281,936.	1,209,108.
		28,896,466.	28,243,141.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	229,344.	352,073.
	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)	19,140,836.	20,208,318.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	13,226.	17,132.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,891,347.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,952,791.	8,889,946.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,336,197.	29,467,469.
	19 Revenue less expenses. Subtract line 18 from line 12	1,560,269.	-1,224,328.
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)	240,430,364.	253,669,465.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,371,100.	10,840,542.
		230,059,264.	242,828,923.

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: <i>Gary R. Clayton</i> GARY R. CLAYTON, PRESIDENT Type or print name and title	Date: 11/7/17
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Paid Preparer Use Only	Print/Type preparer's name JOHN BUCKLEY, CPA	Preparer's signature JOHN BUCKLEY, CPA	Date 10/25/17	Check <input type="checkbox"/> if self-employed	PTIN P00830631
	Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C.	Firm's EIN ▶ 04-2571780			
	Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581			Phone no. 508-366-9100	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROTECT THE NATURE OF MASSACHUSETTS FOR PEOPLE AND FOR WILDLIFE THROUGH EDUCATION, LAND CONSERVATION, ADVOCACY, AND HABITAT STEWARDSHIP.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 20,211,262. including grants of \$ 352,073.) (Revenue \$ 8,392,635.) ENVIRONMENTAL EDUCATION AND WILDLIFE SANCTUARY STEWARDSHIP: MASS AUDUBON MAINTAINS 25 FIELD OFFICES AND STAFFED WILDLIFE SANCTUARIES (INCLUDING 19 SANCTUARIES WITH NATURE CENTERS) AND AN ADDITIONAL 32 UNSTAFFED WILDLIFE SANCTUARIES WHICH ARE PREPARED FOR PUBLIC VISITATION. MASS AUDUBON SANCTUARIES SERVE AS THE BASE FOR NATURE AND ENVIRONMENTAL EDUCATION COURSES AND PROGRAMS, SCIENTIFIC RESEARCH, ECOLOGICAL MANAGEMENT AND OTHER CONSERVATION-RELATED ACTIVITIES. AS OF JUNE 30, 2017, MASS AUDUBON PROTECTS 37,085 ACRES OF OPEN SPACE IN MASSACHUSETTS, OWNING APPROXIMATELY 31,221 ACRES IN FEE AND PROTECTING THE REMAINDER WITH CONSERVATION EASEMENTS. THESE DIVERSE PROTECTED HABITATS RANGE FROM THE BERKSHIRES TO CAPE COD AND THE ISLANDS AND HELP PRESERVE THE BIODIVERSITY OF MASSACHUSETTS. MASS AUDUBON ACTIVELY

4b (Code:) (Expenses \$ 2,499,289. including grants of \$) (Revenue \$ 104,560.) MEMBER SERVICES: IN ADDITION TO THE MEMBER SERVICES PROVIDED BY THE NETWORK OF SANCTUARIES REFERENCED IN 4A ABOVE, MASS AUDUBON PRODUCES A NEWSLETTER FOUR TIMES PER YEAR FOR MEMBERS (EXPLORE), A COMPREHENSIVE ANNUAL REPORT, PROMOTIONAL MATERIALS, AND PUBLICATIONS TO INCREASE PUBLIC AWARENESS OF WILDLIFE, NATURE, AND ENVIRONMENTAL ISSUES. FOR EXAMPLE, IN FY 2017 MASS AUDUBON STARTED WORK ON THE SIXTH EDITION OF ITS DEFINITIVE REPORT ENTITLED LOSING GROUND WHICH CALCULATES AND ANALYZES THE CAUSES ASSOCIATED WITH THE LOSS OF OPEN SPACE IN MASSACHUSETTS. THIS REPORT IS SCHEDULED FOR RELEASE IN THE SPRING OF 2019 AND WILL FOCUS ON THE IMPACT OF CLIMATE CHANGE ON WATER RESOURCE LANDS. ALSO IN FY 2017, MASS AUDUBON NEARED COMPLETION OF A REPORT ENTITLED THE STATE OF THE BIRDS: MASSACHUSETTS BIRDS AND OUR CHANGING

4c (Code:) (Expenses \$ 1,138,676. including grants of \$) (Revenue \$ 255,132.) CONSERVATION SCIENCE AND LAND PROTECTION: MASS AUDUBON UTILIZES AND DEVELOPS SCIENTIFIC KNOWLEDGE TO SUPPORT A LONGSTANDING TRADITION AS A SCIENCE-BASED ORGANIZATION FOR ITS EDUCATION, LAND PROTECTION, ADVOCACY AND STEWARDSHIP ACTIVITIES. CURRENT RESEARCH AND/OR ECOLOGICAL MANAGEMENT WORK FOCUSES ON THE PROTECTION AND STEWARDSHIP OF SELECTED MASSACHUSETTS HABITATS SUCH AS GRASSLANDS, COASTAL HEATHLANDS AND SALT MARSHES. IN ADDITION, STATEWIDE MONITORING OF KEY GROUPS OF ORGANISMS LIKE BIRDS, AMPHIBIANS, INVERTEBRATES AND PLANTS CONTINUES ACROSS THE STATE IN ORDER TO PROVIDE AN IMPORTANT BASELINE TO EVALUATE CHANGING ENVIRONMENTAL CONDITIONS ASSOCIATED WITH CLIMATE CHANGE AND LAND DEVELOPMENT. MASS AUDUBON HAS ALSO DEVELOPED AND IMPLEMENTS AN INVASIVE SPECIES MANAGEMENT STRATEGY TO PROTECT THE INTEGRITY OF ITS

4d Other program services (Describe in Schedule O.) (Expenses \$ 590,954. including grants of \$) (Revenue \$ 400.)

4e Total program service expenses 24,440,181.

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 Schedule B, Schedule of Contributors?	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>	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?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 990, and Form 720.

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	24													
b Enter the number of voting members included in line 1a, above, who are independent		24												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?										X				
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?										X				
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?										X				
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X												
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			X											
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X								
13 Did the organization have a written whistleblower policy?				X										
14 Did the organization have a written document retention and destruction policy?				X										
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official									X					
b Other officers or key employees of the organization									X					
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												X		
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, CT, DC, FL, MA, MD, NH, NJ, NY, OH, PA, RI**
- 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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: **BANCROFT POOR - MASSACHUSETTS AUDUBON SOCIETY - 781-259-9500**
208 SOUTH GREAT ROAD, LINCOLN, MA 01773

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 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) ROBERT BALL DIRECTOR	1.00	X						0.	0.	0.
(2) PETER BERNARD DIRECTOR	1.00	X						0.	0.	0.
(3) CATHERINE CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(4) JARED CHASE CHAIRMAN/DIRECTOR	4.00 0.50	X		X				0.	0.	0.
(5) DONALD COOPER DIRECTOR	1.00	X						0.	0.	0.
(6) PAULA CORTES DIRECTOR	1.00	X						0.	0.	0.
(7) NICHOLAS D'ARBELOFF DIRECTOR	1.00	X						0.	0.	0.
(8) THOMAS DEMARCO III DIRECTOR	1.00	X						0.	0.	0.
(9) BIRGITTA DICKERSON DIRECTOR	1.00	X						0.	0.	0.
(10) KATHLEEN EMRICH DIRECTOR	1.00	X						0.	0.	0.
(11) LORNA GIBSON DIRECTOR	1.00	X						0.	0.	0.
(12) BETH KRESSLEY GOLDSTEIN VICE CHAIR/DIRECTOR	3.00	X		X				0.	0.	0.
(13) CHRISTOPHER KLEM VICE CHAIR/DIRECTOR	3.00	X		X				0.	0.	0.
(14) VIRGINIA LAWRENCE DIRECTOR	1.00	X						0.	0.	0.
(15) WILLIAM MADAR DIRECTOR	1.00	X						0.	0.	0.
(16) BILL MCQUILLAN DIRECTOR	1.00	X						0.	0.	0.
(17) KEVIN MCLELLAN DIRECTOR	1.00	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 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			
(18) BOB MURCHISON DIRECTOR	1.00	X					0.	0.	0.	
(19) MICHAEL PAPPONE DIRECTOR	1.00	X					0.	0.	0.	
(20) JAMES SAALFIELD DIRECTOR	1.00	X					0.	0.	0.	
(21) ANNE SNYDER DIRECTOR	1.00	X					0.	0.	0.	
(22) JAMES SPERLING TREASURER/DIRECTOR	3.00	X	X				0.	0.	0.	
(23) ROSAMOND VAULE DIRECTOR	1.00	X					0.	0.	0.	
(24) HENRY WOOLSEY DIRECTOR	1.00	X					0.	0.	0.	
(25) GARY CLAYTON PRESIDENT	39.50			X			228,289.	0.	30,429.	
(26) BANCROFT POOR VICE PRESIDENT FOR OPERATIONS	0.50			X			147,327.	0.	30,216.	
1b Sub-total							375,616.	0.	60,645.	
c Total from continuation sheets to Part VII, Section A							944,742.	0.	126,605.	
d Total (add lines 1b and 1c)							1,320,358.	0.	187,250.	

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 8

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
AUTUMN CONSTRUCTION COMPANY LLC P.O. BOX 921, EDGARTOWN, MA 02539	CONSTRUCTION CONTRACTOR	426,663.
J. K. SCANLAN COMPANY INC., 15 RESEARCH ROAD, EAST FALMOUTH, MA 02536-4440	CONSTRUCTION CONTRACTOR	196,199.
ALLSOPP DESIGN INC. 587 BAY ROAD, HAMILTON, MA 01936	ARCHITECT/CONTRACTOR	177,188.
COLONIAL BARN RESTORATION INC 269 OLD BAY ROAD, BOLTON, MA 01740	CONSTRUCTION CONTRACTOR	124,167.
NEW ENGLAND CLEAN ENERGY LLC 43 BROAD ST. STE A408, HUDSON, MA 01749	SOLAR PANEL INSTALLER	100,953.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	3,649,464.				
	c	Fundraising events	1c	264,428.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,093,516.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,611,339.				
	g	Noncash contributions included in lines 1a-1f: \$		714,296.				
	h	Total. Add lines 1a-1f		17,618,747.				
Program Service Revenue	2 a	SANCTUARIES	Business Code 722320	8,392,635.	8,392,635.			
	b	SCIENCE	722320	255,132.	255,132.			
	c	MEMBER SERVICES	722320	104,560.	104,560.			
	d	ADVOCACY	722320	400.	400.			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		8,752,727.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		889,641.		9,437.	880,204.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	473,112.				
		Less: rental expenses	(ii) Personal	0.				
		Rental income or (loss)		473,112.				
	d	Net rental income or (loss)		473,112.		134,190.	338,922.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	8,160,401.				
		Less: cost or other basis and sales expenses	(ii) Other	960,164.				
		Gain or (loss)		7,046,096.	2,301,551.			
		Net gain or (loss)		1,114,305.	-1,341,387.			
	d	Net gain or (loss)		-227,082.			-227,082.	
	8 a	Gross income from fundraising events (not including \$ 264,428. of contributions reported on line 1c). See Part IV, line 18	a	291,791.				
		Less: direct expenses	b	119,232.				
		Net income or (loss) from fundraising events		172,559.				172,559.
	9 a	Gross income from gaming activities. See Part IV, line 19	a	54,096.				
Less: direct expenses		b	6,835.					
Net income or (loss) from gaming activities			47,261.				47,261.	
10 a	Gross sales of inventory, less returns and allowances	a	1,570,941.					
	Less: cost of goods sold	b	1,054,765.					
	Net income or (loss) from sales of inventory		516,176.				516,176.	
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.			28,243,141.	8,752,727.	143,627.	1,728,040.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	172,073.	172,073.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	180,000.	180,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	896,429.	231,534.	499,185.	165,710.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,290,247.	13,208,909.	955,612.	1,125,726.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	784,575.	654,990.	69,017.	60,568.
9 Other employee benefits	2,074,196.	1,610,722.	273,908.	189,566.
10 Payroll taxes	1,162,871.	960,463.	107,754.	94,654.
11 Fees for services (non-employees):				
a Management				
b Legal	113,287.	26,359.	86,928.	
c Accounting	39,100.		39,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	17,132.			17,132.
f Investment management fees	154,659.		154,659.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	824,704.	699,537.	120,165.	5,002.
12 Advertising and promotion	47,210.	45,843.		1,367.
13 Office expenses	1,473,741.	1,014,423.	370,657.	88,661.
14 Information technology	116,376.	107,761.		8,615.
15 Royalties				
16 Occupancy	448,936.	423,292.	20,433.	5,211.
17 Travel	171,524.	156,698.	8,867.	5,959.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	67,897.	46,763.	17,767.	3,367.
20 Interest	1,421.	1,076.	345.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,504,852.	2,339,840.	114,263.	50,749.
23 Insurance	333,771.	288,069.	37,702.	8,000.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	1,150,150.	1,023,022.	126,823.	305.
b PROGRAM SUPPLIES	355,478.	342,600.	6,471.	6,407.
c VEHICLE EXPENSE	335,169.	323,945.	8,614.	2,610.
d SERVICE CONTRACTS	276,810.	232,927.	23,791.	20,092.
e All other expenses	474,861.	349,335.	93,880.	31,646.
25 Total functional expenses. Add lines 1 through 24e	29,467,469.	24,440,181.	3,135,941.	1,891,347.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,781,513.	1	9,301,394.
	2 Savings and temporary cash investments	1,501,362.	2	1,828,711.
	3 Pledges and grants receivable, net	599,535.	3	787,094.
	4 Accounts receivable, net	1,276,584.	4	1,093,533.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	211,874.	8	197,856.
	9 Prepaid expenses and deferred charges	426,528.	9	291,484.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 114,816,054.		
	b Less: accumulated depreciation	10b 15,319,324.	10c	99,496,730.
	11 Investments - publicly traded securities	38,821,131.	11	47,099,364.
	12 Investments - other securities. See Part IV, line 11	84,836,184.	12	92,179,877.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,393,422.	15	1,393,422.
16 Total assets. Add lines 1 through 15 (must equal line 34)	240,430,364.	16	253,669,465.	
Liabilities	17 Accounts payable and accrued expenses	1,994,730.	17	2,200,797.
	18 Grants payable		18	
	19 Deferred revenue	4,174,139.	19	4,171,927.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,202,231.	25	4,467,818.
	26 Total liabilities. Add lines 17 through 25	10,371,100.	26	10,840,542.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	59,827,322.	27	66,599,618.
	28 Temporarily restricted net assets	55,762,361.	28	59,206,753.
	29 Permanently restricted net assets	114,469,581.	29	117,022,552.
	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	230,059,264.	33	242,828,923.	
34 Total liabilities and net assets/fund balances	240,430,364.	34	253,669,465.	

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	28,243,141.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,467,469.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,224,328.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	230,059,264.
5	Net unrealized gains (losses) on investments	5	14,014,215.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-20,228.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	242,828,923.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **MASSACHUSETTS AUDUBON SOCIETY, INC.** Employer identification number ****-***4702**

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 _____

g Provide the following information about the supported organization(s).

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

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,712,570.	18,006,593.	15,714,071.	18,646,660.	17,618,747.	83,698,641.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,712,570.	18,006,593.	15,714,071.	18,646,660.	17,618,747.	83,698,641.
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)						633,372.
6 Public support. Subtract line 5 from line 4						83,065,269.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	13,712,570.	18,006,593.	15,714,071.	18,646,660.	17,618,747.	83,698,641.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,607,596.	1,074,802.	1,214,736.	1,302,827.	1,219,126.	6,419,087.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	41,154.	75,695.	160,312.	32,098.	53,013.	362,272.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,400.	19.				52,419.
11 Total support. Add lines 7 through 10						90,532,419.
12 Gross receipts from related activities, etc. (see instructions)					12	42,569,459.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	91.75 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	90.89 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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

b 33 1/3% support tests - 2015. 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
 - 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)? *If "Yes," describe in Part VI when and how the organization made the determination.*
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
 - 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)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
 - 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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
 - 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? *If "Yes," provide detail in Part VI.*
 - 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? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? 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.	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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	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.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

1 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	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization MASSACHUSETTS AUDUBON SOCIETY, INC.	Employer identification number **-***4702
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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.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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-.

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)	30,545.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	67,589.													
c	Total lobbying expenditures (add lines 1a and 1b)	98,134.													
d	Other exempt purpose expenditures	29,369,335.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	29,467,469.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<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)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures	104,962.	115,415.	101,300.	98,134.	419,811.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures	27,028.	36,166.	29,150.	30,545.	122,889.

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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
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).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

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

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016
Open to Public Inspection

Name of the organization **MASSACHUSETTS AUDUBON SOCIETY, INC.** Employer identification number **** - *** 4702**

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):
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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	2a 120
b Total acreage restricted by conservation easements	2b 5,797.00
c Number of conservation easements on a certified historic structure included in (a)	2c 0
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 1

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 ▶ 2380

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 67,000.

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	▶ \$ <u>21,686.</u>
(ii) Assets included in Form 990, Part X	▶ \$ <u>1,393,422.</u>

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	▶ \$ _____

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	113,080,603.	114,903,253.	117,974,765.	100,929,576.	94,187,452.
b Contributions	3,852,244.	7,139,388.	3,337,911.	4,416,248.	1,321,237.
c Net investment earnings, gains, and losses	14,072,267.	-3,256,629.	-1,401,286.	16,410,562.	8,867,514.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,723,567.	5,548,688.	4,788,664.	3,518,564.	3,207,943.
f Administrative expenses	150,753.	156,721.	219,473.	263,057.	238,684.
g End of year balance	127,130,794.	113,080,603.	114,903,253.	117,974,765.	100,929,576.

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

- a Board designated or quasi-endowment 6.19 %
- b Permanent endowment 56.33 %
- c Temporarily restricted endowment 37.48 %

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		58,628,660.		58,628,660.
b Buildings		44,138,538.	13,917,214.	30,221,324.
c Leasehold improvements				
d Equipment		1,290,772.	753,985.	536,787.
e Other		10,758,084.	648,125.	10,109,959.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 99,496,730.

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) COMMON STOCK - PRIVATELY HELD COMPANY	838,639.	END-OF-YEAR MARKET VALUE
(C) ALTERNATIVE INVESTMENTS	91,341,238.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	92,179,877.	

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. (Col. (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) SPLIT INTEREST AGREEMENT	
(3) LIABILITIES	3,772,221.
(4) DUE TO AFFILATE	695,597.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,467,818.

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART II, LINE 3:

THE RICHARDSON PRESERVE WAS AMENDED TO ADD ACREAGE. NO LANGUAGE OF THE CONSERVATION RESTRICTION WAS CHANGED EXCEPT FOR THE BOUNDARY DESCRIPTION AND ACREAGE TOTAL TO ACCOUNT FOR THESE NEW PARCELS. THIS WAS THE SECOND PORTION OF A COMPLEX LAND CONSERVATION NEGOTIATION IN WHICH TWO ADDITIONAL HOUSE LOTS WERE PROTECTED FROM DEVELOPMENT BY EXTENDING THE BOUNDARIES OF THE ORIGINAL CONSERVATION RESTRICTION.

PART II, LINE 5:

MASS AUDUBON HAS A WRITTEN POLICY FOR THE MONITORING AND ENFORCEMENT OF THE CONSERVATION EASEMENTS ENTRUSTED TO ITS CARE. THE POLICY ESTABLISHES A TARGET OF AT LEAST ONE ON-SITE MONITORING VISIT EACH YEAR AND DESCRIBES

Part XIII Supplemental Information (continued)

THE STEPS TO BE TAKEN IN RESPONSE TO ANY VIOLATION TO PROTECT THE
CONSERVATION VALUES OF THE PROPERTY.

PART II, LINE 9:

THE COST OF PURCHASING CONSERVATION RESTRICTIONS AND EASEMENTS IS NOT
CAPITALIZED BUT IS EXPENSED.

PART III, LINE 1A:

MASS AUDUBON CAPITALIZES FINE ARTS COLLECTION ITEMS ACQUIRED BY
CONTRIBUTION IN ACCORDANCE WITH SFAS NO. 116 AT FAIR MARKET VALUE.
COLLECTION ITEMS PURCHASED ARE CAPITALIZED AT COST.

PART III, LINE 4:

MASS AUDUBON MAINTAINS A COLLECTION OF ARTWORKS DEPICTING BIRDS, OTHER
WILDLIFE AND HABITATS. THIS COLLECTION IS ACTIVELY USED FOR TEACHING
STUDENTS AND ADULTS AND ALSO BY SCHOLARS FOR RESEARCH. PORTIONS OF THE
COLLECTION ARE FREQUENTLY ON DISPLAY AT THE MASS AUDUBON MUSEUM OF
AMERICAN BIRD ART IN CANTON, MASSACHUSETTS AND AT OTHER SANCTUARIES AROUND
THE STATE. THE COLLECTION IS USED TO EDUCATE VISITORS ABOUT BIRDS AND
THE NATURAL WORLD AND TO INSPIRE THEM TO BECOME ACTIVELY INVOLVED IN
PROTECTING THE NATURE OF MASSACHUSETTS IN DIRECT FURTHERANCE OF MASS
AUDUBON'S MISSION.

PART V, LINE 4:

MASS AUDUBON USES INCOME FROM ITS ENDOWMENT FUNDS IN DIRECT FURTHERANCE OF
ITS MISSION AND IN SUPPORT OF THE MANY SANCTUARIES AND ACTIVITIES FOR
WHICH DONORS HAVE CREATED RESTRICTED ENDOWMENT FUNDS. MORE THAN 21
PERCENT OF MASS AUDUBON'S ANNUAL OPERATING BUDGET COMES FROM ENDOWMENT

Part XIII Supplemental Information (continued)

INCOME. FOR INSTANCE, MANY DONORS HAVE LEFT BEQUESTS TO ESTABLISH RESTRICTED ENDOWMENT FUNDS TO SUPPORT OPERATIONS AT SANCTUARY PROPERTIES WHICH THEY HAD PREVIOUSLY OWNED OR TO WHICH THEY WERE PARTICULARLY ATTACHED, AND OTHER DONORS HAVE ESTABLISHED ENDOWMENTS TO SUBSIDIZE CHILDREN FROM DISADVANTAGED BACKGROUNDS TO ATTEND MASS AUDUBON DAY CAMPS AND EDUCATIONAL PROGRAMS.

PART X, LINE 2:

MASS AUDUBON ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MASS AUDUBON HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30, 2017. MASS AUDUBON'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

MASSACHUSETTS AUDUBON SOCIETY, INC.

Employer identification number

****-***4702**

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT-MAKING AND PROGRAM SERVICES IN BELIZE	ASSISTANCE WITH ECOLOGICAL MANAGEMENT, ECOTOURISM, GUIDE TRAINING, AND ACTIVITIES	180,000.
3 a Sub-total	0	0			180,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			180,000.

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

Schedule F (Form 990) 2016

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	PURCHASES OF EQUIPMENT TO SUPPORT WILDLIFE PROTECTION EFFORTS IN MARINE AND TERRESTRIAL WILDLIFE PROTECTION AND FIRE SUPPRESSION EFFORTS	130,000	WIRE TRANSFER	0	NONE	BOOK
		CENTRAL AMERICA AND THE CARIBBEAN		50,000	WIRE TRANSFER	0	NONE	BOOK

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 1

3 Enter total number of other organizations or entities 1

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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 I, LINE 2:

MASS AUDUBON CLOSELY MONITORS THE EXPENDITURE OF THE GRANT FUNDS BY THE TWO ORGANIZATIONS IN BELIZE FOR WHICH IT PROVIDES GRANTS AND TECHNICAL ASSISTANCE. WRITTEN PROPOSALS ARE REQUIRED FOR ALL GRANT REQUESTS AND FINAL REPORTS (AND FOR LARGER GRANTS INTERIM REPORTS) ARE REQUIRED FOR ALL GRANTS AWARDED. ALL PROPOSALS AND FINAL REPORTS CONTAIN BUDGET INFORMATION. MASS AUDUBON STAFF WORK CLOSELY WITH THE TWO ORGANIZATIONS FUNDED AND VISIT ANNUALLY. SUCH VISITS INCLUDE THE VISUAL INSPECTION OF CAPITAL IMPROVEMENTS OR EQUIPMENT FUNDED BY THE GRANTS AND THE DISCUSSION OF THE PRIORITIES, ACCOMPLISHMENTS AND GOALS WITH THE LEADERS OF THE TWO ORGANIZATIONS.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: ASSISTANCE WITH ECOLOGICAL MANAGEMENT, ECOTOURISM, GUIDE TRAINING, AND ACTIVITIES WITH LOCAL COMMUNITIES IN SUPPORT OF PROTECTED AREAS OF PARTNER BELIZEAN NON-PROFIT CONSERVATION ORGANIZATIONS.

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: PURCHASES OF EQUIPMENT TO SUPPORT WILDLIFE PROTECTION EFFORTS IN NORTHWESTERN BELIZE AND EQUIPMENT AND PERSONNEL COSTS FOR RECOVERY FROM HURRICANE DAMAGE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: MARINE AND TERRESTRIAL WILDLIFE PROTECTION AND

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 (add col. (a) through col. (c))	
		MOON OVER DRUMLIN	WILD WILD WELLFLEET	28		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	129,115.	70,345.	356,759.	556,219.
	2	Less: Contributions	103,115.	51,150.	110,163.	264,428.
	3	Gross income (line 1 minus line 2)	26,000.	19,195.	246,596.	291,791.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	7,784.	3,840.	12,740.	24,364.
	7	Food and beverages	3,264.	2,667.	22,623.	28,554.
	8	Entertainment	6,725.	4,000.	9,270.	19,995.
	9	Other direct expenses	15,588.	6,024.	24,707.	46,319.
	10	Direct expense summary. Add lines 4 through 9 in column (d).				119,232.
	11	Net income summary. Subtract line 10 from line 3, column (d)				172,559.

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		54,096.	54,096.	
	2	Cash prizes		1,094.	1,094.	
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs		408.	408.	
	5	Other direct expenses		5,333.	5,333.	
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				6,835.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				47,261.

9 Enter the state(s) in which the organization conducts gaming activities: **MA**

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	.00 %
b An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DAVID BATES

Address ▶ 1280 HORSE NECK ROAD - WESTPORT, MA 02790

- 15a 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 ▶ GINA PURTELL

Gaming manager compensation ▶ \$ 232.

Description of services provided ▶ MANAGES ONE DAY DUCK DERBY EVENT

- 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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ARIA COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 717 WEST GERMAIN STREET, ST. CLOUD, MN 56301

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CAMP SCHOLARSHIP FUNDS	338	166,573.	0.		
COLLEGE SCHOLARSHIPS	3	5,500.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
 MASS AUDUBON CLOSELY MONITORS DAY AND RESIDENTIAL CAMP SCHOLARSHIPS GIVEN BECAUSE THESE ARE ESSENTIALLY DISCOUNTS (EITHER FULL OR PARTIAL) TO PROGRAMS PROVIDED BY THE ORGANIZATION ITSELF TO WHICH MASS AUDUBON IS PROVIDING REDUCED OR FREE ADMISSION BASED ON NEED. THE FEW COLLEGE SCHOLARSHIPS WHICH ARE PROVIDED ARE ALSO CLOSELY MONITORED AND THE SCHOLARSHIP MONIES ARE SENT DIRECTLY TO THE COLLEGE WHERE THE RECIPIENT WILL BE STUDYING.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MASSACHUSETTS AUDUBON SOCIETY, INC.

Employer identification number

****-***4702**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part III Supplemental Information

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

PART I, LINE 4A:

HENRY TEPPER RECEIVED A SEVERANCE PAYMENT OF \$15,165 PER THE SEPARATION

AGREEMENT.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROBERT BALL	DIRECTOR AT MASS AU	17,379.	FEES PAID T		X
GERARD BERTRAND	FORMER PRESIDENT	18,576.	CONSULTING		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT BALL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR AT MASS AUDUBON AND VP AT WELLINGTON MANAGEMENT COMPANY

(D) DESCRIPTION OF TRANSACTION: FEES PAID TO WELLINGTON MANAGEMENT

COMPANY FOR MANAGING A PORTION (2.3% AS OF JUNE 30, 2017) OF MASS
AUDUBON'S ENDOWMENT.

(A) NAME OF PERSON: GERARD BERTRAND

(D) DESCRIPTION OF TRANSACTION: CONSULTING TO MASS AUDUBON ON
FUND-RAISING AND PROGRAMMATIC ACTIVITIES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **MASSACHUSETTS AUDUBON SOCIETY, INC.** Employer identification number ****-***4702**

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	X	22	21,686.	AT NOMINAL AMOUNT
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		2,441.	AT NOMINAL AMOUNT
5	Clothing and household goods	X		46,726.	AT NOMINAL AMOUNT
6	Cars and other vehicles	X	1	150.	AT NOMINAL AMOUNT
7	Boats and planes	X	2	9,000.	AT NOMINAL AMOUNT
8	Intellectual property				
9	Securities - Publicly traded	X	94	634,293.	FMV PER BROKER
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	X	3		AT NOMINAL AMOUNT
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** **3**

	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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

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

SCHEDULE M, LINE 32B:

DONATED PUBLICLY TRADED SECURITIES ARE SOLD BY REGISTERED BROKERS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

MASSACHUSETTS AUDUBON SOCIETY, INC.

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PURSUES DONATIONS AND PURCHASES OF ADDITIONAL CONSERVATION LAND AND IS
ONE OF THE LARGEST CONSERVATION LANDOWNERS IN THE COMMONWEALTH. AN
ESTIMATED 494,000 VISITORS CAME TO ENJOY MASS AUDUBON PROPERTIES IN FY
2017.

MASS AUDUBON IS THE LARGEST NON-GOVERNMENTAL PROVIDER OF NATURE
EDUCATION IN THE STATE. MASS AUDUBON DEVELOPS EDUCATIONAL MATERIALS AND
ENVIRONMENTAL POLICY MATERIALS FOR STUDENTS, TEACHERS, LEGISLATORS, AND
THE GENERAL PUBLIC. IN FY 2017, MASS AUDUBON TAUGHT NATURE PROGRAMS TO
MORE THAN 227,000 CHILDREN AND ADULTS, ENROLLED MORE THAN 11,000
CHILDREN IN ITS SUMMER DAY AND RESIDENTIAL NATURE CAMPS, AND CONDUCTED
SCIENCE/NATURE TRAINING FOR MORE THAN 700 TEACHERS. SPECIAL EVENTS
ATTRACTED ANOTHER 19,000 PARTICIPANTS. IN ADDITION, MASS AUDUBON WAS
FORTUNATE TO HAVE MORE THAN 14,000 VOLUNTEERS CONTRIBUTE MORE THAN
153,000 HOURS OF SERVICE ACROSS THE STATE IN FY 2017.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CLIMATE, A FIRST-EVER, COMPREHENSIVE OVERVIEW OF THE CHALLENGES FACING
BIRD SPECIES IN MASSACHUSETTS AS THE CLIMATE CHANGES. THIS REPORT WAS
PUBLISHED IN SEPTEMBER 2017 AND RECEIVED COVERAGE ON THE FRONT PAGE OF
THE BOSTON GLOBE.

IN ADDITION, THE MASS AUDUBON WEBSITE (WWW.MASSAUDUBON.ORG) OFFERS A
WIDE VARIETY OF INFORMATION ON MASS AUDUBON'S SANCTUARIES,
CONSERVATION, LAND PROTECTION, ADVOCACY, CLIMATE CHANGE/ENERGY
CONSERVATION AND THE NATURAL WORLD. CURRENTLY, MASS AUDUBON HAS 21

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SANCTUARY E-NEWSLETTERS AND 9 OTHER E-NEWSLETTERS ON SPECIFIC TOPICS,
 AS WELL AS A NUMBER OF BLOGS. MASS AUDUBON ALSO OPERATES A GIFT SHOP
 IN LINCOLN WHICH SELLS MERCHANDISE RELATED TO NATURE, WILDLIFE
 OBSERVATION AND NATURE EDUCATION TO BOTH MEMBERS AND NON-MEMBERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LANDS AS WELL AS TO PROVIDE GUIDANCE FOR OTHER LANDOWNERS THROUGHOUT
 THE STATE.

MASS AUDUBON LANDS PLAY A CRITICAL ROLE IN THE DELIVERY OF ITS MISSION
 AND ITS LAND PROTECTION EFFORTS FOCUS ON CONSERVING ECOLOGICALLY
 SIGNIFICANT TRACTS OF LAND ADJACENT TO EXISTING WILDLIFE SANCTUARIES,
 THEREBY PROTECTING AND ENHANCING THEIR BIOLOGICAL INTEGRITY AND
 VIABILITY AS PROGRAM SITES. MASS AUDUBON ALSO ADVANCES THE PROTECTION
 OF SELECTED HIGH PRIORITY FOCUS AREAS BEYOND ITS EXISTING WILDLIFE
 SANCTUARIES THROUGH COLLABORATION WITH STATE AND LOCAL AGENCIES AND
 LOCAL AND REGIONAL LAND TRUSTS. COLLECTIVELY, THESE PROTECTION
 PRIORITIES INCLUDE A WIDE RANGE OF MASSACHUSETTS HABITATS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY: MASS AUDUBON EDUCATES ELECTED AND APPOINTED STATE, FEDERAL,
 AND LOCAL OFFICIALS; CITIZENS; AND OUR MEMBERS ON THE VALUE AND
 CONDITION OF NATURAL RESOURCES IN MASSACHUSETTS, MOTIVATING THEM TO
 MAKE DECISIONS THAT HELP PROTECT THE NATURE OF MASSACHUSETTS. IN DOING
 SO, MASS AUDUBON FOCUSES ON SEVERAL KEY PROGRAMMATIC AREAS: THE
 ESTABLISHMENT AND ENFORCEMENT OF SOUND CONSERVATION LAWS, POLICIES, AND
 REGULATIONS; LAND AND WATER RESOURCE PLANNING AND SOUND OCEAN AND
 FOREST MANAGEMENT; AND MUNICIPAL AND REGIONAL COORDINATION WITH PUBLIC

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AND PRIVATE CONSERVATION ORGANIZATIONS.

FOR EXAMPLE, IN FY 2017 MASS AUDUBON:

1. CONTINUED TO ADVOCATE FOR 1% OF THE STATE'S FY 2018 OPERATING BUDGET TO GO TO ENVIRONMENTAL PROGRAMS;

2. TESTIFIED AT THE STATE LEVEL IN SUPPORT OF LAND CONSERVATION TAX CREDITS AND COMMUNITY PRESERVATION ACT FUNDING AND LOBBIED AT THE CONGRESSIONAL LEVEL ON FUNDING PRIORITIES DRIVING FEDERAL FUNDING FOR STATE CONSERVATION PROGRAMS;

3. CONTINUED TO LEAD ADVOCACY FOR IMPLEMENTATION OF RECOMMENDATIONS OF THE MASSACHUSETTS COASTAL EROSION COMMISSION AND THE MASSACHUSETTS OCEAN ADVISORY COMMISSION;

4. WAS INSTRUMENTAL IN FORMING A NEW OFFSHORE WIND ENERGY COALITION TO OVERSEE IMPLEMENTATION OF THE STATE ENERGY DIVERSITY ACT OF 2016, ESPECIALLY WITH REGARD TO 1600 MW OF PROCURED OFFSHORE WIND ENERGY MANDATED BY THE ACT;

5. THROUGH OUR SHAPING THE FUTURE OF YOUR COMMUNITY PROGRAM, HELD 35 WORKSHOPS, SPEAKING ENGAGEMENTS, AND LOW IMPACT DESIGN TOURS REACHING OVER 800 PEOPLE, AND CONTINUED TO EXPAND OUR PRESENCE AND TECHNICAL ASSISTANCE WORK THROUGHOUT THE CENTRAL, SOUTHEAST, AND METROWEST REGIONS;

6. WORKED WITH THE GOVERNOR'S OFFICE ON IMPLEMENTATION OF THE GOVERNOR'S NEW EXECUTIVE ORDER (NO. 569) ON CLIMATE CHANGE ADAPTATION AND ADVOCATED IN THE LEGISLATURE FOR THE BILL ESTABLISHING A COMPREHENSIVE ADAPTATION MANAGEMENT PLAN (THE BILL HAS BEEN REPORTED FAVORABLY OUT FROM COMMITTEE);

7. CONTINUED EDUCATIONAL OUTREACH AND ADVOCACY IN SUPPORT OF LOCAL COMMUNITY OPPOSITION EFFORTS TO NEW NATURAL GAS PIPELINE PROJECTS;

Name of the organization MASSACHUSETTS AUDUBON SOCIETY, INC.	Employer identification number **-***4702
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8. ENGAGED WITH MULTIPLE MEMBERS AND PARTNER GROUPS THROUGH AN EXTENDED SPEAKING TOUR FOLLOWING THE JANUARY FEDERAL ADMINISTRATION CHANGES, DISCUSSING HOW MASS AUDUBON AND ITS PARTNERS CAN DEFEND STATE AND NATIONAL ENVIRONMENTAL PROGRAMS AND FUNDING.
EXPENSES \$ 590,954. INCLUDING GRANTS OF \$ 0. REVENUE \$ 400.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF DIRECTORS HAS MADE THE FOLLOWING DELEGATION OF POWERS TO THE EXECUTIVE COMMITTEE, A COMMITTEE CONSISTING SOLELY OF DIRECTORS: TO DELEGATE TO THE EXECUTIVE COMMITTEE, EXCEPT AS OTHERWISE PROVIDED BY LAW, ALL OF THE POWERS OF THE BOARD OF DIRECTORS OF MASS AUDUBON, EXERCISABLE WHEN AND AS NECESSARY BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6:

MASS AUDUBON DOES NOT HAVE ANY STOCKHOLDERS BUT IT DOES HAVE MEMBERS. MEMBERSHIP IS OPEN TO PEOPLE OF ALL BACKGROUNDS WHO SHARE THE MISSION OF PROTECTING THE MASSACHUSETTS ENVIRONMENT AND WHO PAY THE REQUIRED DUES. BASIC MEMBERSHIP COSTS \$48 PER YEAR FOR AN INDIVIDUAL AND \$65 PER YEAR FOR A FAMILY. MASS AUDUBON CURRENTLY HAS APPROXIMATELY 125,000 MEMBERS AND SUPPORTERS. IN ADDITION TO LENDING THEIR SUPPORT TO IMPORTANT ENVIRONMENTAL EDUCATION, ADVOCACY, LAND PROTECTION AND WILDLIFE CONSERVATION EFFORTS, MEMBERS RECEIVE FREE ADMISSION TO ALL MASS AUDUBON WILDLIFE SANCTUARIES, DISCOUNTS TO MASS AUDUBON PROGRAMS, COURSES AND GIFT SHOPS, AND A ONE YEAR SUBSCRIPTION TO THE MASS AUDUBON NEWSLETTER (EXPLORE).

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

MASS AUDUBON MEMBERS ARE INVITED TO THE ANNUAL MEETING OF MEMBERS (HELD IN

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OCTOBER OR NOVEMBER OF EACH YEAR) TO VOTE ON THE ELECTION OF DIRECTORS, THE MEMBERSHIP OF THE AUDIT COMMITTEE, AND ANY OTHER MATTERS WHICH PROPERLY COME BEFORE THE MEETING.

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

MASS AUDUBON MEMBERS MUST APPROVE ANY AMENDMENTS OR ALTERATIONS TO THE BY-LAWS AND THE ARTICLES OF ORGANIZATION AND ANY OTHER BUSINESS WHICH MAY PROPERLY COME BEFORE THE ANNUAL MEETING OR ANY OTHER MEETING OF THE MEMBERS DULY CALLED IN ACCORDANCE WITH THE BY-LAWS.

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

A COPY OF THE FORM 990 WAS REVIEWED IN DETAIL BY THE MASS AUDUBON AUDIT COMMITTEE (A COMMITTEE ELECTED BY THE MASS AUDUBON MEMBERSHIP EACH YEAR AT THE ANNUAL MEETING) AND WAS ALSO MADE AVAILABLE ELECTRONICALLY TO ALL MASS AUDUBON DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING.

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

MASS AUDUBON REQUIRES DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EVERY YEAR. THESE INDIVIDUALS ARE INSTRUCTED TO REVIEW THE MASS AUDUBON CONFLICT OF INTEREST POLICY PRIOR TO COMPLETING THE QUESTIONNAIRE. THE COMPLETED FORMS ARE REVIEWED BY THE CHAIR OF THE BOARD OF DIRECTORS WHO REPORTS TO THE EXECUTIVE COMMITTEE. THE QUESTIONNAIRE OF THE CHAIR IS REVIEWED BY THE TREASURER WHO REPORTS TO THE EXECUTIVE COMMITTEE. THE QUESTIONNAIRES ARE ON FILE AT THE MASS AUDUBON HEADQUARTERS IN LINCOLN AND ARE AVAILABLE FOR REVIEW BY ANY INTERESTED DIRECTOR OR OFFICER.

THE BOARD OF DIRECTORS AND STAFF ARE ALSO VIGILANT DURING THE YEAR FOR ANY

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CONFLICTS OF INTEREST WHICH MAY ARISE IN THE PERIOD BETWEEN COMPLETING THE ANNUAL QUESTIONNAIRES. AT THE BEGINNING OF A BOARD OR BOARD COMMITTEE DISCUSSION OF ANY ISSUE IN WHICH A DIRECTOR, OFFICER OR EMPLOYEE, A CLOSE FAMILY MEMBER OF A DIRECTOR, OFFICER OR EMPLOYEE, OR ANOTHER ORGANIZATION IN WHICH THEY HOLD A POSITION OF POWER MAY HAVE AN INTEREST, THE DIRECTOR, OFFICER OR EMPLOYEE IS REQUIRED TO DISCLOSE THAT INTEREST AND ABSTAIN FROM VOTING. THE DIRECTOR, OFFICER OR EMPLOYEE IS ALSO REQUIRED TO LEAVE THE ROOM WHILE THE DISCUSSION OF THIS ISSUE AND THE VOTING IS TAKING PLACE.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS AND POLICY FOR DETERMINING COMPENSATION FOR KEY EXECUTIVES AT MASS AUDUBON IS AS FOLLOWS:

THE POLICY OF MASS AUDUBON IS TO ATTRACT AND RETAIN KEY EXECUTIVE TALENT BY PROVIDING A COMPETITIVE TOTAL COMPENSATION PACKAGE. IN DETERMINING COMPETITIVENESS, MASS AUDUBON LOOKS PRIMARILY TO COMPENSATION OFFERED BY OTHER LOCAL NON-PROFIT ORGANIZATIONS THAT ARE SIMILAR IN SIZE AND ALSO TAKES INTO ACCOUNT ANY SPECIAL CIRCUMSTANCES AFFECTING MASS AUDUBON. THE POLICY ALSO SUPPORTS PROVIDING APPROPRIATE KEY EXECUTIVE PAY-FOR-PERFORMANCE EARNING OPPORTUNITIES FOR ACHIEVING CHALLENGING, PRE-ESTABLISHED GOALS CONSISTENT WITH THE MISSION, TAX-EXEMPT PURPOSE, AND FINANCIAL RESOURCES OF MASS AUDUBON.

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS RECOMMENDS TO THE BOARD OF DIRECTORS THE CASH AND NON-CASH COMPENSATION POLICIES, PROGRAMS AND AMOUNTS, AS WELL AS MAJOR CHANGES IN MASS AUDUBON'S BENEFITS PLANS, APPLICABLE TO KEY EXECUTIVES OF MASS AUDUBON AS WELL AS TO ANY INDIVIDUAL/ORGANIZATION THAT OTHERWISE MEETS THE DEFINITION OF

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"DISQUALIFIED PERSON" IN THE INTERNAL REVENUE CODE. "KEY EXECUTIVE" IS DEFINED AS PRESIDENT, VICE PRESIDENT FOR OPERATIONS, VICE PRESIDENT FOR WILDLIFE SANCTUARIES AND PROGRAMS, VICE PRESIDENT FOR PHILANTHROPY, VICE PRESIDENT FOR MARKETING AND COMMUNICATIONS, AND ANY OTHER EXECUTIVE EARNING OVER \$100,000 PER YEAR. "DISQUALIFIED PERSON" INCLUDES FOR PURPOSES OF THIS POLICY ANYONE ON THE BOARD OF DIRECTORS AND MAY, IN SPECIFIED CIRCUMSTANCES, BE DEEMED TO INCLUDE MEMBERS OF THE MASS AUDUBON COUNCIL. THE TERM IS FURTHER DEEMED TO INCLUDE ANY OTHER MASS AUDUBON EMPLOYEE EARNING MORE THAN \$100,000 PER YEAR.

THE EXECUTIVE COMMITTEE WILL:

ENSURE THAT NO PART OF MASS AUDUBON'S NET EARNINGS INURE TO THE PRIVATE BENEFIT OF ANY INDIVIDUAL AND THAT ANY PAYMENT OF BENEFITS OR PERSONAL EXPENSES TO OR FOR THE BENEFIT OF SELECT INDIVIDUALS AND OTHER TRANSACTIONS POTENTIALLY BENEFITING ANY SUCH INDIVIDUALS ARE ANALYZED AND CAREFULLY APPROVED AS COMPENSATION FOR SERVICES TO MASS AUDUBON WITH THE BENEFITS TO THE INDIVIDUALS CLEARLY MEASURED AND CONSIDERED BY THE EXECUTIVE COMMITTEE.

ESTABLISH AND REVIEW MASS AUDUBON'S OVERALL EXECUTIVE COMPENSATION POLICY TO ENSURE THAT THE POLICY CONTINUES TO SUPPORT MASS AUDUBON'S MISSION AND PURPOSE, ATTRACTS AND RETAINS KEY EXECUTIVES, AND PROVIDES COMPETITIVE TOTAL COMPENSATION OPPORTUNITIES AT REASONABLE COST.

ACT ON BEHALF OF THE BOARD OF DIRECTORS IN SETTING EXECUTIVE TOTAL COMPENSATION POLICY, COMPENSATION PLANS, BENEFIT PLANS AND EXECUTIVE CONTRACTS FOR KEY ADMINISTRATORS, AND DEVELOPING RECOMMENDATIONS FOR THE BOARD OF DIRECTORS WITH RESPECT TO THE TOTAL COMPENSATION OF MASS AUDUBON'S KEY EXECUTIVES AND OF ANY DISQUALIFIED PERSONS.

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THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR A THOROUGH AND DISINTERESTED REVIEW OF APPROPRIATE TOTAL COMPENSATION FOR KEY EXECUTIVES. THE COMMITTEE WILL:

ASSESS THE NATURE AND SCOPE OF EACH EXECUTIVE'S POSITION UNDER REVIEW BY THE COMMITTEE.

ASSESS THE BASIS BY WHICH COMPENSATION WAS PAID TO THE KEY EXECUTIVE IN EACH COVERED POSITION, FOR EXAMPLE, EXCEPTIONAL PERFORMANCE, ADDITIONAL DUTIES, OR THE UNIQUE BACKGROUND EXPERIENCES, PERSONAL SKILLS, SPECIAL ABILITIES, AND BUSINESS CHALLENGES FACING MASS AUDUBON THAT REQUIRE USE OF THESE SKILLS AND ATTRIBUTES.

OBTAIN APPROPRIATE AND COMPARABLE COMPENSATION MARKET DATA, SUCH AS DATA ON THE FOLLOWING:

1. SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS;
2. GEOGRAPHIC DIFFERENTIALS WHICH REFLECT THE COST OF LABOR IN THE GREATER BOSTON AREA;
3. THE AVAILABILITY OF SIMILAR SPECIALTIES IN THE GEOGRAPHIC AREA;
4. INDEPENDENT COMPENSATION SURVEYS;
5. IRS FORM 990 COMPENSATION INFORMATION FOR FUNCTIONALLY COMPARABLE POSITIONS;
6. ACTUAL WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE SERVICES OF THE INCUMBENT.

THE EXECUTIVE COMMITTEE SHALL DOCUMENT THE BASIS FOR ITS DETERMINATION OF THE REASONABLE COMPENSATION FOR THOSE KEY EXECUTIVES UNDER ITS REVIEW INCLUDING PERFORMANCE ASSESSMENT OF THE KEY EXECUTIVE AND THE BASIS FOR

Name of the organization

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DETERMINING THAT THE EXECUTIVE'S COMPENSATION WAS REASONABLE IN LIGHT OF THAT PERFORMANCE ASSESSMENT AND MARKET DATA.

THE EXECUTIVE COMMITTEE WILL MAKE ITS RECOMMENDATIONS TO THE BOARD OF DIRECTORS ON AN ANNUAL BASIS.

THE BOARD OF DIRECTORS WILL PERIODICALLY REVIEW THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE WITH A VIEW TO MAKING SURE THAT NO MEMBER IS SUBJECT TO A CONFLICT OF INTEREST WHICH WOULD MAKE HIS OR HER PARTICIPATION IN THE REVIEW OF COMPENSATION INAPPROPRIATE.

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

CA, CT, DC, FL, MA, MD, NH, NJ, NY, OH, PA, RI, VA, WI

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

MASS AUDUBON MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, RECORDS RETENTION POLICY, FEDERAL TAX RETURNS, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEB SITE (WWW.MASSAUDUBON.ORG) AS WELL AS UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN SPLIT-INTEREST AGREEMENTS	-85,032.
TRANSFER OF ASSETS	100,000.
CANCELLATION OF GRANT	-35,196.
TOTAL TO FORM 990, PART XI, LINE 9	-20,228.

FORM 990, PART XII, LINE 2C

MASS AUDUBON'S POLICIES REGARDING OVERSIGHT OF THE AUDIT AND SELECTION

SCHEDULE R (Form 990)
 Department of the Treasury Internal Revenue Service
Related Organizations and Unrelated Partnerships
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▶ Attach to Form 990.
 ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WHESTONE WOOD TRUST FUND C/O MASSACHUSETTS AUDUBON SOCIETY - 30-0174595, 208 SOUTH GREAT ROAD, LINCOLN, MA 01773	ACQUISITION & PRESERVATION OF LAND FOR WILD HABITAT & CONSERVATION PURPOSES	MASSACHUSETTS	501(C)(3)	509(A)(3) TYPE II	MASSACHUSETTS AUDUBON SOCIETY, INC.		X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s	X	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	WHESTONE WOOD TRUST FUND	E	695,597	FAIR VALUE
(2)	WHESTONE WOOD TRUST FUND	S	100,000	FAIR VALUE
(3)				
(4)				
(5)				
(6)				

