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CLIENT'S COPY

HATFIELD CPA, LLC 4570 N PASEO BOCOANCOS TUCSON, AZ 85750 216-571-6707

NOVEMBER 7, 2022

TUCSON AUDUBON SOCIETY 300 E UNIVERSITY BLVD 120 TUCSON, AZ 85705

TUCSON AUDUBON SOCIETY:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

HATFIELD CPA, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	
	TUCSON AUDUBON SOCIETY 300 E UNIVERSITY BLVD 120 TUCSON, AZ 85705
Prepared by	HATFIELD CPA LLC 4570 N PASEO BOCOANCOS TUCSON, AZ 85750
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity	F	OMB No. 1545-0047
	For calendar year 20	121, or fiscal year beginning, 2021, and ending	. 20	0004
	Tor calcindar year 20	Do not send to the IRS. Keep for your records.		2021
Department of the Treasury Internal Revenue Service		 Go to www.irs.gov/Form8879TE for the latest information. 		
Name of filer	·		EIN or SSN	
TUCSON	AUDUBON	SOCIETY	86-605	3779
Name and title of officer or pe	rson subject to tax	MICHAEL MCDONALD	•	
		EXECUTIVE DIRECTOR		
Part I Type of	Return and Re	eturn Information		
Form 5330 filers may ente or 10a below, and the amo whichever is applicable, bi than one line in Part I.	r dollars and cents ount on that line fo lank (do not enter	are using this Form 8879-TE and enter the applicable amount, if any, s. For all other forms, enter whole dollars only. If you check the box or the return being filed with this form was blank, then leave line 1b , <i>i</i> -0-). But, if you entered -0- on the return, then enter -0- on the applic	on line 1a, 2a, 3a 2b, 3b, 4b, 5b, 6l able line below. D	, 4a, 5a, 6a, 7a, 8a, 9a b, 7b, 8b, 9b, or 10b, oo not complete more
1a Form 990 check h		b Total revenue, if any (Form 990, Part VIII, column (A), line 12)) 1 I	b <u>3,148,032</u> .
2a Form 990-EZ che		b Total revenue, if any (Form 990-EZ, line 9)		b
3a Form 1120-POL	check here 🕨 🛄	b Total tax (Form 1120-POL, line 22)		b
4a Form 990-PF che	ck here 🕨 🔄	b Tax based on investment income (Form 990-PF, Part V, line		b
5a Form 8868 check	here ►	b Balance due (Form 8868, line 3c)		b
6a Form 990-T chec	k here 🕨 🛄	b Total tax (Form 990-T, Part III, line 4)	6	b
7a Form 4720 check	here ►	b Total tax (Form 4720, Part III, line 1)		b
8a Form 5227 check	here ►	b FMV of assets at end of tax year (Form 5227, Item D)		b
9a Form 5330 check	here ►	b Tax due (Form 5330, Part II, line 19)		b
10a Form 8038-CP ch		b Amount of credit payment requested (Form 8038-CP, Part I	III, line 22) 1	0b
		ature Authorization of Officer or Person Subject to		
acknowledgement of rece of any refund. If applicable entry to the financial institu- financial institution to debi later than 2 business days payment of taxes to receiv personal identification nur PIN: check one box only I authorize HA as my signature with a state age on the return's co As an officer or return. If I have i IRS Fed/State p	ipt or reason for re a, I authorize the L ution account indi it the entry to this prior to the paym confidential info nber (PIN) as my s TFIELD CP on the tax year 20 ncy(ies) regulating disclosure consent person subject to indicated within the rogram, I will ente	ERO firm name D21 electronically filed return. If I have indicated within this return the g charities as part of the IRS Fed/State program, I also authorize the	ng the return or re onic funds withdra es owed on this r nancial Agent at 1 ved in the proces of the payment. I h electronic funds w to enter my PIN at a copy of the r aforementioned the tax year 202 ies) regulating ch	efund, and (c) the date awal (direct debit) eturn, and the -888-353-4537 no sing of the electronic ave selected a <i>v</i> ithdrawal. 83779 Enter five numbers, but do not enter all zeros eturn is being filed ERO to enter my PIN 1 electronically filed arities as part of the
Signature of officer or person subjection Part III Certifica	tion and Auth	pentication	Date 🕨	•
ERO's EFIN/PIN. Enter yo				
number (EFIN) followed by	-			
-		PIN, which is my signature on the 2021 electronically filed return ind e requirements of Pub. 4163, Modernized e-File (MeF) Information fo		
ERO's signature 🕨 HAT	FIELD CPA	LLC Date 12	1/07/22	
	_	ERO Must Retain This Form - See Instructions		
		Submit This Form to the IRS Unless Requested To I		
LHA For Privacy act and	Paperwork Red	uction Act Notice, see instructions.	F	Form 8879-TE (2021)
102521 01-11-22				

Department of the Treasury Internal Revenue Service

For the 2021 colonder year

or toy yoor beginning

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

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

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

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АГ	-or the	and	renaing			
B c	Check if applicable	e: C Name of organization D Employer identification number				
	Addres					
	Name chang	Doing business as		86-60537	79	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return/	300 E UNIVERSITY BLVD	120	52062905		
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,407,376.		
	Ameno	10CSON, AZ 85705	H(a) Is this a group re			
	Applic tion pendir	F Name and address of principal officer: FIAN I WALKEN		for subordinates		
	•	SAME AS C ABOVE		H(b) Are all subordinates in		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions	
-		e: WWW.TUCSONAUDUBON.ORG		H(c) Group exemption	ŗ	
_		organization: X Corporation Trust Association Other	L Year	of formation: 1949	State of legal domicile: AZ	
Pa	art I	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: WE I	NSPIRE	PEOPLE TO	ENJOY AND	
anc		PROTECT BIRDS THROUGH RECREATION, EDUCAT			-	
Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of more	1 1		
200				12		
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)		12		
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a) \ldots			66	
ivit		Total number of volunteers (estimate if necessary)			204	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
				Prior Year	Current Year	
ne		Contributions and grants (Part VIII, line 1h)		1,390,539.	1,506,153.	
Revenue		Program service revenue (Part VIII, line 2g)		1,370,115.	1,497,989.	
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,219. 81,978.	<u>44,337.</u> 99,553.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,864,851.	3,148,032.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,004,051.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		1,760,380.	1,979,420.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	1,700,500.	<u> </u>	
Den		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 275 , 0	66	• •	0.	
Ă		5		565,855.	753,989.	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,326,235.	2,733,409.	
				538,616.	414,623.	
Dr 9S		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		5,487,965.	6,162,054.	
Ass Bal	20		······	458,013.	901,415.	
Net	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		5,029,952.	5,260,639.	
_		Signatura Plack		5,015,554.	2,200,000	

Part II | Signature Block

т

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

Sign Here	Signature of officer MICHAEL MCDONALD, EXEC Type or print name and title	UTIVE DIRECTOR		Date		
	Print/Type preparer's name CYNTHIA M. VERDUIN				PTIN P00386475	
Preparer	Firm's name 🕨 HATFIELD CPA LLC			Firm's EIN ▶ 26	-0321226	
Use Only	Firm's address 4570 N PASEO BOCOANCOS					
	TUCSON, AZ 85750 Phone no.216-571-6707					
May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)						
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION					

orm	990 (2021) TUCSON AUDUBON SOCIETY	86-6053779	Page
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:		
	INSPIRE PEOPLE TO ENJOY AND PROTECT BIRDS THROUGH		
	RECREATION, EDUCATION, CONSERVATION, AND RESTORATION OF T ENVIRONMENT, UPON WHICH WE ALL DEPEND.	CHE	
	ENVIRONMENT, OPON WHICH WE ALL DEPEND.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	XN
	If "Yes," describe these changes on Schedule O.		
1	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others, the total expenses,	and
	revenue, if any, for each program service reported.		
4a		evenue \$ 1,005,	759.
	AVIAN CONSERVATION: INCLUDING COMMUNITY SCIENCE AND PU	JBLIC POLICY	
	ADVOCACY		
	PRIMARY ACCOMPLISHMENTS IN 2021 INCLUDE:		
	A DECADE+ MONITORING OF SUCH SPECIES AS ELEGANT TROGON		
	YELLOW-BILLED CUCKOOS, AND CHESTNUT-COLLARED LONGSPURS		
	IMPORTANT BIRD AREAS ACROSS SOUTHERN ARIZONA'S 5 DIVER		UR
	BIRD MONITORING AND SURVEY WORK INCLUDES THE USE OF SU SOUND RECORDER ACOUSTICS, LIVE STREAM, MOTION ACTIVATE		
	MOTUS NETWORK ANTENNAS.	D CAMERAS, AN	U.
	A DECADE+ OF AVIAN COMMUNITY SCIENCE CONSERVATION EFFC		
	THOUSANDS OF NESTBOXES FOR SUCH VULNERABLE SPECIES AS		RS
	AS WELL AS AVIAN COMMUNITY SCIENCE RESEARCH WITH SUCH		
b		evenue \$ 538,	
	NATIVE HABITAT & ECOSYSTEM RESTORATION		
	PRIMARY ACCOMPLISHMENTS IN 2021 INCLUDE:		
	INTENSIVE INVASIVE PLANT SPECIES MITIGATION, FIRE MANA	AGEMENT CONTRO)L,
	AND NATIVE HABITAT RESTORATION CARE FOR 1,000+ ACRES C		
	(BOTH IN RURAL AREAS, AND AT THE WILDLAND/URBAN INTERF		
	RESTORATION AT THE ORGANIZATION'S OWN PROPERITIES IN G		TANT
	BIRD AREAS LIKE THE RIPARIAN HABITAT AT THE PATON CENT		
	HUMMINGBIRDS ALONG SONOITA CREEK (A TRIBUTARY OF THE S		
	SCALING OF RESTORATION AND FIRE MANAGEMENT EFFORTS IN		
	THROUGH THE ORGANIZATION'S 'HABITAT AT HOME' PROGRAM W		lS
	AND HOMEOWNER ASSOCIATIONS, AS WELL AS UPON FLOOD CONT		
		LAUNCH OF THE	
c	(Code:) (Expenses \$ 253,292. including grants of \$) (Re PATON CENTER FOR HUMMINGBIRDS	evenue \$	
	WITH 180 BIRD SPECIES TYPICALLY RECORDED EACH YEAR, TH		קי
	WELCOMES THOUSANDS OF WILDLIFE WATCHERS FROM ALL 50 ST		
	THE WORLD. DURING 2021, AN ADDITIONAL 5 ACRES WAS PUR		
	TO THE CENTER, BRINGING THE TOTAL CONSERVATION LANDS O		
	BY TUCSON AUDUBON WITHIN THE SONOITA CREEK WATERSHED T		
	13 ACRES. THE ORGANIZATION CONTINUES TO REMOVE INVASI		
	RESTORE NATIVE VEGETATION ON ALL ITS ACREAGE AT THE CE		
	PUTTING A PAUSE ON ITS FACILITY RESTORATION AND CONSTR		ON
	THE PROPERTY DURING THE PANDEMIC-RELATED LABOR AND SUF	PLY-CHAIN	
	ECONOMIC IMPACTS, THE ORGANIZATION HAS NOW RESUMED ITS	S WORK WITH A	
	LOCAL DESIGN-BUILD FIRM TO COMPLETE THE DEVELOPMENT OF	F ITS PLANS TO)
łd	Other program services (Describe on Schedule O.)		
	(Expenses \$ 344,777 • including grants of \$) (Revenue \$	93,717. ₎	
le	Total program service expenses 2,172,101.		
			990 (202
200	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION	N(S)	
~ ~			
31	107 152064 TAS3779 2021.05000 TUCSON AUDUBON SOC	LETY TAS	3779

 Form 990 (2021)
 TUCSON
 AUDUBON
 SOCIETY

 Part IV
 Checklist of Required Schedules
 Formation of the second second

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
U	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	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	118	23	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 11
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
13200:			990	(2021)
			-	、 · - · /

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2021.05000 TUCSON AUDUBON SOCIETY

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Form	990	(2021)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	500		
-	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		<u>-</u> -	
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable 13		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
13200	(gambing) withings to prize withers:		990	(2021)
.0200	4			(()

2021.05000 TUCSON AUDUBON SOCIETY

TAS37791

Form 990	(2021)
Part V	Sta

TUCSON AUDUBON SOCIETY Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		66			
	filed for the calendar year ending with or within the year covered by this return	2a			v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	IS				
				3a		Σ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			Ι,
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		2
	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		2
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		4
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	-				
	any contributions that were not tax deductible as charitable contributions?			6a		2
	If "Yes," did the organization include with every solicitation an express statement that such contribu		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					_
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		2
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	/as req	uired			
	to file Form 8282?			7c		2
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	xt?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
;	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		2
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		-
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun			145		
	excess parachute payment(s) during the year?			15		2
				15		-
	If "Yes," see the instructions and file Form 4720, Schedule N.					2
	le the organization on advantional institution subject to the section 4069 evolution tay or not investore	at in ac	mo')	16		ı 4
6	Is the organization an educational institution subject to the section 4968 excise tax on net investments form 4700. School is 0	nt inco	me?	16		
6	If "Yes," complete Form 4720, Schedule O.		me?	16		
6 7	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage ir	n any				
6 7	If "Yes," complete Form 4720, Schedule O.	n any		16 17		

Form 990	(2021)
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TUCSON AUDUBON SOCIETY

X

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

Sec	tion A. Governing Body and Management						-
		Ι.	I.	1	<u>ວ</u>	Yes	
1 a	Enter the number of voting members of the governing body at the end of the tax year	1	a	1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent		b	1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip w	ith a	ny other			L
	officer, director, trustee, or key employee?				2		1
3	Did the organization delegate control over management duties customarily performed by or under t	he d	irect	supervision			l
	of officers, directors, trustees, or key employees to a management company or other person?				3		ļ
4	Did the organization make any significant changes to its governing documents since the prior Form	990	was	filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets	s? .		5		
6	Did the organization have members or stockholders?				6	X	Ι
7a	Did the organization have members, stockholders, or other persons who had the power to elect or						T
	more members of the governing body?				7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						t
-	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y						t
	The governing body?	-		-	80	x	l
						X	╉
b	Each committee with authority to act on behalf of the governing body?				8b		╀
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						I
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		1
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Reve	nue	Code.)			Т
						Yes	4
	Did the organization have local chapters, branches, or affiliates?				10a		ļ
b	If "Yes," did the organization have written policies and procedures governing the activities of such						I
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		ļ
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy b	efore	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	I
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	Х	T
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						t
	on Schedule O how this was done				12c	X	I
3	Did the organization have a written whistleblower policy?					X	t
4	Did the organization have a written document retention and destruction policy?					X	t
5	Did the process for determining compensation of the following persons include a review and appro				17		t
5				iependent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					x	ł
	The organization's CEO, Executive Director, or top management official						╀
b	Other officers or key employees of the organization		•••••		15b	X	ł
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						1
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	emer	nt wi	th a			l
	taxable entity during the year?				16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate it	ts pa	articipation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	aniza	tion	's			
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed ► NONE						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990,	and	990-	T (section 501(c)(3)s only) avai	la
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website X Another's website X Upon request Other (explai	in on	Sch	edule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	confl	ict o	f interest policy, a	and fina	ncial	
	statements available to the public during the tax year.			,			
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks	and	l records 🕨			
~	TUCSON AUDUBON SOCIETY - 520-629-0510						
	300 E UNIVERSITY BLVD. STE 120, TUCSON, AZ 85705						
2200	5 12-09-21				Form	1 990	1
2000	6 12-09-21 6				1 UIII	. 550	(
31	107 152064 TAS3779 2021.05000 TUCSON AUDUBON	I C	ററ	Τ₽Ͳϒ	ጥል	537	7
-	\mathbf{T}_{0} , \mathbf{T}	, D	\mathcal{I}			J J I	4

Part VII	Compensation of Officers,	Directors, Trustees	s, Key Employees	, Highest	Compensated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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

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

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

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

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average hours per week	box offic	not c , unle	ss pe	more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARY WALKER	20.00								0	0
PRESIDENT	1 00	X		X				0.	0.	0.
(2) ANDRES ANCHONDO	1.00									
DIRECTOR		X		X				0.	0.	0.
(3) RICHARD CARLSON	5.00							•	•	_
DIRECTOR	1 0 0	X		X				0.	0.	0.
(4) MICHAEL BOGAN	1.00									
DIRECTOR	10.00	X						0.	0.	0.
(5) CYNTHIA VERDUIN	10.00									•
TREASURER		х						0.	0.	0.
(6) TRICIA GERRODETTE	5.00									•
DIRECTOR		х		X				0.	0.	0.
(7) LAURENS HALSEY	2.00									•
DIRECTOR		X						0.	0.	0.
(8) LINDA MCNULTY	7.00									•
DIRECTOR		X						0.	0.	0.
(9) CYNTHIA PRUETT	6.00									
DIRECTOR		X						0.	0.	0.
(10) COLLEEN CACY	2.00									
SECRETARY		x						0.	0.	0.
(11) KEITH KAMPER	5.00									
VICE PRESIDENT		x						0.	0.	0.
(12) ROBERT HERNBRODE	2.00									
DIRECTOR		x						0.	0.	0.
	_	-								
132007 12-00-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

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Par	t VII Section A. Officers, Directors, Trus		ploy	vees	-		ghe	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pei	ition ^{more} rson i	than is bot pr/trus	h an	(D) Reportable compensation from	compensatio	(E) (F Reportable Estim compensation amou from related oth			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om the anizati d relate anizatio	e ion ed
					0	×	±θ							
46	Cuktotol								0.		0.			0.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		·····	· · · · · · · ·				0.0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed at	SOVe	e) wł	no re	eceived more than \$100),000 of reportab	,e		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If "Yes,</i> accrue comper	" <i>co</i> nsat	<i>mple</i> ion f	ete S rom	Sche any	edule v unr	e <i>J f</i> elat	for such individual	idual for services		4		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch j	pers	son .					5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-									ipens	ation 1	rom	
	(A) (B) Name and business address NONE Description of services										С	(C ompe	;) nsatio	n
								_						
2	Total number of independent contractors (i	•	ot li	mite	d to		se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz						<u> </u>					Form	990 (2021)

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Form **990** (2021)

			Check if Schedule O	conta	ains a respo	nse	or note to any lin	e in this Part VIII			
				come		1130	or note to any m	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 51
s s			E devete de encorreitore e		4-1						000000000000
ant			•• • • • •				110 210				
ũg			Membership dues				118,340.				
Łs,			Fundraising events				117,796.				
ilar İlar			Related organizations								
ins,		е	Government grants (contr	ributi	ions) 1e						
rio Silio		f	All other contributions, gifts,	grant	ts, and						
ibu			similar amounts not included	l abov	/e 1f	1,	270,017.				
d dt		g	Noncash contributions included in	n lines	1a-1f 1g	6					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					1,506,153.			
							Business Code				
e	2	а	GOVERNMENT FU	JND	S FOR	Р	510700	911,234.	911,234.		
vic	_		RESTORATION			_	541900	425,038.			
Program Service Revenue		c	PROGRAM FEES				900099	81,293.			
E Š		-	LAND MANAGEME	יידאי			110000	47,252.			
Bra		d	PROGRAM SPONS				900099	18,372.			
ro		е									
"			All other program service				531700	14,800.	14,800.		
		g	Total. Add lines 2a-2f					1,497,989.			
	3		Investment income (inclue	-							
			other similar amounts)				►	18,788.			18,788
	4		Income from investment of	of tax	k-exempt bo	ond p	proceeds 🕨 🕨				
	5		Royalties								
					(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss								
			Gross amount from sales of	″ <u> </u>	(i) Securit	ies	(ii) Other				
	'	u	assets other than inventory	7a	36,54		(
		L.	-	10	50,54	1.5.					
e		D	Less: cost or other basis		10,99	26					
Other Revenue			and sales expenses	7b 7c		10					
eve			Gain or (loss)								
r B			Net gain or (loss)			· · · · · · · ·	▶	25,549.	25,549.		
the	8	а	Gross income from fundraisi								
Ò			including \$ 117	1,1	96. of						
			contributions reported on	ı line	1c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b	14,497.				
			Net income or (loss) from			nts		-14,497.			-14,497
			Gross income from gamin		-						
			Part IV, line 19	-		9a					
		þ	Less: direct expenses			9b					
			Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·				
			Gross sales of inventory,	-	-	Ĩ					
	10	ч	and allowances			10-	347,901.				
		h	Less: cost of goods sold				233,851.				
							-	114,050.	114,050.		
		С	Net income or (loss) from	sales	s or invento	ry		,0J0.	,050.		
sn							Business Code				
leo leo	11	а									
en		b					ļ				
Sel Sel		с					ļ				
Miscellaneous Revenue		d	All other revenue								
		е	Total. Add lines 11a-11d			<u></u> .					
	12		Total revenue. See instruction	ons				3,148,032.	1,637,588.	0.	4,291
13200	0 12	00	21								Form 990 (202

17131107 152064 TAS3779 2021.05000 TUCSON AUDUBON SOCIETY TAS37791

Form 990 (2021)

TUCSON AUDUBON SOCIETY Part VIII Statement of Revenue

Check if Schedule O contains

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TUCSON AUDUBON SOCIETY

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D.	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
2					
3	Grants and other assistance to foreign				
3	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,				
5	trustees, and key employees	49,543.	19,183.	13,918.	16,442
6	Compensation not included above to disqualified	15,5150	13,103.	10,0100	10,112
0	persons (as defined under section 4958(f)(1)) and				
	normana described in section $40EQ(a)(D)(D)$				
7		1,547,004.	1,337,650.	105,674.	103,680
7 8	Other salaries and wages Pension plan accruals and contributions (include	<u> </u>	1,337,0300	105,0740	100,000
0	section 401(k) and 403(b) employer contributions)	20,808.	17,575.	2,098.	1 1 3 5
~		225,760.	168,511.	41,112.	1,135 16,137
9	Other employee benefits	136,305.	116,499.	9,752.	10,054
0	Payroll taxes	130,303.	110,400.	5,152.	10,034
1	Fees for services (nonemployees):	122,719.	32,601.	34,795.	55,323
	Management	1,830.	1,748.	82.	55,525
		8,080.	1,740.	8,080.	
	Accounting	0,000.		0,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	8,872.	6,013.	2,859.	
f	Investment management fees	0,012.	0,013.	2,059.	
g	Other. (If line 11g amount exceeds 10% of line 25,	162 014	142 601	F 140	11 161
	column (A), amount, list line 11g expenses on Sch 0.)	162,914.	143,601.	5,149.	14,164
2	Advertising and promotion	1,944.	1,944.	0 110	1 0 0 4
3	Office expenses	17,021.	7,578.	8,419.	1,024
4	Information technology				
5	Royalties	01 000	E0 214	20 221	2 205
6	Occupancy	81,920.	58,314.	20,221.	3,385
7	Travel	38,753.	37,331.	1,411.	11
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	20.040	04 405		14 44 5
2	Depreciation, depletion, and amortization	39,048.	24,185.	3,444.	11,419
3	Insurance	36,485.	29,012.	4,053.	3,420
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	MATERIALS AND SUPPLIES	102,944.	87,722.	14,577.	645
b	PRINTING AND PUBLICATIO	26,697.	20,077.	20.	6,600
с	BANK AND MERCHANT FEES	22,467.	9,989.	969.	11,509
d	TELEPHONE	22,048.	16,115.	2,208.	3,725
е	All other expenses	60,247.	36,453.	7,401.	16,393
5	Total functional expenses. Add lines 1 through 24e	2,733,409.	2,172,101.	286,242.	275,066
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

132010 12-09-21

Check here

17131107 152064 TAS3779

if following SOP 98-2 (ASC 958-720)

10 2021.05000 TUCSON AUDUBON SOCIETY Form **990** (2021)

17131107 152064 TAS3779

Form 990 (2021) Part X Balance Sheet

TUCSON AUDUBON SOCIETY

		Check if Schedule O contains a response or not	te to an	v line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,992,914.	1	1,696,150.
	2	Savings and temporary cash investments			839,698.	2	1,257,481.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			251,540.	4	246,777.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			122,926.	8	125,209.
Ä	9	B		22,981.	9	44,655.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,958,063. 299,313.			
	b	Less: accumulated depreciation	1,335,579.	10c	1,658,750.		
	11	Investments - publicly traded securities	858,768.	11	916,715.		
	12	Investments - other securities. See Part IV, line -		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		63,559.	15	216,317.	
	16	Total assets. Add lines 1 through 15 (must equ			5,487,965.	16	6,162,054.
	17	Accounts payable and accrued expenses		52,354.	17	56,491.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
iabi		controlled entity or family member of any of the	se perso	ons		22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables ⁻	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D			405,659.	25	844,924.
	26				458,013.	26	901,415.
s		Organizations that follow FASB ASC 958, che	ck her				
JCe		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			1,744,192.	27	2,384,009. 2,876,630.
Ä	28	Net assets with donor restrictions		L	3,285,760.	28	2,876,630.
ŭ		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗌			
г Т		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
μ	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			5,029,952.	32	5,260,639.
	33	Total liabilities and net assets/fund balances			5,487,965.	33	6,162,054.

Form 990 (2021)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX, column (A), line 12) 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 2 3 4114, f623. 4 14, f623. 4 14, f623. 4 14, f623. 5 27, 142. 6 6 7 7 1 0.0 attod exprices and use of facilities 7 7 8 Prior period adjustments 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X) line 32, column (B) Column (B) 1 S. 260, 639. Cart XII Financial Statements and Reporting 1 Check if Schedule O contains a response or note to any line in this Part XII 1 1 Accounting method used to		990 (2021) TUCSON AUDUBON SOCIETY	86-60	<u>53779</u>	Page 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3, 148, 032. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 7, 733, 409. 3 Revenue less expenses. Subtract line 2 from line 1 3 414, 623. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 2 2, 7, 733, 409. 5 Net unrealized gains (losses) on investments 6 - - - 6 7 investment expenses 7 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -	Pa	t XI Reconciliation of Net Assets			
2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 733, 409. 3 Revenue less expenses. Subtract line 2 from line 1 3 414, 623. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 029, 952. 5 Net unrealized gains (losses) on investments 5 27, 142. 6 0 6 7 1 1 0 8 Prior period adjustments 6 7 9 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 5, 260, 639. Peirt XII Financial Statements and Reporting 10 5, 260, 639. Column (B) Check if Schedule 0 contains a response or note to any line in this Part XII 10 5, 260, 639. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, explain on Schedule 0. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 1 Accounting method used to prepare the form 990: Cash Accrual		Check if Schedule O contains a response or note to any line in this Part XI			
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6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 -211,078. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 5,260,639. PartXIII Financial Statements and Reporting 10 5,260,639. Check if Schedule O contains a response or note to any line in this Part XII 10 5,260,639. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization s financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicat	4		· ·		
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements and selection of an independent accountant? 2c 2c 2c If "Yes," to line 2a or 2b, does the organization have a committee th	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
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	b				
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2021)

132012 12-09-21

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Department of the Treasury Internal Revenue Service

(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.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Nam	e of	the organization		~~~~~					identification number
D -			ON AUDUBON						6-6053779
Pa		Reason for Public (· · · ·			ee instructior	IS.	
	orgar	nization is not a private found							
1		A church, convention of ch				n 170(b)(1	l)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (Co							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:							
10		An organization that norma							
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	-	•	•				
12		An organization organized a	•	•	•		-	•	• •
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section \$	509(a)(3). (Check the box on
	_	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
	_	its supported organization	n(s) (see instructions	b). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally						-	
		that is not functionally int	•	c			•	d an attent	iveness
	_	requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated support	ing organiz	zation.			
		er the number of supported o	•						
g		vide the following informatior (i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monotony	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	nization listed ng document?	support (see in		support (see instructions)
				above (see instructions))	res	No			
Tota	1								

Schedule A (Form 990) 2021

TUCSON AUDUBON SOCIETY

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1,705,818.	1,304,236.	1,548,176.	2,061,843.	1,506,153.	8,126,226.	
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							
4	Total. Add lines 1 through 3	1,705,818.	1,304,236.	1,548,176.	2,061,843.	1,506,153.	8,126,226.	
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)							
6	Public support. Subtract line 5 from line 4.						8,126,226.	
_	ction B. Total Support						, ,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	1,705,818.	1,304,236.	1,548,176.	2,061,843.	1,506,153.	8,126,226.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	5,661.	3,121.	6,522.	14,080.	18,788.	48,172.	
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.)							
11	Total support. Add lines 7 through 10						8,174,398.	
	Gross receipts from related activities.	etc. (see instruction	ons)			12 3	,756,715.	
	First 5 years. If the Form 990 is for th		,	ourth or fifth tax y			, , .	
	organization, check this box and sto							
Sec	ction C. Computation of Publ						······ •	
	Public support percentage for 2021 (-	column (f))		14	99.41 %	
	Public support percentage from 2020					15	99.43 %	
	33 1/3% support test - 2021. If the o					nore, check this bo	x and	
	stop here. The organization qualifies	•				•		
b	33 1/3% support test - 2020. If the o							
	and stop here. The organization qua	-						
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact							
	meets the facts-and-circumstances to			-				
b	10% -facts-and-circumstances tes	-		• • • •				
		-					-	
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization						s	
			, . •••	. , ,			(Form 990) 2021	

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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					1	
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_		
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for th	e organization's f	irst, second. third.	fourth, or fifth tax	vyear as a section	501(c)(3) organiz	ation,
	0	, , ,	,		()()	
Section C. Computation of Publ						
15 Public support percentage for 2021 (I	ine 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves					• •	
17 Investment income percentage for 20)	17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2020. If the						, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
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TUCSON AUDUBON SOCIETY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 ElN 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.)

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Schedule A (Form 990) 2021 TUCSON AUDUBON SOCIETY

Part IV Supporting Organizations (continued)

2

No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> 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	1 1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	I ype I	I Supporting	Organizations	

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

 Section D. All Type III Supporting Organizations
 1

			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 yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b 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 Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

За

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TUCSON AUDUBON SOCIETY Schedule A (Form 990) 2021 TUCSON AUDUBON SOCIETY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a c			Part VI). See instructio
All other Type III non-functionally integrated supporting organization	. , .		-
Section A - Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amou	unt.		
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		
Section 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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-fur		d Type III supporting or	anization (soo

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

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
-	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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	Form 990) 2021		AUDUBON			86-60)53779 _{Pag}
	Supplemental In Part IV, Section A, lin- line 1; Part IV, Section Section D, lines 5, 6, (See instructions.)	es 1, 2, 3b, 3c, 4b, 4 n D, lines 2 and 3; P	4c, 5a, 6, 9a, 9b art IV, Section E	, 9c, 11a, 11b, and , lines 1c, 2a, 2b, 3	11c; Part IV, Section a, and 3b; Part V, line	B, lines 1 and 2; Pa 1; Part V, Section E	rt IV, Section C, 3, line 1e; Part V,
28 01-04-22	2					Schedul	e A (Form 990) :
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Employer identification number

86-	60	53	779	
80-	60	23	119	

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Organization type (check 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

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

X 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.

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

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

Schedule B (Form 990) (2021)

Name of organization

TUCSON AUDUBON SOCIETY

86-6053779

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	MARCIA GRAND 405 DAVIS COURT SUITE 2504 SAN FRANCISCO, CA 94111	\$790,095.	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	PAUL AND CAROL LAMBERGER 320 BRYDON ROAD DAYTON, OH 45419	\$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
3	GEORGE AND MARTY KAMP 2349 WEST CALLE GUATAMOTE GREEN VALLEY, AZ 85622	\$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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	1-21	22	Schedule B (Form 990) (2021)

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

Page 3

Employer identification number

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TUCSON AUDUBON SOCIETY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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2021.05000 TUCSON AUDUBON SOCIETY

	orm 990) (2021)			Page
Name of organ	nization			Employer identification number
	AUDUBON SOCIETY			86-6053779
fr	xclusively religious, charitable, etc., contribution of a contributor of a contributor. Complete columns (a)	through (e) and the following line entr	 For organizations 	
cc	ompleting Part III, enter the total of exclusively religious, cl Jse duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.)	► \$
(a) No.	· · ·	•		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
_				
			— ———	
		(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of trans	sferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held
Part I				
		(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of trans	sferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held
_				
		(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
		(e) Transfer of gift	1	
	_			
	Transferee's name, address, an	d ZIP + 4	Relationship of trans	sferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

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24 2021.05000 TUCSON AUDUBON SOCIETY

TAS37791

SCHEDULE D

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 **Open to Public** Inspection

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

TUCSON AUDUBON SOCIETY Int I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acceleration answered "Yes" on Form 990, Part IV, line 6. Int I (a) Donor advised funds (b) F Total number at end of year (b) F	mployer identification numbe 86-6053779
organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) F	
(a) Donor advised funds (b) F	ourns. Complete if the
Total number at end of year	unds and other accounts
Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	I
impermissible private benefit?	Yes No
rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line	e 7.
Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historica	ally important land area
X Protection of natural habitat	• •
X Preservation of open space	
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation easement on the last
day of the tax year.	Held at the End of the Tax Yea
Total number of conservation easements	2
Total acreage restricted by conservation easements 21	200 00
Number of conservation easements on a certified historic structure included in (a)	-
Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register	
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizat	tion during the tax
year ▶	
Number of states where property subject to conservation easement is located	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easen \$	nents during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
· · · · · · · · · · · · · · · · · · ·	X Yes No
and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemen	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that o	describes the
organization's accounting for conservation easements.	nilar Assots
rt III Organizations Maintaining Collections of Art Historical Treasures or Other Sin	iniai Assets.
rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin	
III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance	
III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	of public
It III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance should be added as the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance should be added as the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance should be added as the organization elected.	of public neet works of
III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	of public neet works of
It III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance should be added as the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance should be added as the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance should be added as the organization elected.	of public neet works of
It III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance shart, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance statement and balance shart, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public neet works of public service,
It III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance structure, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance strans, it historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of provide the following amounts relating to these items:	of public neet works of public service,
 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sh art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 	of public neet works of public service, \$\$
 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sh art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 	of public neet works of public service, \$\$
Int III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prot the following amounts required to be reported under FASB ASC 958 relating to these items: 	of public neet works of public service, \$
It III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance start, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, protoute the following amounts required to be reported under FASB ASC 958 relating to these items: (iii) Revenue included on Form 990, Part VIII, line 1	of public neet works of public service, \$
Int III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prot the following amounts required to be reported under FASB ASC 958 relating to these items: 	of public neet works of public service, \$

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2021.05000 TUCSON AUDUBON SOCIETY

Sche	dule D (Form 990) 2021 TUCSON A	JDUBON SOC	CIETY			86-60	5377	9 Pa	age 2
Pa	t III Organizations Maintaining Co	llections of Ar	t, Historical Tr	easures, or Oth	ner Simi	ilar Asse	e ts (contii	nued)	
3	Using the organization's acquisition, accession	, and other record	s, check any of the	following that make	significar	t use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explair	how they further t	he organization's ex	empt pur	oose in Par	t XIII.		
5	During the year, did the organization solicit or r	eceive donations o	of art, historical trea	sures, or other simil	lar assets		_		-
	to be sold to raise funds rather than to be main		<u> </u>				Yes		No
Pai	t IV Escrow and Custodial Arrange		te if the organizatio	on answered "Yes" o	on Form 99	90, Part IV,	line 9, o	r	
<u> </u>	reported an amount on Form 990, Part 3								
1a	Is the organization an agent, trustee, custodiar						٦.,		٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fol	lowing table:			1	Amoun	+	
_	De significa halanaa				4		Amoun	L	
	Beginning balance								
	Additions during the year								
f	Distributions during the year								
' 2a	Ending balance Did the organization include an amount on Forr						Yes		No
	If "Yes," explain the arrangement in Part XIII. C								1
Pa									_
		a) Current year	(b) Prior year	(c) Two years back	_	years back	(e) Fou	r years	back
1a	Beginning of year balance	807,622.	540,837.	512,832		557,897.		194,	609.
b	Contributions		231,242.					360,	225.
с	Net investment earnings, gains, and losses	111,162.	56,186.	48,586	•	-43,000.		5,	661.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	0.	15,839.	16,016					
f	Administrative expenses	8,792.	4,804.	4,565	•	2,065.		2,	598.
g	End of year balance	909,992.	807,622.	540,837	•	512,832.		557,	897.
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment 100.0000	%							
с	Term endowment %								
_	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possess	ion of the organiza	ition that are held a	and administered for	the orgar	lization	1	Yes	Na
	by:						0.0	X	No
	(i) Unrelated organizations						3a(i)	Δ	X
h	(ii) Related organizations	ne listod as roquir	nd on Schodulo P2				3a(ii) 3b		
4	Describe in Part XIII the intended uses of the o						. 30		
Pa	t VI Land, Buildings, and Equipme	<u> </u>	which funds.						
	Complete if the organization answered '		, Part IV, line 11a. S	See Form 990, Part 2	X, line 10.				
	Description of property	(a) Cost or ot			Accumula	ted	(d) Boo	k valu	
		basis (investm			epreciatio		(,		
1a	Land	1,197,1	L21.		-		1,19	7,1	21.
	Buildings	201,1	L35.		59,2	293.		1,8	
	Leasehold improvements				135,3			8,4	
	Equipment	0000	001.		104,7	707.		1,2	
	Other								
	Add lines 1a through 1e. (Column (d) must equ		X, column (B), line :	10c.)		🕨	1,65	8,7	50.
						Schedule	D (Forr	n 990)	2021

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	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
iotal. (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	11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES	Description e 15.) on Form 990, Part IV, line		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) DEFERRED FISCAL SPONSORSH	Description e 15.) on Form 990, Part IV, line		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) DEFERRED FISCAL SPONSORSH (4) DEFERRED REVENUE	Description e 15.) on Form 990, Part IV, line		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (a) (2) (a) (3) (a) (4) (b) (5) (c) (6) (c) (7) (a) (8) (c) (9) (c) (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) DEFERRED FISCAL SPONSORSH (4) DEFERRED REVENUE (5) ACCRUED PAYROLL	Description e 15.) on Form 990, Part IV, line		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) DEFERRED FISCAL SPONSORSH (4) DEFERRED REVENUE (5) ACCRUED PAYROLL (6)	Description e 15.) on Form 990, Part IV, line		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) DEFERRED FISCAL SPONSORSH (4) DEFERRED REVENUE (5) ACCRUED PAYROLL (6) (7)	Description e 15.) on Form 990, Part IV, line		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) DEFERRED FISCAL SPONSORSH (4) DEFERRED REVENUE (5) ACCRUED PAYROLL (6) (7) (8) (8)	Description e 15.) on Form 990, Part IV, line		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) DEFERRED FISCAL SPONSORSH (4) DEFERRED REVENUE (5) ACCRUED PAYROLL (6) (7)	Description	11e or 11f. See Form 990, Part X,	(b) Book value

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...

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 TUCSON AUDUBON SOCIETY		86-6053779 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	-	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	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:

INCURRED TO MONITOR AND MAINTAIN THE EASEMENT. EXPENSES RELATED TO MAINTAINING THE EASEMENT ARE INCLUDED IN RESTORATION PROGRAM EXPENSES. THE EASEMENT IS NOT CARRIED AS AN ASSET ON THE TAS FINANCIAL STATEMENTS. PART V, LINE 4:	THE CONSERVATION EASEMENT GENERATES NO REVENUE. THERE IS AN ESPERANZA
MAINTAINING THE EASEMENT ARE INCLUDED IN RESTORATION PROGRAM EXPENSES. THE EASEMENT IS NOT CARRIED AS AN ASSET ON THE TAS FINANCIAL STATEMENTS. PART V, LINE 4:	EASEMENT ENDOWMENT FUND AND ITS INCOME, IF ANY, IS USED TO OFFSET EXPENSES
THE EASEMENT IS NOT CARRIED AS AN ASSET ON THE TAS FINANCIAL STATEMENTS.	INCURRED TO MONITOR AND MAINTAIN THE EASEMENT. EXPENSES RELATED TO
PART V, LINE 4:	MAINTAINING THE EASEMENT ARE INCLUDED IN RESTORATION PROGRAM EXPENSES.
	THE EASEMENT IS NOT CARRIED AS AN ASSET ON THE TAS FINANCIAL STATEMENTS.
ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED FUNDS. INCOME FROM THE	PART V, LINE 4:
	ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED FUNDS. INCOME FROM THE

ESPERANZA ENDOWMENT EASEMENT PAYS FOR EXPENSES RELATED TO THE MAINTENANCE

AND MONITORING OF THE EASEMENT. INCOME FROM THE OTHER RESTRICTED FUNDS

SUPPORT THE EXPENSES RELATED TO THE SPECIFIC PURPOSE. SOME INVESTMENT

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TAS37791

6052770

Part XIII Supplemental Information (continued)

INCOME SUPPORTS TAS GENERAL OPERATIONS.

PART X, LINE 2:

NONE

Schedule D (Form 990) 2021

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SCHEDULE G (Form 990)		ntal Information Regardir	-					OMB No. 1545-0047
(10111 990)		e organization answered "Yes" o rganization entered more than \$				פו זכ	, or it the	2021
Department of the Treasury Internal Revenue Service		► Attach to Form 9 to www.irs.gov/Form990 for ins				ion.		Open to Public Inspection
Name of the organization		AUDUBON SOCIETY					Employer ide	entification number 779
	complete this part	Complete if the organization ans	wered "Y	es" o	n Form 990, Part IV,	line ⁻	17. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitation of the solic	e organization rais tions email solicitations tations blicitations on have a written c ted in Form 990, P) highest paid indiv	e Solici sed funds through any of the follow e Solici f Solici g Spec or oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) put	tation of tation of ial fundra ual (inclue profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	istoay trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				-
			_					
			_					
								-
			-					
								-
Total								
		on is registered or licensed to solic		utions	s or has been notified	d it is	s exempt from r	egistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for For	n 990 or	990-	EZ.		Schedule	e G (Form 990) 2021

TUCSON AUDUBON SOCIETY

86-6053779 Page 2

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

			(a) Event #1	(b) Event #2	(c) Other events	
					NONE	(d) Total events (add col. (a) through
			BIRDATHON			col. (c)
er			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	117,796.			117,796.
	2	Less: Contributions	117,796.			117,796.
	3	Gross income (line 1 minus line 2)				
	3					
	4	Cash prizes				
es	5	Noncash prizes				
Expens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Entertainment Other direct expenses	14,497.			14,497.
	10	Direct expense summary. Add lines 4 through			▶	14,497.
	11	Net income summary. Subtract line 10 from l				-14,497.
Pa	rt I	Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
ct E						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	′ from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a		states?		Yes No
D	IT "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
		Yes," explain:				
13208	32 10	0-21-21			Sche	dule G (Form 990) 2021

31 2021.05000 TUCSON AUDUBON SOCIETY

Sch	edule G (Form 990) 2021	TUCSON	AUDUBON	SOCIETY	86-	6053779	Page 3
11	Does the organization conduct g	aming activities	with nonmemb			Yes	No
12	Is the organization a grantor, ben	eficiary or truste	ee of a trust, or	a member of a partne	ership or other entity formed		
	to administer charitable gaming?					Yes	No No
	Indicate the percentage of gamin						
							%
						13b	%
14	Enter the name and address of the	ne person who p	prepares the org	ganization's gaming/s	special events books and records:		
	Name 🕨						
	Address 🕨						
15a	Does the organization have a cor	ntract with a thir	d party from wh	nom the organization	receives gaming revenue?	Yes	🗌 No
ŀ	If "Yes " enter the amount of dam	nina revenue rec	eived by the or	manization > \$	and the amount		
	of gaming revenue retained by th						
c	If "Yes," enter name and address						
	Name						
	Address 🕨						
16	Gaming manager information:						
10	daming manager internation.						
	Name 🕨						
	Gaming manager compensation	▶ \$					
	Description of services provided	►					
	Director/officer		e L	Independent con	tractor		
17	Mandatory distributions:						
	Is the organization required unde	r state law to m	ake charitable c	distributions from the	gaming proceeds to		
	retain the state gaming license?					🗌 Yes	No No
k	Enter the amount of distributions	required under	state law to be	distributed to other e	exempt organizations or spent in the		
_	organization's own exempt activit						
Pa					rt I, line 2b, columns (iii) and (v); and F	Part III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Als	so provide any a	additional information	a. See instructions.		
1320	83 10-21-21				Sche	dule G (Form	990) 2021
				32			

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Part IV	Supplemental Information (col	ntinued)		
132084 11-18	3-21		Schedule G (For	ʻm 990)
		33		

	HEDULE J	Compensation Information	L	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU		1
Depa	tment of the Treasury	Attach to Form 990.		Open to Publi		
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio		Employer ic			mber
		TUCSON AUDUBON SOCIETY	86-6	05377	9	
Pa	rt I Question	s Regarding Compensation				<u> </u>
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1 b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	S			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	o committee Vitten employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations	ommittee			
4	During the year, did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а		e payment or change-of-control payment?				X
b		eive payment from a supplemental nonqualified retirement plan?				X
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
	If "Yes" on line 5a o	or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	วท			
	contingent on the r	et earnings of:				
						X
	Any related organiz	ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				_
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	the			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990) 2021

132111 11-02-21

86-6053779

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ

Employer identification number

Department of the Treasury	
Internal Revenue Service	

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

L Open to Public Inspection

2U

Name	of the	orgon	ization	
INALLE	or the	oruar	iizalioi	

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

me of the organization	
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TUCSON	AUDUBON	SOCIETY

	TUCSON AUDUB	SON SOC	IETY		86-6	053	779	
Pa	t I Types of Property							
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin		:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	10,743.	STOCK TRADI	ING	VAL	UE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ()							
27	Other ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organi		• •					
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 throu	gh 28, that it	ſ		
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31	Х	
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell noncash				1
	contributions?					32a	Х	L
b	If "Yes." describe in Part II.							

describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2021

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

SCHEDULE M, LINE 32B:

Part II

MERRILL LYNCH RECEIVES AND SELLS SECURITIES DONATIONS.

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

EZ 2021 Open to Public Inspection Employer identification number

86-6053779

OMB No. 1545-0047

TUCSON AUDUBON SOCIETY

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

RESTORATION OF THE ENVIRONMENT UPON WHICH WE ALL DEPEND.

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

MIGRATING DESERT PURPLE MARTIN.

THE ORGANIZATION HIRED A DIRECTOR OF ADVOCACY, AND PROMPTLY JOINED A

LAWSUIT TO ADVOCATE FOR THE PLACEMENT OF A NEW (COMMERCIAL VEHICLE)

INTERSTATE HIGHWAY TO BE CO-LOCATED WITHIN THE CORRIDOR OF AN EXISTING

INTERSTATE, THEREBY AVOIDING THREATS TO GLOBALLY IMPORTANT BIRD AREAS,

THE MUNICIPAL WATERSHED FOR THE GREATER TUCSON METROPOLITAN AREA, AND

THE BIOCULTURAL RESOURCES OF SOVEREIGN INDIGENOUS COMMUNITIES SUCH AS

THE TOHONO O'ODHAM NATION AND THE PASCUA YAQUI TRIBE.

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

ORGANIZATION'S "GREENWATER STORM INFRASTRUCUTURE," AS PART OF THE CITY

OF TUCSON'S "STORM TO SHADE" CLIMATE ADAPTATION & RESILIENCY PLAN TO

CONSERVE WATER, COMBAT THE URBAN HEAT ISLAND EFFECT, REFOREST THE URBAN

AREA, AND LOWER UTILITY COSTS IN ECONOMICALLY DISADVANTAGED

NEIGHBORHOODS.

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

ENHANCE THE CENTER'S VISITOR EXPERIENCE.

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

TUCSON AUDUBON SOCIETY OTHER PROGRAM SERVICES:

1. WE PROVIDED 162 TRIPS FOR 1,460 INDIVIDUALS; A MIX OF 90 IN-PERSON

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

17131107 152064 TAS3779

39 2021.05000 TUCSON AUDUBON SOCIETY

Schedule O (Form 990) 2021 Name of the organization	Employer identification number			
TUCSON AUDUBON SOCIETY 86-6053779				
AND ONLINE CLASSES FOR 8,716 PARTICIPANTS.				
2. OUR VOLUNTEER PROGRAM ENGAGED 204 ACTIVE VOLUNTEERS, W	NHO LOGGED			
7,417 HOURS OF SERVICE.				
3. OUR SOUTHEAST ARIZONA BIRDING FESTIVAL HAD 690 REGISTR	RANTS 154			
ACTIVITIES, INCLUDING FIELD TRIPS, WORKSHOPS & PRESENTATI	ONS, AND			
SOCIAL EVENTS, IN PERSON AND VIRTUAL.				
4. OUR NATURE SHOP SERVED THOUSANDS OF CUSTOMERS, BOTH IN	I-PERSON AND			
ONLINE, AND SOLD MISSION-FURTHERING MERCHANDISE SUCH AS E	BOOKS, FIELD			
GUIDES, BIRD FEEDERS, BIRD SEED, OPTICS AND FIELD GEAR.	_			
5. OUR COMMUNICATIONS DEPARTMENT PRODUCED 4 QUARTERLY ISS	SUES OF OUR			
VERMILION FLYCATCHER NEWS AND FEATURE MAGAZINE, WITH 32 F	PAGES AND 3,000			
COPIES PER ISSUE, WITH AN ADDITIONAL 700 ON-LINE READERS;	PROVIDED			
WEEKLY NEWS AND EVENT UPDATES TO 9,000+ SUPPORTERS; ENGAG	GED 24,200+			
FOLLOWERS ACROSS 9 SOCIAL MEDIA PLATFORMS.				
6. OUR MEMBERSHIP PROGRAM MAINTAINED AND SERVICED MEMBERS	SHIPS FOR 3,750			
HOUSEHOLDS ESTIMATED TO REPRESENT SOME 4,800 INDIVIDUALS.	,			
EXPENSES \$ 344,777. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 93,717.			
FORM 990, PART VI, SECTION A, LINE 6:				
THE TUCSON AUDUBON SOCIETY IS COMPRISED OF MEMBERS WHOSE	SOLE REQUIREMENT			
FOR MEMBERSHIP IS TO PAY ANNUAL DUES IN ACCORDANCE WITH T	THE ORGANIZATION'S			
BYLAWS.				

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE TUCSON AUDUBON SOCIETY ELECT NEW OFFICERS AND DIRECTORS TO A THREE YEAR TERM, AT A MEMBERS MEETING HELD ANNUALLY IN MARCH.

FORM 990, PART V	I, SECTION B,	, LINE 11B	:			
132212 11-11-21			40		Schedule C) (Form 990) 2021
17131107 152064 TAS	53779 2	2021.05000	TUCSON	AUDUBON	SOCIETY	TAS37791

Schedule O (Form 990) 2021	Page 2
Name of the organization TUCSON AUDUBON SOCIETY	Employer identification number 86-6053779
THE FORM 990 WAS PROVIDED TO ALL TUCSON AUDUBON SOCIETY (TAS) BOARD MEMBERS
FOR THEIR REVIEW. THE TAS TREASURER AND BOARD PRESIDENT	APPROVED THE FORM
990 FOR FILING. DATA TO COMPLETE THE FORM 990 WAS PROVID	ED BY CERTAIN TAS
BOARD MEMBERS AS WELL AS STAFF.	

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

THE BOARD PRESIDENT IS RESPONSIBLE FOR MONITORING AND ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IN PRACTICE, THE POLICY IS DISTRIBUTED ANNUALLY ALONG WITH A LIST OF VENDORS AND CUSTOMERS TO THE STAFF AND BOARD OF DIRECTORS AND THEY INDICATE IF THERE ARE ANY CONFLICTS OF INTEREST OR RELATIONSHIPS WITH THE PARTIES LISTED.

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

2021 MARKET WAGE ASSESSMENT AND WAGE ADJUSTMENTS

IN THE FALL OF 2021 TUCSON AUDUBON ENGAGED LEMONSHR CONSULTING, LLC TO DO A MARKET WAGE ASSESSMENT OF ALL CURRENT POSITIONS WITHIN THE ORGANIZATION. THIS PROCESS WAS DONE TO ENSURE PROPER BOTH INTERNAL AND EXTERNAL MARKET PARITY FOR OUR STAFF.

THE PROCESS BEGAN WITH AN EVALUATION OF ALL POSITIONS WITHIN THE STRUCTURE OF TUCSON AUDUBON. WE SUBMITTED ALL CORRESPONDING JOB DESCRIPTIONS AND CURRENT WAGE INFORMATION TO LEMONSHR AND THEY TOOK THAT INFORMATION AND BEGAN TO DO AN ANALYSIS OF WHAT THE WAGES WERE FOR THESE POSITIONS IN A SIMILAR NON-PROFIT ORGANIZATION.

ONCE LEMONSHR HAD COMPLIED ALL OF THIS INFORMATION THEY CREATED A PAY GRADE SCALE AND GAVE US THEIR RECOMMENDATIONS FOR THE ASSIGNMENT OF PAY GRADES TO 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 132212 11-11-21 13221

Schedule O (Form 990) 2021	Page 2
Name of the organization TUCSON AUDUBON SOCIETY	Employer identification number 86-6053779
EACH POSITION. THERE WAS A REVIEW CONDUCTED WITH LEMONSHR	, THE INTERIM ED,
AND THE DFO TO REVIEW THE RESULTS AND RECOMMENDATIONS. TH	IS INFORMATION WAS
THEN SHARED WITH THE SENIOR LEADERSHIP TEAM FOR FURTHER E	VALUATION AND
ASSESSMENT WITHIN OUR MANAGEMENT.	

TUCSON AUDUBON AND LEMONSHR CREATED A FINAL PRODUCT BASED ON THE INFORMATION COLLECTED AND PROVIDED TO TUCSON AUDUBON AS WELL AS THE INTERNAL FEEDBACK AND CONSEQUENT REQUEST FOR ADJUSTMENTS TO THE PAY GRADE SCALE BASED ON WHAT OUR SENIOR LEADERSHIP TEAM FELT WAS APPROPRIATE. THIS RESULTED IN NEARLY ALL EMPLOYEES RECEIVING A MARKET RATE ADJUSTMENT EFFECTIVE THE LAST PAY PERIOD OF THE YEAR.

THE TOTAL COST OF THE MARKET RATE ADJUSTMENTS WAS \$162,564. EACH EMPLOYEE RECEIVED A LETTER NOTIFYING THEM OF THEIR INCREASE AND THEY HAD TO SIGN TO ACKNOWLEDGE RECEIPT OF THE NOTIFICATION.

LEMONSHR ALSO PROVIDED TUCSON AUDUBON WITH A PAY CALCULATOR TO USE TO ENSURE INTERNAL PARITY AND FAIR MARKET WAGES FOR ALL NEW HIRES. TUCSON AUDUBON NOW USES THE PAY CALCULATOR AS PART OF OUR BEST PRACTICES TO DETERMINE FAIR AND EQUITABLE WAGES FOR ALL NEW HIRES AND INTERNAL HR PURPOSES.

FORM 990, PART VI, SECTION C, LINE 19: INFORMATION REGARDING THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE EXECUTIVE DIRECTOR OR A BOARD MEMBER. THE FORM 990 IS AVAILABLE ONLINE AT GUIDESTAR.ORG.

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