PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 11677 | Return of Organization Exempt From Income Tax

Form **990**

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.												Inspection	
			ar year, or tax ye	ear beginning	g JUL 1, 3	2022	and	l ending	JUN 30, 2023				
	heck if pplicat	le: C Name o	forganization						D Employer ide	ntific	cation	number	
	Addr	ess AUDUBC	N SOCIETY OF	WESTERN P	PA								
	Name Chan	ge Doing b	usiness as						25-1324	559			
	Initia	Number	and street (or P.C	O. box if mail is	s not delivered to	street a	address)	Room/su	ite E Telephone nu	mber			
	Final	1/	RSEYVILLE RD						412-963-6	5100			
	termi ated	City or t	own, state or prov	vince, countr	y, and ZIP or fo	preign j	postal code		G Gross receipts \$			3,230,204.	
	Amer	, FIIISE	H(a) Is this a gro	up re	eturn								
	Appli tion pend	ing F Name a	nd address of prir	for subordir	nates?	?	Yes X No						
	-	SAME AS	C ABOVE						H(b) Are all subordin	ates inc	cluded?	Yes No	
		empt status:		501(c) () (inse	ert no.)	4947(a)(1)	or 5				e instructions	
	Vebs		WP.ORG	<u> </u>			7.00		H(c) Group exen	<u> </u>			
		f organization:	x Corporation	Trust	Association	i 🗌	Other	L Ye	ear of formation: 1941	M	State	of legal domicile: PA	
Pa	art I	Summary											
ø	1		e the organization						HE PEOPLE OF				
anc			RN PENNSYLVAN					,					
Governance	2	Check this bo		-			-		ore than 25% of its ne	1 1	ets.	1.4	
Š	3		ting members of t							3		14	
	4									4		14	
ies	5									5		50	
Activities &	6									6		834	
Act										7a		0.	
	b	Net unrelated	business taxable	income from	1 Form 990-1, P	'art I, II	ne 11	<u></u>	Prior Year	7b		0. Current Year	
								-	1,095,2	01		1,724,339.	
ne	8		and grants (Part						267,9			386,225.	
Revenue	9		ce revenue (Part)									36,910.	
Be	10		come (Part VIII, co						458,3			534,343.	
	11		e (Part VIII, column						1,840,0	_		2,681,817.	
	12		- add lines 8 throu						1,040,0	0.		2,001,017.	
	13		nilar amounts pai							0.		0.	
	14		to or for members				(A) lines E 10)		1,188,9			1,295,844.	
ses	15		r compensation, e						1,100,5	0.		0.	
en ci			undraising fees (P					,792.					
Expenses			ing expenses (Par es (Part IX, colum			» —			914,9	76		969,917.	
	18		s. Add lines 13-17						2,103,9			2,265,761.	
	19		expenses. Subtra						-263,8	_		416,056.	
- 2		Nevenue less	expenses. Subira			<u></u>	<u></u>		Beginning of Current Y			End of Year	
Net Assets or	20	Total assets (F	Part X line 16)					F	9,609,0			10,215,317.	
Asse Bals	20		(Part X, line 10)						169,4			288,723.	
Vet ,	22		fund balances. Su						9,439,6	_		9,926,594.	
Pa	art II	Signature							- , , •	•		,,•	
				e examined this	return, including	accom	npanving schedule	es and state	ements, and to the best	of mv	knowle	dae and belief. it is	
						-			rer has any knowledge.			J	

Sign Signature of officer	Date
Here JAMES BONNER, EXECUTIVE DIRECTOR Type or print name and title	
Print/Type preparer's name Preparer's signature Paid TIMOTHY J. MORGUS	Date Check PTIN if self-employed P00229535
Preparer Firm's name MAHER DUESSEL, CPA'S	Firm's EIN 25-1622758
Use Only Firm's address 503 MARTINDALE STREET, SUITE 600	
PITTSBURGH, PA 15212	Phone no.412-471-5500
May the IRS discuss this return with the preparer shown above? See instructions	X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2022) AUDUBON SOCIETY OF WESTERN PA	25-1324559	Page 2
	rt III Statement of Program Service Accomplishments		r ugo
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	<u></u>	
•	THE AUDUBON SOCIETY OF WESTERN PENNSYLVANIA'S MISSION IS TO CONNECT		
	THE PEOPLE OF SOUTHWESTERN PENNSYLVANIA TO BIRDS AND NATURE THROUGH		
	OUR PROGRAM, PROJECTS, AND PLACES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	······ L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
3	If "Yes," describe these changes on Schedule O.		
4			
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expen	ses, and
	revenue, if any, for each program service reported.		371,572.)
4a	(Code:) (Expenses \$1,432,584. including grants of \$) (Revenue PROVISION OF ENVIRONMENTAL EDUCATION TO RESIDENTS OF SOUTHWESTERN	\$	<u> </u>
	PENNSYLVANIA AND TO PROVIDE SOCIAL, RECREATIONAL, AND EDUCATIONAL		
	OPPORTUNITIES TO ALL PEOPLE INTERESTED IN THE ENVIRONMENT, BIRDS, AND		
	OTHER FACETS OF NATURE.		
4b	(Code:) (Expenses \$ 237,383. including grants of \$) (Revenue	\$	292,719.)
40	THE AUDUBON SOCIETY OF WESTERN PENNSYLVANIA OPERATES NATURE STORES AT	\$	
	MULTIPLE LOCATIONS. THE NATURE STORES MAKE AVAILABLE BIRD AND		
	NATURE-RELATED RESOURCES AND GIFTS TO BOTH MEMBERS AND NON-MEMBERS		
	ALIKE.		
4c	(Code:) (Expenses \$ 361,480. including grants of \$) (Revenue	\$	14,653.)
	SUCCOP NATURE PARK IS AN ENVIRONMENTAL CENTER AND PARK LOCATED IN		,
	BUTLER, PA.		
	THE PROPERTY CONTAINS TWO PONDS, WALKING TRAILS, GARDENS, AND OPEN		
	NATURAL SPACES THAT CAN BE USED FOR A VARIETY OF OUTDOOR ACTIVITIES.		
	BOTH AREAS OFFER A PEACEFUL, COMFORTABLE ATMOSPHERE THAT LENDS ITSELF		
	TO BUSINESS MEETINGS, RETREATS, CLASSES, WEDDINGS, RECEPTIONS, AND ART		
	EXHIBITS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,031,447.	/	
-			

Form	990	(2022)

Part IV

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as applicable.

AUDUBON SOCIETY OF WESTERN PA 25-1324559 <u>Page</u> 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x 5 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to x provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete х 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII х 11c 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 х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d x 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? x 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		
	complete Schedule G, Part III	19	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	
232003	3 12-13-22	Form	Į

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Form	990	(2022)

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

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С (gambling) winnings to prize winners?

		(2022) AUDUBON SOCIETY OF WESTERN PA 25-132455	9	Р	age 5
Par	tV	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
				Yes	No
2a	Ente	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed	for the calendar year ending with or within the year covered by this return 2a 50			
b		least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a		the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a		ny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
		ncial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b		es," enter the name of the foreign country			
-		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
		es" to line 5a or 5b, did the organization file Form 8886-T?	5c		
		s the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Ua		contributions that were not tax deductible as charitable contributions?	6a		x
Ь	-	es," did the organization include with every solicitation an express statement that such contributions or gifts	0a		
b			Ch.		
-		e not tax deductible?	6b		
7	-	anizations that may receive deductible contributions under section 170(c).	-		x
a		he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b		es," did the organization notify the donor of the value of the goods or services provided?	7b		
С		the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
		e Form 8282?	7c		X
d		es," indicate the number of Forms 8282 filed during the year 7d			
е		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f		the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g		e organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	-	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	spor	nsoring organization have excess business holdings at any time during the year?	8		
9	Spo	nsoring organizations maintaining donor advised funds.			
а	Did	the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did	the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Sec	tion 501(c)(7) organizations. Enter:			
а	Initia	ation fees and capital contributions included on Part VIII, line 12 10a			
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Sec	tion 501(c)(12) organizations. Enter:			
а	Gros	ss income from members or shareholders			
b		ss income from other sources. (Do not net amounts due or paid to other sources against			
		unts due or received from them.)			
12a		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the year 12b			
13		tion 501(c)(29) qualified nonprofit health insurance issuers.	1		
а		e organization licensed to issue qualified health plans in more than one state?	13a		
		e: See the instructions for additional information the organization must report on Schedule O.			
b		er the amount of reserves the organization is required to maintain by the states in which the			
~		Inization is licensed to issue qualified health plans			
~		er the amount of reserves on hand			
			14a		x
14a					
		es, " has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_v
		ess parachute payment(s) during the year?	15		X
		es," see the instructions and file Form 4720, Schedule N.			
16		e organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
		es," complete Form 4720, Schedule O.			
17	Sec	tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that	would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	lf "Y	es," complete Form 6069.			

	990 (2022) AUDUBON SOCIETY OF WESTERN PA	25-1324			age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough 7b below, and fo	ora "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		. 2		х
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		. 3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	. 5		x
6	Did the organization have members or stockholders?		6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?		. 7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-		
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing the form?	11a	Х	
b	Describe on 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		. 12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	on Schedule O how this was done	<i>,</i>	12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		. 14	Х	
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		. 15a	Х	
b	Other officers or key employees of the organization			Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?		. 16b		
Sec	tion C. Disclosure			_	_
17	List the states with which a copy of this Form 990 is required to be filed PA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 501(c)	(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,	. , ,,		
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	and finand	cial	
		miller of interest boliev.			
	statements available to the public during the tax year.	finite of interest policy,			
20	statements available to the public during the tax year.				
20					

Form 990 (2	2022) AUDUBON SOCIETY OF WESTERN PA	25-1324559	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the organization's	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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	۱ than o		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ae	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1420)		organizations
	line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) JAMES BONNER	40.00	_			-	1				
EXECUTIVE DIRECTOR				х				121,250.	0.	19,128.
(2) LAURA KARET	1.50									
DIRECTOR		х						٥.	0.	0.
(3) JAMES PASHEK	1.50									
DIRECTOR		Х						٥.	0.	0.
(4) JOY DRESS	1.50									
DIRECTOR		Х						0.	0.	0.
(5) DOUG ROTH	1.50									
DIRECTOR		Х						0.	0.	0.
(6) FRED PETERSON	1.50									
DIRECTOR		х						0.	0.	0.
(7) GRACE CLARK	1.50									
DIRECTOR		Х						0.	0.	0.
(8) NANCY MAGEE	1.50									
DIRECTOR		Х						0.	0.	0.
(9) ROHAN GANGULI	1.50									
DIRECTOR		Х						0.	0.	0.
(10) STANLEY HERMAN	1.50									
DIRECTOR		Х						0.	0.	0.
(11) BURHAN GHARAIBEH	1.50									
DIRECTOR		Х						0.	0.	0.
(12) ROBIN ZACHERL	5.00									
PRESIDENT		Х		х				0.	0.	0.
(13) VIRGINIA LINDSAY	2.50									
VICE PRESIDENT		Х		х				0.	0.	0.
(14) HILLER HARDIE	5.00									
TREASURER		Х		х				0.	0.	0.
(15) NATALIE BOYDSTON	2.50									
SECRETARY		х		х				0.	0.	0.
							-			·
		<u> </u>						1		

Form	990 (2022) AUDUB	ON SOCIETY OF WEST	ERN	PA						25-13	2455	9	Р	'age 8
Par	t VII Section A. Officers, Direct	tors, Trustees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do box, offic	not c , unle:	(C Posi heck r ss per id a di	C) ition more son is	l than c s both	one i an	(D) Reportable compensation from	(E) Reportable compensation from related		ar	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fi org an	pensa rom th anizat d relat anizati	ie tion ted
1b	Subtotal								121,250.		0.		19.	128.
с	Total from continuation sheets	to Part VII, Section A							0. 121,250.		0.			0.
2 2	Total (add lines 1b and 1c) Total number of individuals (inclue	ding but not limited to the							,	000 of reportable			<u> </u>	
	compensation from the organizati	ion	—										Yes	1 No
3	Did the organization list any form	er officer, director, truste	e, k	ey e	emple	oyee	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Sched											3		X
4	For any individual listed on line 1a and related organizations greater											4		x
5	Did any person listed on line 1a re											-		
	rendered to the organization? If "		<u>J fc</u>	or si	ich r	bers	on .					5		X
	tion B. Independent Contractors													
1	Complete this table for your five h the organization. Report compense		-								ensat			
	Name and	(A) I business address	NOI	NE					(B) Description of s	ervices	С)) Compe	C) nsatio	n
2	Total number of independent con		ot lin	niteo	d to t	thos (ted	above) who received mo	ore than				

Part		2022/			OF	WESTERN PA			25-132455	9 Paç
		Check if Schedule O	conta	ains a respo	nse	or note to any line	<u>in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s s	1 a	Federated campaigns		1a						
nut		Membership dues								
		Fundraising events								
ΓA		Related organizations								
nila		Government grants (contr				514,185.				
Sin		All other contributions, gifts,								
Jer	•	similar amounts not included	-			1,210,154.				
Ð	g	Noncash contributions included in			:					
and Other Similar Amounts	-	Total. Add lines 1a-1f	lines i		,		1,724,339.			
0.00		Total. Aud lines ta 11				Business Code	_,,,			
	• •	EDUCATIONAL PROGRAM	IS.			611710	386,225.	386,225.		
	2a					011/10	300,223.	300,223.		
ne	b									
/en	с									
Revenue	d									
ž –	e									
•		All other program service	rever	nue			206 225			
_							386,225.			
;	3	Investment income (includ								
		other similar amounts)					36,910.			36,9
	4	Income from investment of		•	•	F				
1	5	Royalties								
				(i) Real		(ii) Personal				
		Gross rents	6a	367,7						
	b	Less: rental expenses \dots	6b	142,1						
	С	Rental income or (loss)	6c	225,6	80.					
	d	Net rental income or (loss) <u></u> (225,680.			225,6
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis				I I				
enue		and sales expenses	7b							
ven	с	Gain or (loss)	7c							
нe	d	Net gain or (loss)			. <u></u>					
Uther Kev	8 a	Gross income from fundraisi				I I				
5		including \$		of		I I				
		contributions reported on				I I				
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			it <u>s</u>					
		Gross income from gamin								
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
10		Gross sales of inventory, I								
		and allowances			10	699,001.				
	b	Less: cost of goods sold			10					
		Net income or (loss) from					292,719.	292,719.		
İ	-					Business Code				
2 1	1 a	MISCELLANEOUS				900099	15,944.			15,9
Levenue Levenue	b						,			,
Nel	c				_					
Ba		All other revenue								
	u						45 044			
	6	Total. Add lines 11a-11d				I	15,944.			

AUDUBON SOCIETY OF WESTERN PA

Page 10 25-1324559

	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	140,379.	70,189.	35,095.	35,09
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	966,283.	923,966.	24,971.	17,34
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	104,957.	93,420.	11,253.	28
0	Payroll taxes	84,225.	72,078.	8,898.	3,24
1	Fees for services (nonemployees):	,			
	Management				
	Legal				
	Accounting	12,150.		12,150.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	column (A), amount, list line 11g expenses on Sch 0.)	10,037.	2,237.	3,525.	4,27
2	Advertising and promotion	54,791.	38,199.	33.	16,55
23	Office expenses	139,452.	101,874.	24,364.	13,21
3 4	Information technology	10,041.	3,105.	339.	6,59
5	Royalties	54,547.	54,547.		
6 7		7,523.	7,523.		
7		7,525.	7,525.		
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0					
1	Payments to affiliates	292 429	292 425		
2	Depreciation, depletion, and amortization	373,437.	373,437.		
3	Insurance	46,700.	41,788.	718.	4,19
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIP/FUNDRAISING	139,220.	139,220.		
b	REPAIRS AND MAINTENANCE	72,991.	72,991.		
c	BANK AND CREDIT CARD FE	34,705.	30,180.	1,546.	2,97
d	OTHER	8,624.	3,633.	4,991.	_,-
	All other expenses	5,699.	3,060.	2,639.	
е 5	Total functional expenses. Add lines 1 through 24e	2,265,761.	2,031,447.	130,522.	103,79
	Joint costs. Complete this line only if the organization	_,, , , , , , , , , , , , , , , , ,	-,,/.		
6					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				

AUDUBON	SOCIETY	OF.	WESTERN	PA	

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	141,480.	2	686,414.		
	3	Pledges and grants receivable, net			469,666.	3	536,954.
	4	Accounts receivable, net			15,492.	4	131,645.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
Ś	7	Notes and loans receivable, net				7	
set	8	Inventories for sale or use			132,569.	8	133,140.
Assets	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,127,312.			
	b	Less: accumulated depreciation		3,389,957.	7,946,578.	10c	7,737,355.
	11	Investments - publicly traded securities			903,239.	11	989,809.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			9,609,024.	16	10,215,317.
	17	Accounts payable and accrued expenses		101,827.	17	221,564.	
	18	Grants payable				18	
	19	Deferred revenue			67,583.	19	67,159.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
lide		controlled entity or family member of any of thes	e pers	ons		22	
Ľ	23	Secured mortgages and notes payable to unrela	ted thi			23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa		Г			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			169,410.	26	288,723.
		Organizations that follow FASB ASC 958, che	ck her	e X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			8,225,105.	27	8,214,002.
Bal	28	Net assets with donor restrictions			1,214,509.	28	1,712,592.
pu		Organizations that do not follow FASB ASC 9					
Εu		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
let.	32	Total net assets or fund balances			9,439,614.	32	9,926,594.
~	33	Total liabilities and net assets/fund balances		Γ	9,609,024.	33	10,215,317.

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

Form 990 (20	22) AUDUBON SOCIETY OF WESTERN PA	25-132455	9	Pad	_{ge} 12
	econciliation of Net Assets				
	heck if Schedule O contains a response or note to any line in this Part XI				X
1 Total re	venue (must equal Part VIII, column (A), line 12)	1	2,	681,	817.
2 Total ex	penses (must equal Part IX, column (A), line 25)	2	2,	265,	761.
	e less expenses. Subtract line 2 from line 1	3		416,	056.
4 Net ass	ets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,	439,	614.
5 Net un	ealized gains (losses) on investments	5		78,	130.
	d services and use of facilities	6			
	ent expenses	7			
	riod adjustments	8			
9 Other of	hanges in net assets or fund balances (explain on Schedule O)	9		-7,	206.
10 Net ass	ets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
column	(B))	10	9,	926,	594.
Part XII F	inancial Statements and Reporting				
C	heck if Schedule O contains a response or note to any line in this Part XII				X X
				Yes	No
1 Accour	ting method used to prepare the Form 990: Cash X Accrual Other				
If the o	ganization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a Were th	e organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
lf "Yes,	check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
separat	e basis, consolidated basis, or both:				
	eparate basis Consolidated basis Both consolidated and separate basis				
b Were the	e organization's financial statements audited by an independent accountant?		2b	Х	
lf "Yes,	check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	dated basis, or both:				
XS	eparate basis Consolidated basis Both consolidated and separate basis				
c If "Yes'	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
review,	or compilation of its financial statements and selection of an independent accountant?		2c	Х	
If the o	ganization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a As a res	ult of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b If "Yes,	did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
or audit	s, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

(Form 990)

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.

l	OMB No. 1545-0047
ſ	2022
Ī	Open to Public

Name	of the	organization

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
	the organizati		Go to www.irs.gov/	Form990 for instruction	is and the	atest inf	ormation.	Employer	identification number	
Name of t	life of gamzati		N SOCIETY OF WE	יפיידסא סא					25-1324559	
Part I	Reason			(All organizations must c	omolete th	nis nart) S	ee instruction		25 1524555	
				For lines 1 through 12, c						
1		-		on of churches described	-	-	I)(A)(i)			
2				Attach Schedule E (Forn						
3				anization described in se)(b)(1)(A)(ii	i).			
4		•	i î	njunction with a hospital)(iii). Enter	the hospital's name.	
	city, and state	-	·	, ,				~ /		
5	•	-	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	An organizati	on that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from tl	ne general p	oublic described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
	university:									
10 X	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	iip fees, and	d gross receipts from	
				t to certain exceptions; a						
				(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	fter June 30, 1975.	
			mplete Part III.)							
11	-	•	-	ively to test for public sa	•				_	
12	-	-	-	ively for the benefit of, to	-			-		
				ed in section 509(a)(1) o					Check the box on	
	7			f supporting organizatior						
a 🔄			-	upervised, or controlled	• • • •	-				
				gularly appoint or elect a	majority c	of the aired	tors or truste	es of the su	ipporting	
b	¬ -		complete Part IV, Se		ion with it.		d organizatio	n(a) by bay	ina	
b			-	l or controlled in connect anization vested in the sa			-		-	
		0	t complete Part IV,		ame perso	ns that co	ntiol of mana	ge the supp	Joned	
c	¬ -		-	g organization operated	in connect	tion with a	and functiona	llv integrate	d with	
		-). You must complete I				ily integrate	a with,	
d	¬ ··	0		porting organization oper	-		-	ted organiz	ration(s)	
u		-		zation generally must sat				-		
		-		mplete Part IV, Sections	-		-			
e	-			written determination fro				II. Type III		
		•		nally integrated supporti			JI / JI	<i>,</i> ,		
f Ente	er the number									
g Prov	vide the followi	ing informatior	about the supporte							
(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other	
	organization	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Total										
10.00										

	(Complete only if you checked fails to qualify under the tests				on failed to qualify u	under Part III. If the	organization
Sec	tion A. Public Support	norod bolon, pied		,			
	••	(-) 0010	(1-) 0010	(=) 0000	(4) 0001	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not						
~	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th				-		
500	organization, check this box and stor ction C. Computation of Publi						
						14	0/
14	Public support percentage for 2022 (I Public support percentage from 2021					15	<u>%</u> %
	33 1/3% support test - 2022. If the c						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o		•		d line 15 is 33 1/3%		
Ň	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
17 a	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
h	10% -facts-and-circumstances test	-		• • • •		17a, and line 15 is	
~	more, and if the organization meets the						
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization		•	• •			

AUDUBON SOCIETY OF WESTERN PA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990) 2022

25-1324559

Page 2

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.)

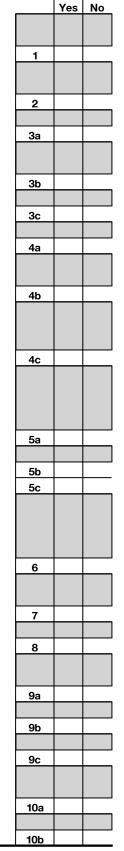
Section A. Public Support (e) 2022 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 874,978. include any "unusual grants.") 595,918 954,811 1,725,328 1,618,454 5,769,489. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 960,278 777,405. 918,371. 1,222,572, 1,453,011. 5,331,637. 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 1,556,196, 1,732,216, 2,643,699 2,097,550, 3,071,465, 11,101,126. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 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 0. c Add lines 7a and 7b 0. 11,101,126. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 3,071,465 9 Amounts from line 6 1,556,196 1,732,216 2,643,699 2,097,550 11,101,126. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 41,330. 17,867, 33,729 18,619, 36,910, 148,455. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 41,330 17,867 33,729 18,619, 36,910 148,455. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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 1,863 220,914 3,775, 15,944 242,496. assets (Explain in Part VI.) 1,751,946. 1,597,526. 2,898,342. 2,119,944. 3,124,319. 11,492,077. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 96.60 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) % 15 15 96.47 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 1.29 17 % 1.32 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. 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 X 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)



á	a The organization satisfied the Activities Test. Complete line 2 below.
ł	The organization is the parent of each of its supported organizations. Complete line 3 below.
Ċ	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity
2	Activities Test. Answer lines 2a and 2b below.
á	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.
ł	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in
	these activities but for the organization's involvement.
3	Parent of Supported Organizations. Answer lines 3a and 3b below.
a	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

2a

2b

3a

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 on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, 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).
- y (see instruction<u>s)</u>

- trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

11a

11b

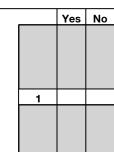
11c

2

1

Yes

No



Yes No

Yes No

	dule A (Form 990) 2022 AUDUBON SOCIETY OF WESTERN PA			25-1324559 Pag
	t V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus			Part VI). See Instruction
ect	ion 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		
1	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
3	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		
3	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6				
3 	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2022

Sect	Section D - Distributions Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	\$	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	. .		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

AUDUBON SOCIETY OF WESTERN PA

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

25-1324559

Page 7

Schedule A	(Form 990) 2022 AUDUBON SOCIETY OF WESTERN PA	25-1324559	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section /, Section B, line 1e; Pa	n C,

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury
Internal Revenue Service

Schedule B

(Form 990)

Name of the organization

	AUDUBON SOCIETY OF WESTERN PA	25-1324559
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	

 Form 990-PF
 501(c)(3) exempt private foundation

 4947(a)(1) nonexempt charitable trust treated as a private foundation

 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

AUDUBON	SOCIETY OF WESTERN PA	2	5-1324559
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$7,857.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Schedule B (Form 990) (2022) Name of organization

AUDUBON	SOCIETY OF WESTERN PA	2	5-1324559
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$6,251.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$24,620.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page **2**

Employer identification number

Schedule B (Form 990) (2022)

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$445,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$203,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$146,766.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AUDUBON SOCIETY OF WESTERN PA

Name of organization

Page 2

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,611.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Page **2**

AUDUBON SOCIETY OF WESTERN PA

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
26		\$105,885.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
	Name, address, and ZIP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
	Name, address, and ZIP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)	

AUDUBON SOCIETY OF WESTERN PA

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Schedule I	3 (Form 990) (2022)		Page 3
Name of o	rganization		Employer identification number
AUDUBON	SOCIETY OF WESTERN PA		25-1324559
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	

Schedule I	B (Form 990) (2022)		Page 4		
Name of o	rganization		Employer identification number		
AUDUBON Part III	from any one contributor. Complete columns (a)	through (e) and the following line entry.	25-1324559 ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or les space is needed.	ss for the year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift				
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

	HEDULE D n 990)	Complete if the orga	al Financial Statements nization answered "Yes" on Form 990,		OMB No. 1545-0)047)
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. .ttach to Form 990.		Open to Put	blic
	Revenue Service		0 for instructions and the latest information.		Inspection	
Nam	e of the organizati		7.		identification nu 25-1324559	ımber
Pa	t I Organiza	AUDUBON SOCIETY OF WESTERN	d Funds or Other Similar Funds or Ac			
I U		n answered "Yes" on Form 990, Part IV, lin		oounto.	Complete il the	
	9			b) Funds and	d other accounts	
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4	Aggregate value a					
5			writing that the assets held in donor advised func	ls		
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes	No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferri	ng		_
Pa	impermissible priv				Yes	No
			ganization answered "Yes" on Form 990, Part IV,	line /.		
1		servation easements held by the organization	· · · · · ·		tout loud over	
	X Protection o	n of land for public use (for example, recrea				
	X Preservation		Preservation of a certi	ned historic:	structure	
2			ied conservation contribution in the form of a cor	nservation e	sement on the la	et
2	day of the tax year				at the End of the Ta	
а				2a		
b				2b		
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c		
d		vation easements included in (c) acquired a				
				2d		
3	Number of conser year	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	zation during	the tax	
4	Number of states	where property subject to conservation eas	sement is located 1			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements it	holds?		X Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, 2	handling of violations, and enforcing conservatio	n easements	during the year	
7	•	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	sements duri	ng the year	
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)		
	and section 170(h)			.,	Yes	No
9	In Part XIII, describ		on easements in its revenue and expense statem			
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements that	at describes	the	
		ounting for conservation easements.				
Pa		-	Art, Historical Treasures, or Other S	imilar Ass	sets.	
	•	f the organization answered "Yes" on Form				
1a	0		8, not to report in its revenue statement and bala		orks	
		· ·	blic exhibition, education, or research in furtheran	ice of public		
L			ncial statements that describes these items.	choot work	of	
b	-		8, to report in its revenue statement and balance			
		ing amounts relating to these items:	exhibition, education, or research in furtherance	or public se	1 VICE,	
	•	5		\$		
				•		
2	.,		asures, or other similar assets for financial gain, p			
		unts required to be reported under FASB A				

b Assets included in Form 990, Part X
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 232051 09-01-22

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2022

\$

\$

PartILI Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets icontinued. 3 Using the organizations development and other records, check any of the following that make significant use of its collection items (heck all that apply): a b b b checking research d b checking research d b checking research d checking research e D D checking research e checking re	Sche		IETY OF WESTERN					25-132		P	_{age} 2
collection lemis (check all that apply): a b b Scholarly research c Other	Par	t III Organizations Maintaining Co	ollections of Art,	, Historical Tre	asures, or	Other	Simila	r Assets	contii	nued)	
a Public exhibition d Can or exchange program b Schalary research e Other	3	Using the organization's acquisition, accessio	n, and other records	, check any of the f	ollowing that r	nake siç	gnificant ι	use of its			
b Scholary research e Other c Previde 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 solid the organization assets Yes No Part W Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or responded an anount on Form 990, Part X, line 21. Yes No b if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b if Yes", explain the arrangement in Part XIII and complete the following table: Amount to c Beginning balance Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21. Yes No b if Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b if Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b if Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b		collection items (check all that apply):									
c Preservation for future generations 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 mantaned as part of the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount c Beginning balance	а	Public exhibition	d	Loan or exc	hange progran	n					
c Preservation for future generations 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 mantaned as part of the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount c Beginning balance	b	Scholarly research	е	Other	0.0						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part ID Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 2. The set organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. The set organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. The set organization include an amount on Form 990, Part X, line 21. The set organization include an amount on Form 990, Part X, line 21. The organization and the organization and the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization insubset of Yes" on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The year organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The s											
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tops rold to raise funds rather than to be maintained as part of the organization 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intervent Funds Amount c Beginning balance 1d Intervent Funds Intervent Funds Intervent Funds No b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Intervent Part II Intervent Part III Intervent Part II I	5		•		•						
Part V 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 // Ime 21, for each way in the arrangement in Part XII and complete the following table: Ves No b If "Yes," explain the arrangement in Part XII and complete the following table: Amount 1d /ul>	-								Yes		No
reported an amount on Form 900, 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, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table:	Par					/es" on	Form 990	Part IV			
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b If "Yes," explain the arrangement in Part XIII and complete the following table:	Ia								Vac		
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f Ending balance											
2a Did the organization include an amount on Form 980, Part X, line 21, for escrow or custocial account lability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 930, 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 903,181. 1,090,054. & 47,072. 1,205,110. 1,189,000. C Ontributions 0. 9,236. -117,157. 231,495. 25,748. 66,967. C Text expenditures for facilities 9,333. 75,880. 30. 329,781. 47,265. and programs 9,333. 75,880. 3,123. 1,483. 2,599. 3,592. g End of year balance 999,909. 903,181. 1,909.054. 847,072. 1,205,110. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 31.4000 % b Permeanent endowment 68.6000 %											
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 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Fur years back b Contributions 0. 9, 287. 1, 205, 110. 1, 189, 000. c Net investment earnings, gains, and losses 99, 236. -117, 157. 231, 495. 25, 748. 66, 967. d Grants or scholarships 9, 333. 75, 880. 30. 329, 781. 47, 265. e Other expenditures for facilities 9, 333. 75, 880. 30. 329, 781. 47, 265. g End of year balance 93, 217. 3, 123. 1, 483. 2, 509. 3, 592. g End of year balance 989, 809. 903, 181. 1, 090, 054. 847, 072. 1, 205, 110. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a baard designated or quasi-endowment 31. 4000 % b Permanent endowment 68.6000 % Yes									7 ¥ • •		
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c Net investment earnings, gains, and losses 99,236. -117,157. 231,495. 25,748. 66,967. d Grants or scholarships			/			072.	1,2	05,110.	<u> </u>	,109,	000.
d Grants or scholarships				,		105		25 749		66	067
e Other expenditures for facilities and programs 9,333,75,880,30,30,329,781,47,265, 3,275,3,123,1,483,2,509,3,592, 9 (End of year balance) 47,265, 3,275,3,123,1,483,2,509,3,592, 9 (End of year balance) g End of year balance 989,809,903,181,1,090,054,847,072,1,205,110, 9 (End the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 31.4000 % b Permanent endowment 68,6000 % c Term endowment 68,6000 % c Term endowment 68,6000 % d Term endowment 9% % d Term endowment 9% % d Term endowment 9% % d Term endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3(0) X 3a(0) X d ft "Yes" on line 3a(0), are the related organization's endowment funds. 3a(1) X 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. 1 Description of property (a) Cost or other			33,230.	-117,157.	231,	, 4 9 5 .		25,740.		00,	307.
and programs 9,333. 75,880. 30. 329,781. 47,265. f Administrative expenses 3,275. 3,123. 1,483. 2,509. 3,592. g End of year balance 989,809. 903,181. 1,090,054. 847,072. 1,205,110. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 31.4000 % b Permanent endowment 68,6000 % * * * b Permanent endowment 68,6000 % * * * c Term endowment 68,6000 % * * * b Permanent endowment											
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g End of year balance 989,809 903,181 1,090,054 847,072 1,205,110 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			· · · ·				3				
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment				-				-			
a Board designated or quasi-endowment	g		,	,		054.	8	4/,0/2.	,	,205,	110.
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations listed as required on Schedule R? (iiii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Row value (d) Row value (d) Row value (d) Equipment (d) Equipment<!--</th--><th></th><th></th><th>•</th><th></th><th>) held as:</th><th></th><th></th><th></th><th></th><th></th><th></th>			•) held as:						
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			ual Form 990. Part X	. column (B), line 1	0c.)				7	,737,	355.

Schedule D (Form 990) 2022

25-1324559 Page **3**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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)			
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2022 AUDUBON SOCIETY OF WESTERN PA			25-1324559	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With R	evenue per Re	turn.	
	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	2,902,052.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	78,130.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	78,130.
3	Subtract line 2e from line 1			3	2,823,922.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-142,105.		
с	Add lines 4a and 4b			4c	-142,105.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,681,817.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With E	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	2,415,072.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses		7,206.		
d	Other (Describe in Part XIII.)		142,105.		
е	Add lines 2a through 2d			2e	149,311.
3	Subtract line 2e from line 1			3	2,265,761.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	٥.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.			5	2,265,761.
Pa	rt 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 9:

LAND EASEMENTS ARE INCLUDED AS A NON-DEPRECIABLE FIXED ASSET THAT ARE

RECORDED ON THE STATEMENT OF FINANCIAL POSITION AT THEIR PURCHASE COST.

IMMATERIAL EXPENSES ASSOCIATED WITH MONITORING AND ENFORCING SUCH

EASEMENTS ARE EXPENSED ANNUALLY.

PART V, LINE 4:

THE ENDOWMENT ASSETS ARE USED BY THE SOCIETY TO PROVIDE INCOME FOR THE

MAINTENANCE AND PROGRAMATIC ACTIVITIES OF THE SOCIETY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

PART XI, LINE 4B AND PART XII, LINE 2D

RENTAL INCOME IS SHOWN NET OF RENTAL EXPENSES TOTALING \$142,105 ON THE

990. SUCH RENTAL EXPENSES ARE SHOWN AS PART OF PROGRAM EXPENSES ON THE

AUDITED FINANCIAL STATEMENTS.

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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



Employer identification number 25–1324559

AUDUBON SOCIETY OF WESTERN PA

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROJECTS, AND PLACES.

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

THE GOVERNING BODY IS EMAILED A DRAFT COPY OF THE IRS FORM 990 AND GIVEN AN

OPPORTUNITY TO COMMENT. ONCE REVIEWED, THEN THE 990 IS ABLE TO BE FILED.

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

EACH YEAR AT THE FIRST MEETING OF THE BOARD FOLLOWING THE INTRODUCTION OF A

NEW CLASS OF DIRECTORS, THE SECRETARY OF THE BOARD WILL ENSURE THAT ALL

MEMBERS OF THE BOARD COMPLETE THE CONFLICT OF INTEREST DECLARATION.

AT THE START OF EACH CALENDAR YEAR (OR AT THE TIME OF HIRING NEW

EMPLOYEES), ALL EMPLOYEES WILL REVIEW AND UPDATE THEIR CONFLICT OF INTEREST

STATEMENTS WITH THE EXECUTIVE DIRECTOR, WHO WILL FORWARD THEM ON TO THE

EXECUTIVE COMMITTEE AND SECRETARY OF THE BOARD.

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

HOURLY AND SALARY LEVELS (INCLUDING THAT OF THE EXECUTIVE DIRECTOR) ARE

ESTABLISHED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND

APPROVED BY THE FULL BOARD. ADJUSTMENTS TO THESE LEVELS ARE MADE BY THE

COMMITTEE AND THE BOARD WHEN DEEMED BY THEM TO BE APPROPRIATE.

DOCUMENTATION IS MAINTAINED TO SUBSTANTIATE ALL COMPENSATION AMOUNTS PAID.

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

UPON REQUEST AT THE AUDUBON SOCIETY OFFICES, DURING NORMAL BUSINESS HOURS.

Schedule O (Form 990) 2022		Page 2
Name of the organization AUDUBON SOCIETY OF WESTERN PA		Employer identification number 25-1324559
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	-7,206.	
FORM 990. PART XII, LINE 2C		
PROCESS HAS NOT CHANGED.		

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate applicatio	n for each return

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

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

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

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

Type or print	r Name of exempt organization or other filer, see instru	Taxpayer	ridentification	number (TIN)			
•	AUDUBON SOCIETY OF WESTERN PA				25-1324	559	
File by the due date f filing your	or Number, street, and room or suite no. If a P.O. box, see instructions. 614 DORSEYVILLE RD						
return. See instructior		oreign add	ress, see instructions.				
Enter th	ne Return Code for the return that this application is for (fil	e a separat	te application for each return)			0 1	
Applica	ation	Return	Application			Return	
ls For		Code	Is For				
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation)	07					
 If the If thi box 1 the the<	phone No. ► 412-963-6100 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the org calendar year or X tax year beginning _JUL 1, 2022 the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta MAY 1 anization's , an	mption Number (GEN) I ch a list with the names and TINs of 5, 2024 , to file return for: d endingJUN 30, 2023	f this is fo all membe	r the whole gr ers the extens npt organizatic	ion is for.	
<u>a</u>	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	-		3a	\$	0.	
е	stimated tax payments made. Include any prior year overp	payment all	owed as a credit.	3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa	•				-	
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-1	E for payment	

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

Form 8868 (Rev. 1-2022)

9/12/23, 3:07 PM	https://efile.prosystemfx.con	/
Product: Exempt Extension Name: Audubon Society of Western PA	Category:	IRS Center: Ogden e-Postmark: 9/12/2023 1:25 PM
FEIN: ***** 4559 Bank Info:	Plan Number:	Notification:
Fiscal Year Begin Date: 7/1/2022 IRS Message:	Fiscal Year End Date: 6/30/2023	eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
09/12/2023	22X:536:V1	Upload Started			Clever,Kathy	
09/12/2023	22X:536:V1	Released for Transmission - Validation in Progress			Clever,Kathy	
09/12/2023	22X:536:V1	Ready to transmit - Validation Complete				
09/12/2023	22X:536:V1	Transmitted to FD	25570920232550342e05			
09/12/2023	22X:536:V1	Accepted by FD on 9/12/2023				

ID Status Date

Status

State/Other

State Category

FBAR F

FBAR BSA ID