Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

A	For the	2020 calendar y	ear, or tax year begin	ning	05-01	, 2020, and	l ending	04	4-30 ,2021
В	Check if ap	pplicable:	C Name of organizationST	LOUIS AUDUBON SOCIETY	7			D Empl	oyer identification number
	Address ch	hange	Doing business as					1	43-6052063
_	Name cha	nge	Number and street (or P.	O. box if mail is not delivered to street addres	is)	R	oom/suite	E Telep	hone number
_	nitial retur	'n	PO BOX 220227						(636)227-0075
<u> </u>	Final returi	n/terminated	City or town, state or prov	rince, country, and ZIP or foreign postal code)			G Gros	s receipts
Ξ,	Amended	return	SAINT LOUIS, M	0 63122-0227				\$	156,768
Ξ,	Application	n pending	F Name and address of prir				H(a) Is this a	group return	for subordinates? Yes X No
							H(b) Are all	l subordinat	es included? Yes No
	Tax-exemp	pt status: X 501	(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		If "No,	" attach a lis	st. See instructions
J 1	Website:		TLOUISAUDUBON.C	PRG			H(c) Group	exemption	number >
K I	Form of or	ganization: X Corp	poration Trust Ass	ociation Other ►	L Ye	ar of formation:	1946 M	State of leg	gal domicile: MO
Pa	rt I	Summary							
			the organization's missi	on or most significant activities:	TO CRE	ATE A C	OMMUNITY CO	ONNECT	ION TO NATURE
		THROUGH EDU							
Governance									
nar									
Ver	2	Check this box ▶	if the organization	discontinued its operations or disp	osed of m	ore than 25	% of its net asso	ets.	
	3	Number of voting	g members of the gove	rning body (Part VI, line 1a)				. 3	14
ფ	4	Number of indep	endent voting members	s of the governing body (Part VI, li	ne 1b) .			. 4	14
Activities &				calendar year 2020 (Part V, line 2					2
ΞĘ			volunteers (estimate if r					. 6	50
ĕ	7a	Total unrelated b	ousiness revenue from	Part VIII, column (C), line 12				. 7a	0
				from Form 990-T, Part I, line 11.					0
							Prior Yea		Current Year
ē	8	Contributions and	d grants (Part VIII, line	1h)			10	2,028	119,660
			•	· 2g)		1		7,358	17,668
en		-		a), lines 3, 4, and 7d)				6,315	13,455
Revenue			,	es 5, 6d, 8c, 9c, 10c, and 11e) .				156	3,015
_		,	, ,	must equal Part VIII, column (A), lii			15	5,857	153,798
				X, column (A), lines 1-3)				1,675	6,409
		Benefits paid to		0					
		•	ompensation, employee	2,540	116,885				
es			draising fees (Part IX, o		0				
Expenses			expenses (Part IX, col			17,163			
Ϋ́		•	•	nes 11a-11d, 11f-24e)			3	9,713	29,432
_		•	,	equal Part IX, column (A), line 25)				3,928	152,726
		•	,	18 from line 12				8,071)	1,072
:							Beginning of Cur	rent Year	End of Year
Net Assets or	20	Total assets (Pa	rt X, line 16)				46	5,920	537,735
Asse	21	Total liabilities (F	Part X, line 26)						0
Şet	22	Net assets or fur	nd balances. Subtract	line 21 from line 20			46	5,920	537,735
Pa	rt II	Signature I	Block						
				n, including accompanying schedules and st cer) is based on all information of which prep			my knowledge and be	elief, it is	
uuc,	correct, a	ind complete. Declarati	ion of preparer (other than on	cer) is based on all illionnation of which prep	arci rias ariy r	Knowleage.			
٠.		ANDREW	HOYNE						
Sig	n	Signature of o	officer					Da	te
Her	е	ANDREW	HOYNE, TREASUR	ER					
		· · · · · ·	name and title						
		Print/Type preparer	r's name	Preparer's signature	Da	ate	Check	X if	PTIN
Pai		Karen Cope	eland	Karen Copeland	09	-03-202	L self-er	mployed	P00671283
	parer	Firm's name ▶	J&K Tax	Services LLC			Firm's EIN ▶		
Use	Only	Firm's address	3217 Sun	rise Dr			Phone no.		
			High Rid	ge MO 63049				636-	253-8420
May	the IRS	discuss this retu	m with the preparer sh	own above? (see instructions) .					X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO CREATE A COMMUNITY CONNECTION TO NATURE THROUGH EDUCATION AND CONSERVATION ACROSS THE GREATER
	ST LOUIS REGION
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$52,218 including grants of \$) (Revenue \$16,813) ST LOUIS AUDUBON'S BRING CONSERVATION HOME PROGRAM PROVIDES ON SITE HABITAT RESTORATION ADVICE AND CERTIFICATION FOR URBAN LANDOWNERS IN THE ST LOUIS REGION. THE PROGRAM ADDRESSES NATIVE AND INVASIVE PLANTS, WATER AND CONSERVATION, AND WILDLIFE STEWARDSHIP PRACTICES FOR THE BENEFIT OF BIRDS, OTHER WILDLIFE AND THE COMMUNITY. THE PROGRAM ALSO INCLUDES UNIQUE EVENTS AND OUTREACH
	PROGRAMMING TO PROVIDE A VARIETY OF OPPORTUNITIES FOR THE PUBLIC TO LEARN ABOUT THE PRINCIPLES AND PRACTICES OF SUSTAINABLE NATIVE PLANT HABITAT GARDENING. MOST OF THESE PROGRAMS AND EVENTS HAVE BEEN RESTRUCTURED TO VIRTUAL PLATFORMS FOR THE MAJORITY OF THE FISCAL YEAR.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 102,715

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		37
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
-	election in effect 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 similar amounts as defined in Revenue Procedure 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		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	ı ıa		
	of its total 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			Λ
	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		x
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
1.5	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? 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," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2020) ST LOUIS AUDUBON SOCIETY 43-6052063 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 х 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 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х 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? 25b х 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% 26 х 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 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х 28b X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a 35a х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Х Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check it Schedule O contains a response or note to any line in this Part V						
				Yes	No	,	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2					
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b 0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?		1c	x			

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year? $\dots \dots \dots$	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Vos " complete Form 4720 Schodule O			

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		х
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	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) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

KAREN MEYER (314)602-7318, 12793 PARKWAY ESTATES DR, SAINT LOUIS, MO 63146

Section A.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

enock the bex in notation the organization from any re	s.gariizat				- u	, 5411			1. 0.0.00.	
				(C	C)					
(A)	(B)	ļ ,.		Posi				(D)	(E)	(F)
Name and title	Average	,	(do not check more than or box, unless person is both				1	Reportable	Reportable	Estimated amount
	hours	1	officer and a director/t					compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	or a	Ins	Officer	Kej	em Hig	菌	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	direc		cer	em/	hest	-ormer	(,		related organizations
	organizations	or director	Institutional trustee		Key employee	ee				
	below	uste	trus		ee	npen				
	dotted line)	0	ee			Highest compensated employee				
						۵				
(1) TARA HOHMAN	1.00									
BOARD MEMBER		х						0	0	0
(2) KATY FECHTER	4.00									
BOARD MEMBER		х						0	0	0
(3) STEPHANIE SCHROEDER	1.00									
BOARD MEMBER		х						0	0	0
(4) ELLEN HARMON	1.00									
BOARD MEMBER		х						0	0	0
(5) PAM WILCOX	1.00									
BOARD MEMBER		х						0	0	0
(6) KAREN MEYER	12.00									
BOARD MEMBER		х						0	0	0
(7) LINDA TOSSING	1.00									
BOARD MEMBER		х						0	0	0
(8) HERB HUEBNER	1.00									
BOARD MEMBER		х						0	0	0
(9) ANDREW HOYNE	10.00									
BOARD MEMBER		х						0	0	0
(10)JOHN_KLOS	2.00									
TREASURER		х		х				0	0	0
(11)MICHAEL MEREDITH	2.00									
SECRETARY		х		х				0	0	0
(12)JEAN_FAVARA	6.00									
VICE PRESIDENT OF CONSERVATION		х		х				0	0	0
(13)WILLIAM ROWE	7.00									
VICE PRESIDENT OF EDUCATION		х		х				0	0	0
(14)DENNIS MARTIN	16.00									
PRESIDENT		х		x				0	0	0
EEA										Form 990 (2020)

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					(C)							
	(A) Name and title		(B) Position (do not check more than box, unless person is bo officer and a director/tru er week st any)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	со	(F) nated am of other mpensat	er ation
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		anization d organi:	
15)													
16)													
17)													
18)													
19)													
20)													
21)													
22)													
23)													
24)													
25)													
С	Subtotal	ion A .						٠ ,	0	0			0
2	Total number of individuals (including but not limite reportable compensation from the organization	ed to those I									I.		
	Did the organization list any former officer, direct		kov om	nlov		or h	iahoot		nnanaatad			Yes	No
	employee on line 1a? If "Yes," complete Schedul	e J for such	indivia	lual							3		х
	For any individual listed on line 1a, is the sum of re organization and related organizations greater the												
5	individual	compensatio		-			-				5		x
	on B. Independent Contractors								4 0000				
	Complete this table for your five highest compensate compensation from the organization. Report comp												
	(A) Name and business addres	s							(B) Description of service	es	(C) Compens		
											•		

Form 990 (2020) ST LOUIS A
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or n	ote to any line in this	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512–514
	1a	Federated campaigns	1a					
	b		1b	23,999				
ants nts	С	Fundraising events	1c	2,970				
Gra nou	d		1d					
ifts, r Ar	е	Government grants (contributions)	1e	28,221				
aj. Bij	f	All other contributions, gifts, grants,						
Sic		and similar amounts not included above	1f	64,470				
the the	g	Noncash contributions included in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f	1g	\$				
ğ ğ	h	Total. Add lines 1a-1f			119,660			
				Business Code				
	2a	BRING CONSERVATION HOME		900099	16,283	16,283		
<u>ië</u>	b	EDUC AND NATURALIST PRG		900099	855	855		
er.	С	PTRS IN NATIVE LANDSCPG		900099	530	530		
Program Service Revenue	d							
Re	е							
P.	f	All other program service revenue						
	g	Total. Add lines 2a-2f			17,668			
	3	Investment income (including dividends, inter	est, a	and				
		other similar amounts)		<u> </u>	13,455	13,455		
	4	Income from investment of tax-exempt bond		_				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities	3	(ii) Other				
		sales of assets						
	١.	other than inventory 7a						
	b	Less: cost or other basis						
enne		and sales expenses 7b						
>		Gain or (loss)						
Š		Net gain or (loss)						
Other Re	8a	Gross income from fundraising						
0		events (not including \$ 2,970						
		of contributions reported on line 1c). See Part IV, line 18	8a	F 500				
	h	Less: direct expenses	8b					
		Net income or (loss) from fundraising events			2,610			2,610
		Gross income from gaming			2,010			2,010
	•	activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b	 				
		Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	IUa	returns and allowances	10a					
	b	Less: cost of goods sold	10k	 				
	1	Net income or (loss) from sales of inventory						
			. •	Business Code				
ω	11a	MISC REVENUE		900099	405	405		
non ne	b			-				
Miscellanous Revenue	С							
isce Re	d	All other revenue	_					
Ē	е	Total. Add lines 11a-11d			405			
		Total revenue See instructions			153 798	31 528	0	2 610

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 6,409 6,409 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 96,809 67,412 17,741 11,656 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 12,670 8,818 2,207 1,645 10 7,406 5,157 1,357 892 11 Fees for services (nonemployees): b 3,863 3,863 Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 4,228 4,228 13 1,385 1,385 14 988 988 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 2,729 2,729 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 O.) a PROGRAM EXPENSES 9,101 9,101 **FUNDRAISING** 2,970 2,970 C MANAGEMENT AND GENERAL 2,578 2,578 d LANDSCAPE WORKSHOP 1,590 1,590 All other expenses e Total functional expenses. Add lines 1 through 24e. . 25 152,726 102,715 32,848 17,163 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

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

Form 990 (2020)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	17,432	1	18,322
	2	Savings and temporary cash investments	13,375	2	13,407
	3	Pledges and grants receivable, net	-	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ats.	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
⋖	10a	Land, buildings, and equipment: cost or other		-	
	Iva	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
	b		425 112	11	F0C 00C
	11	Investments - publicly traded securities	435,113		506,006
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	465,920	16	537,735
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
S		and complete lines 27, 28, 32, and 33.			
Ç	27	Net assets without donor restrictions	300,449	27	332,594
alar	28	Net assets with donor restrictions	165,471	28	205,141
Ä		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
٦٢	29	Capital stock or trust principal, or current funds		29	
its c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
χ¥	32	Total net assets or fund balances	465,920	32	537,735
ž	33	Total liabilities and net assets/fund balances	465,920	33	537,735

Form **990** (2020) EEA

Form 990 (2	2020) ST LOUIS AUDUBON	SOCIETY	43-6052063	Page 1
Part XI	Reconciliation of Net Assets			
				==

Par	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			153,	798
2	Total expenses (must equal Part IX, column (A), line 25)	2			152,	726
3	Revenue less expenses. Subtract line 2 from line 1	3			1,	072
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			465,	920
5	Net unrealized gains (losses) on investments	5			76,	000
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			(5,	257
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			537,	735
Par	T XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					. 📖
			Г		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
_	Schedule O.			_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		• • •	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			01-		
b	Were the organization's financial statements audited by an independent accountant?		• • •	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: Separate basis Consolidated basis Both consolidated and separate basis					
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
			• • • •	20		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Ja	Single Audit Act and OMB Circular A-133?			3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • •		Ja		
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
EEA		<u></u>			990 (2	2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

ST	TOU	IS AUDUBON SOCIETY					43-605206	5
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check on	y one box.)		
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ)	.)		
3		A hospital or a cooperative hospital s						
4	\Box	A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:	ŕ	·				
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a c	governmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	_	,		,		
6			federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).					
7	П	_	An organization that normally receives a substantial part of its support from a governmental unit or from the general public					
•	Ш	described in section 170(b)(1)(A)(vi	•		vernintental	ariit or noi	Title general public	
8		A community trust described in secti						
9	H	An agricultural research organization			rated in co	niunction	with a land-grant collec	na ar
•	Ш	or university or a non-land-grant colle				•	•	J C
			ge of agriculture (s	ee mstructions). Enter th	e name, or	iy, and stat	e of the conege of	
10	x	university: An organization that normally receive	a: (1) mare than 22	1/20/ of its support from	a contributi	one memb	orobin food and groop	
10	21	receipts from activities related to its e						
		support from gross investment income	•	•	. ,	,		
				•		,	ioni businesses	
44		acquired by the organization after Ju			•	•		
11	Н	An organization organized and opera	•	•			community the numbers	
12	Ш	An organization organized and opera	•	•				
		of one or more publicly supported or	=					•
	_	Check the box in lines 12a through 12				•		•
	а	Type I. A supporting organization		•		-		ng
		the supported organization(s) the		• • • • • • • • • • • • • • • • • • • •	rity of the c	ilrectors or	trustees of the	
		supporting organization. You mu	•					
	b	Type II. A supporting organization	•			•		
		control or management of the sup		·	rsons that (control or r	nanage the supported	
		organization(s). You must comp						
	С	Type III functionally integrated		•				ith,
		its supported organization(s) (se	•	-				
	d	☐ Type III non-functionally integr		. •				n(s)
		that is not functionally integrated.		•			nt and an attentiveness	
		requirement (see instructions). Y	•					
	е	☐ Check this box if the organization				a Type I,	Type II, Type III	
		functionally integrated, or Type III		tegrated supporting org	anization.			
	f	Enter the number of supported organ						
	g	Provide the following information about	ut the supported or	ganization(s).				I
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	ir governing ent?	support (see instructions)	other support (see instructions)
				,			,	,
					Yes	No		
(A)								
(~)								
(B)								
(0)	<u>'</u>							
(C)								
(C)								
(D)								
(D)								
(E)								
(E)								
Tota	al							

43-6052063 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.)

Sec	ction A. Public Support			· •	•	,	
	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
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						
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (se	ee instructions	3)			12	
	First five years. If the Form 990 is for the or					a section 501(d	c)(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Support						<u></u>
	Public support percentage for 2020 (line 6, c			column (f)) .		14	%
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organiza	ation did not ch	neck the box or	n line 13, and li	ine 14 is 33 1/3	% or more, ch	eck this
	box and stop here . The organization qualified						
k	33 1/3% support test - 2019. If the organiza	-					
	this box and stop here . The organization qualifies as a publicly supported organization						
17a	7a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	organization			-	-		
k	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	_					
	in Part VI how the organization meets the fac					-	•
	organization			-	-		
18	Private foundation. If the organization did r						
-	instructions						

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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	92,041	82,285	117,185	106,546	122,034	520,091
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	3,241	3,080	5,327	32,840	15,294	59,782
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5	95,282	85,365	122,512	139,386	137,328	579,873
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						579,873
	ction B. Total Support	() 2242	(1) 0047	() 0040	(D 0040	() 2222	
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	95,282	85,365	122,512	139,386	137,328	579,873
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources	10,507	15,551	16,988	16,315	13,455	72,816
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	10,507	15 551	16.000	16 215	12 455	72,816
	Net income from unrelated business	10,507	15,551	16,988	16,315	13,455	/2,816
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)	105,789	100,916	139,500	155,701	150,783	652,689
14	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Support	rt Percentage	•				
	Public support percentage for 2020 (line 8, c			column (f))		15	88.84 %
	Public support percentage from 2019 Sched					16	88.84 %
Sec	ction D. Computation of Investment In	come Percen	tage				
17	Investment income percentage for 2020 (line	e 10c, column (1), divided by li	ne 13, column	(f))	17	11.00 %
	Investment income percentage from 2019 Se	-				18	11.00 %
	33 1/3% support tests - 2020. If the organiz					than 33 1/3%, a	
	17 is not more than 33 1/3%, check this box	and stop here.	. The organiza	tion qualifies a	s a publicly su _l	oported organiz	ation ▶ 🕱
b	33 1/3% support tests - 2019. If the organiz	ation did not ch	neck a box on	line 14 or line 1	19a, and line 1	6 is more than 3	33 1/3%, and
	line 18 is not more than 33 1/3%, check this	box and stop h	ere. The orga	nization qualifie	es as a publicly	y supported org	anization ► 🗌
20	Private foundation. If the organization did r	ot check a box	on line 14, 19	a, or 19b, chec	k this box and	see instructions	s ▶ □

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 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
0.0		
2-		
3с		
4a		
4b		
4c		
5a		
- Ju		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
50		
40		
10a		
10b		

Pai	Triv Supporting Organizations (continued)	Yes	Na
11	Has the organization accepted a gift or contribution from any of the following persons?	res	No
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
u	11c below, the governing body of a supported organization?		
b	A family member of a person described in line 11a above?		
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.		
Sec	tion 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? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported		
2	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.		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
<u></u>	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
Sec	tion b. All Type III Supporting Organizations	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
_	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).
а		•	
b			
С			
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in 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? <i>If "Yes," explain in</i>		
	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. <i>Answer lines 3a and 3b below.</i>		
а			
	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.		

Schedule A (Form 990 or 990-EZ) 2020 ST LOUIS AUDUBON SOCIETY

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

	rt v Type III Non-Functionally Integrated 509(a)(3) Supporting Of			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•	• •	•
	instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	
Sec	ction 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		
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction 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-functionally	y integra	ited Type III supporting	organization
	(see instructions).			

EEA Schedule A (Form 990 or 990-EZ) 2020

Part V	Type III Non-Eunetionally	lly Integrated 509(a)(3) Supporting Organizations (contin	uod)
raitv	Type III Non-Functionally	ny integrated 309(a)(3) Supporting Organizations (Contin	u c u)

Typo in item i another any integration cookay(e) capper integration (contained)					
Sec	Current Year				
1	Amounts paid to supported organizations to accomplish exem	pt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity		2		
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.				
9	9 Distributable amount for 2020 from Section C, line 6				
10	Line 8 amount divided by line 9 amount		10		
		(i)	(ii)	(iii)	

10	Line 8 amount divided by line 9 amount	10		
Sed	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
C	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			
		·	0-1	/5

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

ST LOUIS AUDUBON SOCIETY

Schedule of Contributors

0000

Employer identification number

43-6052063

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

OMB No. 1545-0047

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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
ST LOUIS AUDUBON SOCIETY

Employer identification number

43-6052063

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	MISSOURI DEPARTMENT OF CONSERVATION 2901 W TRUMAN BLVD JEFFERSON CITY MO 65109	\$15,000	Person 🛣 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2_	MISSOURI AMERICAN WATER 1 WATER ST CAMDEN NJ 08102	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	THE TRIO FOUNDATION PO BOX 179140 SAINT LOUIS MO 63117	\$5,000	Person X Payroll Oncash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	SARAH BRYAN MILLER 13269 BARRETT CHASE CIR DITTMER MO 63023-3825	\$5,000	Person x Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person		

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

ST	LOUIS AUDUBON SOCIETY		43-6052063		
Pa	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or Acco	ounts.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in wi	iting that the assets held in donor advised			
-	funds are the organization's property, subject to the organization	=			
6	Did the organization inform all grantees, donors, and donor adv				
·	only for charitable purposes and not for the benefit of the donor		•		
	conferring impermissible private benefit?				
Pa	rt II Conservation Easements.	· · · · · · · · · · · · · · · · · · ·			
ı u	Complete if the organization answered "Yes" or	Form 990 Part IV line 7			
1	Purpose(s) of conservation easements held by the organization				
•	Preservation of land for public use (e.g., recreation or educ		f a historiaally important land area		
	Protection of natural habitat	<u> </u>	f a historically important land area f a certified historic structure		
		Preservation of	r a certified historic structure		
•	Preservation of open space	and the second s			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co			
	easement on the last day of the tax year.		Held at the End of the Tax Year		
a					
b	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic struc		<u>2</u> c		
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a			
	· · · · · · · · · · · · · · · · · · ·				
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the org	panization during the		
	tax year				
4	Number of states where property subject to conservation ease				
5	Does the organization have a written policy regarding the period				
	violations, and enforcement of the conservation easements it h				
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservat	ion easements during the year		
	>				
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation e	easements during the year		
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense state	tement and		
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements the	nat describes the		
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections		Other Similar Assets.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and b	palance sheet works		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
	service, provide, in Part XIII the text of the footnote to its finance	cial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and balar	nce sheet works of		
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtheran	nce of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
	(ii) Assets included in Form 990, Part X		-		
2	If the organization received or held works of art, historical treas		1		
	following amounts required to be reported under FASB ASC 9				
а			▶ \$		
b	Assets included in Form 990, Part X				

Pa	rt III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or O	ther Similar Ass	sets (co	ntinue	эd)
3	Using the organization's acquisition, accession	n, and other records, o	heck any of the follo	owing that make sign	ificant use of its			
	collection items (check all that apply):							
а	Public exhibition		d ☐ Loan o	or exchange progran	ns			
b	Scholarly research		e Other					
c	Preservation for future generations		• L Carior					
4	Provide a description of the organization's coll	lactions and avalain h	ow thoy further the	organization's oxomn	at numaca in Part			
7	XIII.	ections and explain in	ow they fulfile the t	nganization's exemp	nt puipose iii i ait			
_		rancius danations of s	urt biotoriool troopur	aa ar athar aimilar				
5	During the year, did the organization solicit or					□ vaa		\.
Day	assets to be sold to raise funds rather than to		t or the organization	s collection?		Yes	r	No
Pa	rt IV Escrow and Custodial Arra	•	- Farma 000 Da	t IV / I'm = 0				
	Complete if the organization a	answered Yes C	n Form 990, Pa	art IV, line 9, or r	eported an amot	ant on F	om	
	990, Part X, line 21.							
1a								
	·					. Yes	<u></u>	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	ving table:					
					Amo	unt		
С	Beginning balance				C			
d	Additions during the year			10	d			
е	Distributions during the year			10	е			
f	Ending balance			11	f			
2a	Did the organization include an amount on For	m 990, Part X, line 21	, for escrow or custo	odial account liability	?	Yes	□ I	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation has been pr	ovided on Part XIII		<u></u>		
Pa	rt V Endowment Funds.							
	Complete if the organization a	answered "Yes" c	n Form 990, Pa	art IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears bac	ck
1a	Beginning of year balance	165,471	184,383	178,761	175,680	1	61,0	54
b	Contributions			-				
С	Net investment earnings, gains, and							
	losses	46,163	(17,202)	11,302	6,949		14,6	16
d	Grants or scholarships	6,493	1,675	5,680	3,868		,	
e	Other expenditures for facilities and	0,155	2,0,5	3,000	3,000			
·	programs							
f	Administrative expenses		35			+		
	End of year balance	205,141	165,471	184,383	170 761	1	75 60	
g	Provide the estimated percentage of the current				178,761		75,68	30
2	,	•	ine rg, column (a)) i	ieiu as.				
a	Board designated or quasi-endowment							
D	Permanent endowment ▶ %	o						
С	Term endowment	1 14000/						
_	The percentages on lines 2a, 2b, and 2c shoul	•						
3a	Are there endowment funds not in the posses	sion of the organization	on that are held and	administered for the		Г		
	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)		X
	()					3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization					3b		
4	Describe in Part XIII the intended uses of the		ment funds.					
Pa	rt VI Land, Buildings, and Equip							
	Complete if the organization a	answered "Yes" c	n Form 990, Pa	art IV, line 11a. S	See Form 990, P	art X, lin	e 10.	
	Description of property	(a) Cost or other	basis (b) Cost o	r other basis (c)	Accumulated	(d) Book	value	
		(investmer	it) (d	other) c	depreciation			
1a	Land					_		
b	Buildings							
С	Leasehold improvements							
d	Equipment							
e	Other							
	I. Add lines 1a through 1e. (Column (d) must e		X. column (B). line	10c.)				
	1 2 2 2 7 2 2 7 2 2 7 2 2 7 2 2 7 2 2 7 2 2 7 2 2 7 2 2 7 2 2 7 2 2 7 2 2 7 2 2 7 2	,	,	,				

Schedule D (Form	990) 2020 ST LOUIS AUDUBON SOCIETY	Y	43-6052063 Page
Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 11b	b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial of	derivatives	• •	
(2) Closely-he	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
_ ` '	n (b) must equal Form 990, Part X, col. (B) line 12.)	L	
Part VIII	Investments - Program Related.		
i ait viii	Complete if the organization answered "Yes" or	n Form 990. Part IV. line 11c	See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	. •	
Part IX	Other Assets. Complete if the organization answered "Yes" or	n Form 990. Part IV. line 11c	I. See Form 990. Part X. line 15.
	(a) Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		<u> </u>
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 11e	or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability (b)) Book value	
(1) Federal i	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Sched		3-6052063	Page
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
_	rt XIII Supplemental Information.	J	
	ide 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	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	r art X, iiric	
۷, ۱ ۵	art XI, illies zu and 40, and 1 art XII, illies zu and 40. Also complete this part to provide any additional illionnation.		

EEA Schedule D (Form 990) 2020

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ST LOUIS AUDUBON SOCIETY 43-6052063

01. Members or stockholder classes and rights (Part VI, line 6)
ALL CLASSES OF MEMBERS SHALL ENJOY ALL THE RIGHTS AND PRIVILEGES PERTAINING TO THE MEMBER
OF BOTH THIS LOCAL SOCIETY AND THE NATIONAL AUDUBON SOCIETY INCLUDING THE RIGHT TO ELECT
THE ST LOUIS AUDUBON SOCIETY BOARD MEMBERS AND TO VOTE ON ALL AMENDMENTS TO STRUCTURAL
DOCUMENTS SUCH AS BYLAWS OR RESOLUTIONS
02. Member election for additional members (Part VI, line 7a)
THE ANNUAL ELECTION SHALL BE BY THOSE ATTENDING THE ANNUAL MEMBERS MEETING. IF THERE IS
BUT ONE CANIDATE FOR ANY OFFICE, ELECTION TO THAT OFFICE MAY BE BY ACCLAMATION.
03. Governing body decisions (Part VI, line 7b)
THIS SOCIETY IS A MEMBERSHIP ORGANIZATION. MEMBERS GET TO VOTE TO APPROVE OR DISAPPROVE
MEMBERS OF THE BOARD OF DIRECTORS. MEMBERS OF THE ST. LOUIS AUDUBON SOCIETY ELECT AND MAY
REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS, ELECT THE OFFICERS OF THE SOCIETY, AND MUST
APPROVE AMENDMENTS OF THE SOCIETY'S BYLAWS.
04. Form 990 governing body review (Part VI, line 11)
THE BOARD OF DIRECTORS REVIEWS THE TAX RETURN BEFORE IT IS FILED.
05. Conflict of interest policy compliance (Part VI, line 12c)
BOARD MEMBERS ARE ASKED TO SIGN AND ACKNOWLEDGE CONFLICTS OF INTEREST WHEN THEY JOIN THE
BOARD.
06. CEO, executive director, top management comp (Part VI, line 15a)
THE SDECIAL COMMITTEE OF ROADD OF DIRECTORS DETERMINES THE COMDENSATION OF EMDLOYEES

Schedule O (Form 990 or 990-EZ) (2020) Page 2 Name of the organization Employer identification number ST LOUIS AUDUBON SOCIETY 43-6052063 WHICH INCLUDE DIRECTORS AND COORDINATORS. 07. Other officer or key employee compensation (Part VI, line 15b THE SPECIAL COMMITTEE OF BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF EMPLOYEES, WHICH INCLUDE DIRECTORS AND COORDINATORS. 08. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION'S TAX RETURN AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE. 09. Cessation of, or significant change to, any program service (Part III, line 3) SOME PROGRAMS WERE CHANGED TO VIRTUAL FORMAT BECAUSE OF THE COVID PANDEMIC. FEWER BIRD WALKS WERE CONDUCTED, WITH LIMITED NUMBERS AND COVID PROTOCOLS. 10. Part XI, response or note to any line in Part XI PRIOR PERIOD ADJUSTMENTS