| Form C | 990 |
|---------------|-----|
|---------------|-----|

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

| Depar | tment o | f the Treasury | | Do not ente | er social security nu | mbers on this forr | n as it may b | e made p | oublic. | | Open to Public | | | | |
|--------------------------------|--|--|--------------------|---------------------|----------------------------------|------------------------|---------------------|------------------|----------------|---------------------------|----------------------------|--|--|--|--|
| | | nue Service | | Go to w | ww.irs.gov/Form990 | for instructions | and the lates | t informa | ation. | | Inspection | | | | |
| A I | For the | e 2023 calenc | lar year, or t | ax year begi | nning | 05- | 01, 2023 , a | and endir | ng | 04 | -30, 20 24 | | | | |
| Β | Check if | applicable: | C Name of or | ganization S | LOUIS AUDUBO | N SOCIETY | | | | D Emplo | oyer identification number | | | | |
| A | Address | change | Doing busin | iess as | | | | | | 43-6052063 | | | | | |
| 1 | Name ch | nange | Number and | d street (or P.O. b | ox if mail is not delivered to s | treet address) | | Room/suit | e | E Telepl | none number | | | | |
| Πı | nitial ret | urn | РО ВС | X 220227 | | | | | | | (314)687-3942 | | | | |
| Ē | inal ret | urn/terminated | | | e, country, and ZIP or foreign | postal code | | 1 | | G Gross receipts | | | | | |
| Π | Amende | d return | - | | - | | | | | \$ | 257,936 | | | | |
| H | Amended return SAINT LOUIS, MO 63122-0227 Application pending F Name and address of principal officer: | | | | | | | | | or subordinates? Yes X No | | | | | |
| <u> </u> | | pg | | | | | | | H(b) Are all s | | | | | | |
| | ay-eye | mpt status: X | 501(c)(3) | 501(c) (|) (insert no.) | 4947(a)(1) or | 527 | | ., | | t. See instructions | | | | |
| | Vebsite | | | SAUDUBON. | ,, , , | | 021 | | H(c) Group e | | | | | | |
| | | _ | Corporation | | sociation Other | | L Year of format | ion: 104 | | | al domicile: MO | | | | |
| Pa | | Summar | | | | | | 1011. 194 | | state of leg | | | | | |
| ıα | 1 | | | nization's miss | sion or most significan | t activitios: TO | | COMMIN | | | | | | | |
| | ' | - | - | | sion or most significan | | | | | NNECT | ION TO NATURE | | | | |
| ė | | THROUGH | EDUCATIC | N AND COL | NSERVATION ACR | OSS THE GREA | TER ST LC | DUIS RE | GION | | | | | | |
| Governance | | | | | | | | | | | | | | | |
| ern | | <u></u> | | | | | | | | | | | | | |
| Š | 2 | | | 0 | discontinued its operation | • | | | | 1 1 | | | | | |
| | 3 | | - | - | erning body (Part VI, I | | ••••• | | | 3 | 17 | | | | |
| Activities & | 4 | | | - | rs of the governing bo | | | | | 4 | 17 | | | | |
| viti | 5 | Total numbe | er of individua | als employed i | n calendar year 2023 | (Part V, line 2a) | | • • • • • | | 5 | 4 | | | | |
| Acti | 6 | | | rs (estimate if | | | | | | 6 | 112 | | | | |
| - | | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | | | | | | | | 7a | 0 | | | | |
| | b | Net unrelate | ed business t | axable incom | e from Form 990-T, Pa | art I, line 11 | | | | 7b | 0 | | | | |
| | | | | | | | | | Prior Year | | Current Year | | | | |
| | 8 | Contribution | s and grants | (Part VIII, line | e1h) | | | | 136 | ,600 | 148,347 | | | | |
| ne | 9 | Program set | rvice revenue | e (Part VIII, lin | ie 2g) | | | | 56,179 | | 90,138 | | | | |
| Revenue | 10 | Investment i | ncome (Part | VIII, column (| A), lines 3, 4, and 7d) | | | | 16 | ,925 | 19,239 | | | | |
| Re | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | 93 | 212 | | | | | |
| | 12 | Total revenu | e - add lines | 8 through 11 | (must equal Part VIII, | column (A), line 12 |) | | 209 | ,797 | 257,936 | | | | |
| | 13 | Grants and s | similar amou | nts paid (Part | IX, column (A), lines 1 | -3) | | | | | 7,439 | | | | |
| | 14 | Benefits pai | d to or for me | embers (Part I | X, column (A), line 4) | | | | | | 0 | | | | |
| | 15 | | | | e benefits (Part IX, co | | | | 139 | ,460 | 178,454 | | | | |
| es | 16a | Professional | , I fundraising | fees (Part IX. | column (A), line 11e) | | <i>.</i> | | | | 0 | | | | |
| ens | | | - | | olumn (D), line 25) | | 16,682 | | | | | | | | |
| Expenses | | | | | ines 11a-11d, 11f-24e) | | | - | 28 | ,143 | 30,762 | | | | |
| | 18 | | | | t equal Part IX, colum | | | | | ,603 | 216,655 | | | | |
| | 19 | • | | | 18 from line 12 | . , , | | | | ,194 | 41,281 | | | | |
| . 4 | | | | 040114011110 | | | | Begin | ning of Curre | | End of Year | | | | |
| Net Assets or Fund Ralances | 20 | Total assets | (Part X line | 16) | | | | Degin | | ,316 | 631,011 | | | | |
| Eals | 21 | | | , | | | | | 505 | ,510 | 4,780 | | | | |
| let ⊿ | 22 | | | | line 21 from line 20 | | | | 569 | ,316 | 626,231 | | | | |
| | rt II | | re Block | | | | | | 509 | ,510 | 020,231 | | | | |
| | | - | | examined this ret | urn, including accompanying | schedules and statemer | ts and to the best | f my know | ledge and bel | ief it is | | | | | |
| | | | | | fficer) is based on all informa | | | | louge and bei | | | | | | |
| | | | | | | | | | | | | | | | |
| Sig | n | NICH Signature of offi | OLAS EAT | ON | | | | | | Dat | 9 | | | | |
| - | | | | | | | | | | Dat | | | | | |
| Her | e | | | ON, TREAS | SURER | | | | | | | | | | |
| | | Type or print na | | | Dreperents strengt | | Deta | | | | DTIN | | | | |
| <u>.</u> . | | | eparer's name | | Preparer's signature | | Date | | Check | X if | PTIN | | | | |
| Pai | | | Copeland | | Karen Copelan | 1 | 09-13-20 |)24 | self-em | ployed | P00671283 | | | | |
| Pre | pare | Firm's name | | J&K Tax | Services LLC | | | Fi | rm's EIN | | | | | | |

| Use Only | Firm's address 32 | 7 Sunrise Dr | Phone no. |
|-------------|----------------------------------|-------------------------------------|----------------|
| | Hig | nh Ridge MO 63049 | 636-253-8420 |
| May the IRS | discuss this return with the pre | parer shown above? See instructions | X Yes 🗌 No |

| Form | n 990 (2023) ST LOUIS AUDUBON SOCIETY | 43-6052063 | Page 2 |
|------|--|-----------------|-------------------|
| Ра | Int 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 CONSERVA | FION ACROSS THE | GREATER |
| | ST LOUIS REGION | | |
| | | | |
| 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? | Yes 🛛 | No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | |
| - | services? | Yes 🛛 | No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as mea | asured 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 \$102,902 including grants of \$) (Reven | | 98 <u>2</u>) |
| | ST LOUIS AUDUBON'S BRING CONSERVATION HOME PROGRAM PROVIDES ON SITE HABIT | | |
| | AND CERTIFICATION FOR URBAN LANDOWNERS IN THE ST LOUIS REGION. THE PROGRAM | | |
| | INVASIVE PLANTS, WATER AND CONSERVATION, AND WILDLIFE STEWARDSHIP PRACTICE | | |
| | BIRDS, OTHER WILDLIFE AND THE COMMUNITY. THE PROGRAM ALSO INCLUDES UNIQUE | | |
| | PROGRAMMING TO PROVIDE A VARIETY OF OPPORTUNITIES FOR THE PUBLIC TO LEARN AND PRACTICES OF SUSTAINABLE NATIVE PLANT HABITAT GARDENING. | ABOUT THE PRINC | IPLES |
| | AND FRACTICES OF SUSTRIANABLE WATTVE FLANT HADITAT GARDENING. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$62,966 including grants of \$) (Reven | | 785) |
| | (1) OUR IN-CLASS PROGRAMMING HAS BEEN ON HOLD FOR TWO YEARS, BUT VIRTUAL 1 | | INUES, |
| | WITH PROGRAMS ON BIRDS OFFERED THROUGH LOCAL PARTNERS (LIBRARY, AUDOBON CI | | |
| | BIRD-OF-THE-WEEK FEATURE GOES OUT VIA EMAIL AND FACEBOOK EVERY WEEK. (3) | | |
| | EDUCATIONAL GRANTS ARE OFFERED ANNUALLY IF THE RESTRICTED FUND HAS SUFFIC: TO PROTECT BIRDS AND THEIR HABITAT BY ADVOCATING FOR BIRDS TO GOVERNMENT (| | |
| | CONDUCTING BIRD SURVEYS IN DOWNTOWN ST LOUIS AND CLAYTON DURING PEAK MIGRA | | |
| | SPECIES-SPECIFIC PROJECTS, AND SUPPORTING CITIZEN SCIENCE EFFORTS. (5) WE | | |
| | TRIPS AND BEGINNER BIRD WALKS ALL YEAR IN PARKS, REFUGES, AND OTHER PUBLIC | | |
| | COORDINATE VOLUNTEER COMMUNITY WORKDAYS TO RESTORE LOCAL WILDLIFE HABITAT | • | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Reven | iue \$ |) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 165,868 | | |
| EEA | | Form 9 | 990 (2023) |

| | 990 (2023) ST LOUIS AUDUBON SOCIETY 43-605 | 2063 | F | age 3 |
|-----|---|------|-----|-------|
| Pa | rt 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 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 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 L | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| _ | election in effect during the tax year? 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 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 | | | |
| 7 | "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | v |
| 8 | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 1 | | x |
| 0 | 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 | 0 | | |
| 5 | 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 | - | | - |
| | 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 | | x |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| с | 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 | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | x | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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 | | 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 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | x |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| 45 | 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 | 45 | | |
| 46 | 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 | 16 | | |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV | 16 | | x |
| 17 | | 17 | | v |
| 18 | Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | | x |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI. | 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 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | x |
| 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 | | x |
| | | · _ | | |

Form 990 (2023)

| Form | 990 (2023) ST LOUIS AUDUBON SOCIETY 43-6052 | 063 | F | Page 4 |
|----------|--|------------|-----------|----------|
| Pa | rt 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 | | | |
| | 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 Schedule J. | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 0.4- | | |
| | 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 | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 044 | | |
| لم | to defease any tax-exempt bonds? | 24c 24d | - | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 | | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 250 | | v |
| h | 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? | 25h | | v |
| 26 | 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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part.II.</i> | 26 | | v |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | 20 | | x |
| 21 | 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? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (See the Schedule | 21 | | |
| 20 | L, Part IV, 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 | | | |
| u | "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 | | x |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| Ũ | "Yes," complete Schedule L. Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | x |
| 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? <i>If "Yes," complete Schedule N, Part J</i> | 31 | | x |
| 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 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | <u> </u> |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | <u> </u> |
| | or IV, and Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | x |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | x |
| 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? Note: All Form 990 filers are required to complete Schedule O | 38 | x | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> . | <u></u> . | x |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | 2 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| | | E . | | (0000) |

| Form | 990 (2023) ST LOUIS AUDUBON SOCIETY 43-60520 | 63 | P | age 5 | | | | | |
|--------|--|----------|-----|----------|--|--|--|--|--|
| Par | rt 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 returm 2a 4 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | | | | | | |
| 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 | | х | | | | | |
| 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 | | x | | | | | |
| 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? | | | | | | | | |
| 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 | | x | | | | | |
| 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 | | x | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | - 11 | | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | | |
| Ŭ | required to file Form 8282? | 7c | | x | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 10 | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | x | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 76 7f | | X | | | | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | |
| g h | | 79 7h | | <u>x</u> | | | | | |
| h o | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | /// | | x | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | | | | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | • | | x | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0- | | | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | x | | | | | |
| 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: | | | | | | | | |
| a | 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.) | | | | | | | | |
| 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 Q | 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? | 15 | | x | | | | | |
| | If "Yes," see the 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 | | x | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities | | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | |

| For | m 990 (2023) ST LOUIS AUDUBON SOCIETY | 43-60520 | | | age 6 |
|-----|---|---------------|--------|---------|--------------|
| Pa | art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 throug | h 7b below, i | and fo | or a "N | Vo″ |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on S | Schedule O. | See ii | nstruc | tions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | х |
| Se | 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 | 17 | | | |
| | 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 1b | 17 | | | |
| 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, 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 | x | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q | | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Rever | iue 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 f | orm? | 11a | х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | x | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co | nflicts? | 12b | х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | |
| | describe on 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 | | x |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | х | |
| b | Other officers or key employees of the organization | | 15b | х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | |
| | with a taxable entity during the year? | | 16a | | x |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | |
| | organization's exempt status with respect to such arrangements? | | 16b | | |
| 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 | 1 501(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 (| 2) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po | | | | |
| | 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. | | | | |
| | KATHY DAILEY (419)357-8006, P.O. BOX 220227, SAINT LOUIS, MO 63122-0227 | | | | |
| | ATTAL STITEST (119,957, 0000, 1.00, DON 22022/, DATAL BOOLD, NO 03122-022/ | | | | |

| Form 990 (202 | 3) ST LOUIS AUDUBON SOCIETY | 43-6052063 | Page 7 |
|---------------------------------|--|-------------------|---------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Col | mpensated Employe | es, and |
| | Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | 🗌 |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Em | nployees | |
| 1a Complete t | his table for all persons required to be listed. Report compensation for the calendar year ending with o | r within the | |
| organization's t | ax year. | | |
| List all of | the organization's current officers, directors, trustees (whether individuals or organizations), regardles | s of amount of | |
| compensation. | Enter -0- in columns (D), (E), and (F) if no compensation was paid. | | |

- · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

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

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

See 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.

| | leu organizat | | mpen | 15010 | eu a | ny cui | ient | | liusiee. | |
|-----------------------|------------------------|--|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------|-------------------------------------|--------------------------|
| | | | | (| (C) | | | | | |
| (A) | (B) | Position | | | | (D) | (E) | (F) | | |
| Name and title | Average | (do not check more than one box, unless person is both an | | | | | n | Reportable | Reportable | Estimated amount |
| | hours | | | | | /trustee) | | compensation | compensation | of other |
| | per week | | | | | | | from the organization (W-2/ | from related organizations (W-2/ | compensation from the |
| | (list any hours for | or c | Inst | Officer | Key | emp | Former | 1099-MISC/ | 1099-MISC/ | organization and |
| | related | lirect | itutic | cer | em | hest ploye | mer | 1099-NEC) | 1099-NEC) | related organizations |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | e com | | | | |
| | below | Istee | rust | | ě | pens | | | | |
| | dotted line) | | e | | | Highest compensated employee | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (1)KATHLEEN_DAILEY | 10.00 | | | | | | | | | |
| BOOKKEEPER | | х | | | | | | 0 | 0 | 0 |
| (2) ERIN_GOSS | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (3) ARTHUR MONTGOMERY | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (4) DUANE WILLIAMS | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (5) CLARK SINGLETON | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (6) JOAN STRASSMANN | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (7)EVAN_HILL | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (8) JENNIFER_REHG | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (9) DIANE_BRICMONT | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (10) TARA_HOHMAN | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (11) ELLEN_HARMON | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (12)PAM WILCOX | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (13)WILLIAM ROWE | 10.00 | | | | | | | | | |
| PRESIDENT | | х | | x | | | | 0 | 0 | 0 |
| (14)MICHAEL MEREDITH | 5.00 | | | | | | | | | |
| VP CONSERVATION | | х | | x | | | | 0 | 0 | 0 |
| EEA | | | | | | | | | | Form 990 (2023) |

| | 90 (2023) ST LOUIS AUDUBON | | | | | | | | 43-6052 | | | age 8 |
|---------------|---|--|-----------------------------------|-------------------------------|-------|--|-------------------------------|---|--|----------------|--|--------------|
| Part | VII Section A. Officers, Directors, 1 | rustees, I | Key E | Empl | loy | ees, a | nd H | lighest Comp | ensated Empl | oyees | (cont | tinued) |
| | (A) Name and title | (B) Average hours per week (list any | box, offic | ot chec unless er and a | perso | ion re than on on is both ctor/truste | an :e) | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ | co | (F) mated am of other ompensat from the anization | ion |
| | | hours for related organizations below dotted line) | Individual trustee or director | nstitutional trustee | icer | employee Key employee | Former Highest compensated | 1099-NEC) | 1099-NEC) | - | ed organiz | |
| | CHOLAS_EATON | 2.00 | x | | x | | | 0 | 0 | | | 0 |
| (16)GA | IL SAXTON | 5.00 | | | | | | | | | | |
| | | | x | | x | | | 0 | 0 | | | 0 |
| (17)st | EPHANIE SCHROEDER | 5.00 | | | | | | | | | - | |
| VP OI | F ED & OUTREACH | | x | | x | | | 0 | 0 | | | 0 |
| (18) | | | | | | | | | | | | |
| <u>(</u> 19) | | | | | | | | | | | | |
| (20) | · | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | | | | |
| c | Total from continuation sheets to Part VII, Sec | tion A . | | | | | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | 0 | 0 | | | 0 |
| 2 | Total number of individuals (including but n | | | | | | | received more th | | | | - |
| | reportable compensation from the organiza | | | | | , | | | | | | 0 |
| | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, direct | ctor, trustee, l | key em | ploye | e, o | r highe | st com | npensated | | | | |
| | employee on line 1a? If "Yes," complete Schedu | le J for such | indivia | lual . | | | | | | 3 | | х |
| 4 | For any individual listed on line 1a, is the sum of r | | | | | | | | | | | |
| | organization and related organizations greater th | nan \$150,000 | ? If "Y | es," c | comp | olete Sc | hedul | e J for such | | | | |
| | individual | | | | | | | | | 4 | | x |
| 5 | Did any person listed on line 1a receive or accrue | | | - | | | - | | | _ | | |
| <u>Cast</u> : | for services rendered to the organization? If "Ye | s," complete | Sched | ule J | for s | such pei | rson. | | | 5 | | Х |
| | on B. Independent Contractors | magneted | indon | ondo | nt c | ontroo | toro t | hat reasily ad ma | ro than \$100.00 | 0 of | | |
| 1 | Complete this table for your five highest co compensation from the organization. Repo | - | - | | | | | | | | e tov v | oor |
| | | | | | | alenuar | year | | | | | ear. |
| | (A) Name and business addre | | | | | | | (B) Description of servic | | (C) Compens | | |
| | | | | | | | + | | | Compen | Jacoll | |
| | | | | | | | - | | | | | |
| | | | | | | | 1 | | | | | |
| | | | | | | | - | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i | ncluding bu | t not l | imite | d to | those | listed | l above) who | | | | |

| received more than \$100,000 of compensation from the organization |
|--|
|--|

| m 990 | <u>`</u> | , | UIS AU | DUBON | SOC | CIETY | | | 43-60520 | 63 Paç |
|---------------------------|--------------|--|-----------|--------------|--------|---------------------------------------|---------------------|-------------------|------------------|-----------------------------------|
| art V | /111 | Statement of Rev | | | | | in a in this Dant V | /11 | | |
| | | Check if Schedule C | contains | s a resp | ons | e or note to any I | (A) | (B) | (C) | (D) |
| | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue exclude |
| | | | | | | | | function revenue | business revenue | from tax under sections 512–51 |
| | 1a | Federated campaigns . | | | 1a | | | | | |
| | b | Membership dues | | | 1b | 21,031 | | | | |
| Ints | с | Fundraising events | | | 1c | 25,391 | | | | |
| | d | Related organizations . | | | 1d | | | | | |
| L A | е | Government grants (contr | ibutions) | | 1e | 51,300 | | | | |
| , mia | f | f All other contributions, gifts, grants, and similar amounts not included above 1f | | | | | | | | |
| and Other Similar Amounts | | | | | 50,625 | | | | | |
| Gr S | g | | | | | | | | | |
| Pu | | | | | | | | | | |
| ~~~ | h | Total. Add lines 1a-1f | | | •• | | 148,347 | | | |
| | - | | | | | Business Code | | | | |
| | | BRING CONSERVATIC | | | | 900099 | 77,982 | 77,982 | | |
| e | | EDUC AND NATURALI | | | | 900099 | 10,785 | 10,785 | | |
| Revenue | | PTRS IN NATIVE LA | | | | 900099 | 1,371 | 1,371 | | |
| Rev | d e | | | | | | | | | |
| | | All other program service | revenue | | | | | | | |
| | | Total. Add lines 2a-2f . | | | | | 90,138 | | | |
| | | Investment income (includi | | | | | 507200 | | | |
| | 3 | other similar amounts) . | ••••• | •••• | ••• | | 19,239 | 19,239 | | |
| | 4 | Income from investment of | | | | E E E E E E E E E E E E E E E E E E E | | - | | |
| | 5 | Royalties | <u></u> | | | [| | | | |
| | | | | (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 | | (ii) Other | | | | |
| | | sales of assets | 70 | | | | | | | |
| | h | other than inventory Less: cost or other basis | 10 | | | | | | | |
| a | D | and sales expenses | 7h | | | | | | | |
| nue | с | Gain or (loss) | | | | | | | | |
| l Kev | | Net gain or (loss) | | | | | | | | |
| Uther Kevenue | | Gross income from fundral | | | | | | | | |
| 5 | | events (not including \$ | 25 | ,391 | | | | | | |
| | | of contributions reported o | n line | | | | | | | |
| | | 1c). See Part IV, line 18 | | | 8a | | | | | |
| | | Less: direct expenses . | | | 8b | | | | | |
| | | Net income or (loss) from t | | g events | • | | | | | |
| | 9a | Gross income from gaming | - | | | | | | | |
| | | activities. See Part IV, line | | | 9a | | | | | |
| | | Less: direct expenses . | | | 9b | | | | | |
| | | Net income or (loss) from | | ,uvilles | | | | | | |
| | 1 0 a | Gross sales of inventory, le returns and allowances . | | | 10a | | | | | |
| | b | Less: cost of goods sold | | | 10b | | | | | |
| | | Net income or (loss) from s | | | | - | | | | |
| | - | (,) , | | , | | Business Code | | | | |
| | 11a | MISC REVENUE | | | | 900099 | 212 | 212 | | |
| an | b | | | | | | | | | |
| Revenue | c | | | | | | | | | |
| ~ | | All other revenue | | | | | | | | |
| | | Total. Add lines 11a-11d | | | | | 212 | | | |
| | 40 | Total revenue. See instru | ictions . | | | | 257,936 | 109,589 | 0 | |

EEA

| Form 990 (2 | 2023) | ST | LOUIS | AUDUBON | SOCIETY |
|-------------|--------------|----|---------|-----------|---------|
| Part IX | Statement of | Fu | nctiona | I Expense | es |

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

| 000 | Check if Schedule O contains a response or n | | D (I)(| · · · · · · · · · · · · · · · · · · | |
|------|--|----------------|-----------------------------|-------------------------------------|-------------------------|
| Do r | not include amounts reported on lines 6b, 7b, | (A) | (B) | (C) | (D) |
| | 0b, 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 | 7,439 | 7,439 | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 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 | 150,058 | 118,935 | 17,252 | 13,871 |
| 8 | Pension plan accruals and contributions (include | • • • • | | • - | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 16,916 | 12,949 | 2,217 | 1,750 |
| 10 | Payroll taxes | 11,480 | 9,099 | 1,320 | 1,061 |
| 11 | Fees for services (nonemployees): | | | | • • • |
| а | Management | | | | |
| b | Legal | 2,137 | | 2,137 | |
| с | | | | - | |
| d | | | | | |
| е | Professional fundraising services. See Part IV, line 17. | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| • | (A), amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 5,684 | 3,730 | 1,954 | |
| 13 | Office expenses | 4,604 | 760 | 3,844 | |
| 14 | Information technology | 434 | | 434 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | | 2,766 | | 2,766 | |
| 24 | 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.) | | | | |
| а | PROGRAM EXPENSES | 12,956 | 12,956 | | |
| b | MANAGEMENT AND GENERAL | 2,181 | | 2,181 | |
| с | | - | | - | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 216,655 | 165,868 | 34,105 | 16,682 |
| 26 | Joint costs. Complete this line only if the | | | | ., |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and fundraising solicitation. Check here if | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |
| | <u> </u> | | | | Earm 000 (2022) |

| Part | X | Balance Sheet | | | |
|-----------------------------|-----|--|-------------------|------|-------------|
| | _ | Check if Schedule O contains a response or note to any line in this Part | | •••• | |
| | | | (A) | | (B) |
| | | • • • • • • • | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | - | 1 | 23,408 |
| | 2 | Savings and temporary cash investments | | 2 | 79,622 |
| | 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 | |
| S | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| Ÿ | 9 | Prepaid expenses and deferred charges | •• | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | 527,981 |
| | 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) | | 16 | 631,011 |
| | 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 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liak | | 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 | 4,780 |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 4,780 |
| | | Organizations that follow FASB ASC 958, check here | | | |
| es | | and complete lines 27, 28, 32, and 33. | | | |
| Net Assets or Fund Balances | 27 | Net assets without donor restrictions | | | 430,524 |
| 3ala | 28 | Net assets with donor restrictions | 194,202 | 28 | 195,707 |
| Β | | Organizations that do not follow FASB ASC 958, check here | | | |
| Fur | | and complete lines 29 through 33. | | | |
| or | 29 | Capital stock or trust principal, or current funds | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ast | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Vet. | 32 | Total net assets or fund balances | | 32 | 626,231 |
| | 33 | Total liabilities and net assets/fund balances | 569,316 | 33 | 631,011 |

EEA

Form 990 (2023)

ST LOUIS AUDUBON SOCIETY

Form 990 (2023)

43-6052063

Page 11

| Form | 990 (2023) ST LOUIS AUDUBON SOCIETY | 43-605206 | 3 | Pa | age 12 |
|------|---|-----------|------|--------------|---------------|
| Par | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | х |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 257, | 936 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 216, | 655 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 41, | 281 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 569, | 316 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 26, | 490 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | (10, | ,856) |
| 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 | | 626, | 231 |
| Par | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Cash Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | |
| | 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 | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | х |
| | 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 | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| EEA | | | Forn | n 990 | (2023) |

| SCHE | DULE | Α |
|-------|------|---|
| (Form | 990) | |

Public Charity tue and Dublie Support

| (Form 990) | Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexen | 2023 | |
|--------------------------------|---|---------------------------------|----------------|
| Department of the Treasury | Attach to Form 990 or Form 990-EZ. | | Open to Public |
| Internal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest infor | mation. | Inspection |
| Name of the organization | | Employer identification | tion number |
| ST LOUIS AUDUBON | SOCIETY | 43-60520 | 063 |
| Part I Reason | for Public Charity Status. (All organizations must complete this | part.) See instruc | ctions. |
| The organization is not a | private foundation because it is: (For lines 1 through 12, check only one box.) | | |
| 1 🗌 A church, conv | vention of churches, or association of churches described in section 170(b)(1)(A)(| i). | |
| 2 A school desc | ibed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | |
| 3 A hospital or a | cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | |
| 4 A medical rese | earch organization operated in conjunction with a hospital described in section 170 |)(b)(1)(A)(iii). Enter t | he |
| hospital's nam | e, city, and state: | | |
| 5 🗌 An organizatio | n operated for the benefit of a college or university owned or operated by a governme | nental unit described i | in |
| section 170(b |)(1)(A)(iv). (Complete Part II.) | | |
| 6 🗌 A federal, state | e, or local government or governmental unit described in section 170(b)(1)(A)(v). | | |
| 7 🗌 An organizatio | n that normally receives a substantial part of its support from a governmental unit or | from the general publ | lic |
| described in s | ection 170(b)(1)(A)(vi). (Complete Part II.) | | |
| 8 A community t | rust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | |
| 9 An agricultural | research organization described in section 170(b)(1)(A)(ix) operated in conjunction | on with a land-grant of | college |
| or university or | a non-land-grant college of agriculture (see instructions). Enter the name, city, and | state of the college or | r |
| university: | | | |
| receipts from a support from g | n that normally receives (1) more than 33 1/3% of its support from contributions, men ctivities related to its exempt functions, subject to certain exceptions; and (2) no mo ross investment income and unrelated business taxable income (less section 511 ta e organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) | ore than 33 1/3% of its | |
| 11 An organizatio | n organized and operated evolutively to test for public safety. See section 500(a) | (4) | |

OMB No. 1545-0047

| Name of the organization |
|----------------------------|
| Internal Revenue Service |
| Department of the Treasury |

Internal Revenue Service ation Name of the organized ST LOUIS AUDUBON SOCIETY

| 5 | | An organization operated for the be | nefit of a college o | r university owned or ope | erated by a | a governme | ental unit described in | |
|-------|---|---|---|---|---|---------------------------------------|--|---|
| | | section 170(b)(1)(A)(iv). (Complet | e Part II.) | | | | | |
| 6 | | A federal, state, or local government | nt or governmenta | I unit described in section | on 170(b)(⁻ | 1)(A)(v). | | |
| 7 | | An organization that normally received | es a substantial pa | art of its support from a g | overnment | tal unit or f | rom the general public | |
| | | described in section 170(b)(1)(A)(| vi). (Complete Par | rt II.) | | | | |
| 8 | | A community trust described in sec | tion 170(b)(1)(A) | (vi). (Complete Part II.) | | | | |
| 9 | Π | An agricultural research organization | | | perated in | conjunctio | n with a land-grant coll | eqe |
| | | or university or a non-land-grant col | | | | | | 0 |
| | | university: | - <u>-</u> | (, | , | ,, | | |
| 10 | X | An organization that normally receipts receipts from activities related to its support from gross investment inco acquired by the organization after | exempt functions, me and unrelated b June 30, 1975. See | subject to certain except pusiness taxable income e section 509(a)(2). (Co | tions; and (less secti mplete Pa | (2) no mor ion 511 tax rt III.) | e than 33 1/3% of its) from businesses | 5 |
| 11 | | An organization organized and ope | rated exclusively t | to test for public safety. | See sectio | on 509(a)(4 | 4). | |
| 12 | | An organization organized and open | rated exclusively for | or the benefit of, to perform | m the funct | tions of, or | to carry out the purpos | es of |
| | | one or more publicly supported org | anizations describ | ed in section 509(a)(1) | or section | 509(a)(2) | . See section 509(a)(3 | s). Check |
| | | the box on lines 12a through 12d th | at describes the type | pe of supporting organization | ation and c | omplete lin | nes 12e, 12f, and 12g. | |
| а | | Type I. A supporting organizati | ion operated, supe | ervised, or controlled by i | ts supporte | ed organiz | ation(s), typically by given by given by given by a statement of the second sec | ving |
| | | the supported organization(s) the | ne power to regula | rly appoint or elect a ma | jority of the | e directors | or trustees of the | |
| | | supporting organization. You n | nust complete Pa | rt IV, Sections A and B | | | | |
| b | | Type II. A supporting organization | tion supervised or | controlled in connection | with its su | pported or | ganization(s), by havin | g |
| | | control or management of the s | upporting organiza | tion vested in the same | persons that | at control o | r manage the supporte | d |
| | | organization(s). You must con | nplete Part IV, Se | ctions A and C. | | | | |
| С | | Type III functionally integrate | ed. A supporting or | rganization operated in c | connection | with, and | functionally integrated | with, |
| | | its supported organization(s) (s | ee instructions). Y | ou must complete Par | t IV, Section | ons A, D, | and E. | |
| d | | Type III non-functionally inte | grated. A supporti | ng organization operate | d in conne | ction with i | its supported organizat | ion(s) |
| | | that is not functionally integrate | d. The organizatior | n generally must satisfy a | distributio | n requirem | ent and an attentivenes | S |
| | | requirement (see instructions). | You must comple | ete Part IV, Sections A | and D, an | d Part V. | | |
| е | | Check this box if the organization | on received a writte | en determination from the | IRS that it | is a Type | I, Type II, Type III | |
| | | functionally integrated, or Type | III non-functionally | integrated supporting of | rganizatior | 1. | | |
| f | E | nter the number of supported organi | zations | | | | | |
| g | F | rovide the following information about | ut the supported or | ganization(s). | | | | |
| | | i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the o listed in you docum | Ir governing | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | - | |
| (A) | | | | | | | | |
| (~) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| Total | | | | | | | | |
| | | | | | | | | |

| Schedul | e A (Form 990) 2023 ST LOUIS AU | JDUBON SOCI | ETY | | | 43-6052063 | B Page 2 |
|---------|---|-----------------|-----------------|------------------|-------------------|------------------|------------------|
| Part | II Support Schedule for Organiza | ations Desci | ribed in Sect | ions 170(b)(| 1)(A)(iv) and | 170(b)(1)(A)(| vi) |
| | (Complete only if you checked th | ne box on line | e 5, 7, or 8 of | Part I or if the | e organizatior | n failed to qua | lify under |
| | Part III. If the organization fails to | | | | | | |
| Secti | on A. Public Support | | | | • | , | |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 | | | | | | |
| 5 | furnished by a governmental unit to the | | | | | | |
| | | | | | | | |
| 4 | organization without chargeTotal. Add lines 1 through 3 | | | | | | |
| 4 | - | | | | | | |
| 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. | | | | | | |
| | on B. Total Support | | 1 | 1 | 1 | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 | | | | | | |
| 12 | Gross receipts from related activities, etc. | (see instructio | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the o | | | | | |)(3) |
| | organization, check this box and stop he | | | | | | |
| Secti | on C. Computation of Public Support | rt Percentag | <u></u> e | | | | •••• |
| 14 | Public support percentage for 2023 (line 6 | | | 11 column (f)) | | 14 | % |
| 15 | Public support percentage from 2022 Sch | | | | | 15 | % |
| 16a | 33 1/3% support test - 2023. If the organ | | | | | - | |
| 104 | box and stop here. The organization qua | | | | | | |
| b | 33 1/3% support test - 2022. If the organ | | | | | | |
| D | | | | | | | |
| 47- | this box and stop here . The organization | | | | | | |
| 17a | 10%-facts-and-circumstances test - 20 | | | | | | |
| | 10% or more, and if the organization mee | | | | | | |
| | Part VI how the organization meets the fa | | | - | - | | _ |
| | organization | | | | | | _ |
| b | 10%-facts-and-circumstances test - 20 | - | | | | | |
| | 15 is 10% or more, and if the organization | | | | | - | |
| | in Part VI how the organization meets the | facts-and-circ | umstances tes | t. The organiza | ation qualifies a | as a publicly su | oported |
| | organization | | | | | | _ |
| 18 | Private foundation. If the organization di | d not check a | box on line 13, | 16a, 16b, 17a | i, or 17b, check | this box and s | ee |
| | instructions | <u></u> . | <u></u> . | <u></u> . | <u></u> . | <u></u> | <u></u> |
| | | | | | | | |

| | le A (Form 990) 2023 ST LOUIS AU | | | | | 43-6052063 | Page 3 |
|-------|---|------------------|-------------------|---------------------|------------------|-----------------|------------------|
| Part | | | | | | | |
| | (Complete only if you checked th | | | • | | | ler Part II. |
| | If the organization fails to qualify | under the tes | sts listed belo | w, please cor | nplete Part II | .) | |
| | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 106,546 | 122,034 | 94,365 | 92,200 | 96,637 | 511,782 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | 32,840 | 15,294 | 29,667 | 86,178 | 94,138 | 258,117 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 139,386 | 137,328 | 124,032 | 178,378 | 190,775 | 769,899 |
| 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 769,899 |
| | on B. Total Support | | | 1 1 | | | |
| alen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | 139,386 | 137,328 | 124,032 | 178,378 | 190,775 | 769,899 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources . | 16,315 | 13,455 | 14,902 | 16,593 | 18,344 | 79,609 |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 16,315 | 13,455 | 14,902 | 16,593 | 18,344 | 79,609 |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 2 | 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.) | 155,701 | 150,783 | 138,934 | 194,971 | 209,119 | 849,508 |
| 14 | First 5 years. If the Form 990 is for the or | ganization's fir | st, second, thi | rd, fourth, or fift | th tax year as a | a section 501(c |)(3) |
| | organization, check this box and stop her | е | | | | | [|
| ecti | on C. Computation of Public Suppor | t Percentage | e | | | | |
| 15 | Public support percentage for 2023 (line 8 | , column (f), di | vided by line 1 | 3, column (f)) | | 15 | 90.63 % |
| 6 | Public support percentage from 2022 Sche | edule A, Part I | II, line 15 . | | | 16 | 89.97 % |
| ecti | on D. Computation of Investment Inc | come Percer | ntage | | | | |
| 7 | Investment income percentage for 2023 (li | ine 10c, colum | n (f), divided b | y line 13, colur | nn (f)) | 17 | 9.00 % |
| 8 | Investment income percentage from 2022 | Schedule A, F | Part III, line 17 | | | 18 | 10.00 % |
| 19a | 33 1/3% support tests - 2023. If the organ | | | | | ore than 33 1/3 | %, and line |
| | 17 is not more than 33 1/3%, check this bo | | | | | | |
| b | 33 1/3% support tests - 2022. If the organization | - | - | | | | |
| | line 18 is not more than 33 1/3%, check this box | | | | | | |
| 20 | Private foundation. If the organization did | - | - | | | - | |
| | | | , | , • | | | (Eorm 990) 202 |

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

ST LOUIS AUDUBON SOCIETY Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified 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. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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. Did the organization support any foreign supported organization that does not have an IRS determination С 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). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 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 disgualified 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. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. С 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. Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 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.)

| | le A (Form 990) 2023 ST LOUIS AUDUBON SOCIETY 43-6052063 | | F | age 5 |
|------------------|--|----------|--------|--------------|
| Part | IV Supporting Organizations (continued) | | Vaa | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | Yes | NO |
| | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| u | 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 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Secti | on 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 | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| 0 + - | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on 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 | | 162 | 110 |
| • | 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 | | |
| Secti | on D. All Type III Supporting Organizations | - | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI | | | |
| | how the organization maintained a close and continuous working relationship with the supported organization(s |). 2 | | |
| 3 | By reason of the relationship described in 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 | | | |
| Secti | supported organizations played in this regard. | 3 | | |
| 1 | on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se | o inci | ructio | ne) |
| a | The organization satisfied the Activities Test. Complete line 2 below. | e ma | lucit | 113). |
| u | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| b | | |). | |
| b c | | uctions | | No |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec | uctions | | |
| с 2 | The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructivities Test.</i> Answer lines 2a and 2b below. | uctions, | Yes | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructivities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | uctions, | | |
| с 2 | The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructivities Test.</i> Answer lines 2a and 2b below. 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 | uctions, | | |
| с 2 | The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructivities</i> Test. <i>Answer lines 2a and 2b below.</i> 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, | uctions, | | |
| с 2 | The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructivities</i> Test. <i>Answer lines 2a and 2b below.</i> 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 <i>Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | 2a | | |
| с 2 | The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructivities Test.</i> Answer lines 2a and 2b below. 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. | | | |
| c 2 a | The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructivities</i> Test. <i>Answer lines 2a and 2b below.</i> 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 <i>Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
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| c 2 a | The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructivities</i> Test. <i>Answer lines 2a and 2b below.</i> 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 <i>Part VI identify those supported organizations and explain</i> 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. 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 | 2a | | |
| c 2 a b | The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructivities</i> Test. <i>Answer lines 2a and 2b below.</i> 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 <i>Part VI identify those supported organizations and explain</i> 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. 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 involvement. | 2a | | |
| с 2 а b | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructivities Test. Answer lines 2a and 2b below. 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 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. | 2a | | |
| с 2 а b | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructivities Test. Answer lines 2a and 2b below. 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 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. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 2a 2b | | |

| | instructions. All other Type III non-functionally integrated supporting organ | | | (B) Current Year |
|-------|---|----|----------------|---------------------------------------|
| Secti | on A - Adjusted Net Income | | (A) Prior 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 | | |
| Secti | on 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 | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | 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 | | |
| Secti | on 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 | | |

ST LOUIS AUDUBON SOCIETY

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) 2023

Schedule A (Form 990) 2023

43-6052063

Page 6

| Schedul | A (Form 990) 2023 ST LOUIS AUDUBON SOCIETY V Type III Non-Functionally Integrated 509(a)(3) | 3) Supporting Organ | 43-60 | | 963 Page 7 |
|---------------|---|--------------------------------|--|--------|---|
| | on D - Distributions | b) Supporting Organ | | | Current Year |
| | | | | | |
| 1 | Amounts paid to supported organizations to accomplish ex | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | npt purposes or support | | ~ | |
| | organizations, in excess of income from activity | and of our ported or soon | | 2 | |
| <u>3</u> 4 | Administrative expenses paid to accomplish exempt purpo Amounts paid to acquire exempt-use assets | oses of supported organ | | 3 4 | |
| <u>4</u> 5 | Qualified set-aside amounts (prior IRS approval required) | provide details in Part | | 4 5 | |
| | | | | - | |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. Total annual distributions. Add lines 1 through 6. | | | 6 7 | |
| | 5 | the ergenization is rear | | / | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 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-2023 | s | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 | | | | |
| | (reasonable cause required - explain in Part VI). See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| a | From 2018 | | | | |
| b | From 2019 | | | | |
| C | From 2020 | | | | |
| d | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from | | | | |
| | Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2019 | | | | |
| b | Excess from 2020 | | | | |
| С | Excess from 2021 | | | | |
| d | Excess from 2022 | | | | |
| е | Excess from 2023 | | | | |
| EEA | | | | S | |

| Schedule A (F | |
|---------------|---|
| 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.) |
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| 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.

OMB No. 1545-0047 2023

| Attach to Form 990. | |
|--|--|
| Go to www.irs.gov/Form990 for instructions and the latest information. | |

Open to Public Inspection

Employer identification number

| ST LO | DUIS AUDUBON SOCIETY | 43-6052063 |
|-------|---|---------------------------------|
| Pa | t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun | ts |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised | |
| | funds are the organization's property, subject to the organization's exclusive legal control? | No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | |
| | conferring impermissible private benefit? | Yes 🗌 No |
| Par | II Conservation Easements | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (for example, recreation or education) | ically important land area |
| | Protection of natural habitat Preservation of a certific | ed historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation | servation |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| С | Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d | Number of conservation easements included on line 2c, acquired after July 25, 2006, and not | |
| | on a historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized | zation during the |
| | tax year | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? \ldots | Yes 🗌 No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | easements during the year |
| | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease | ements during the year |
| | | |
| 8 | Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(| (i) |
| | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem | |
| | sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes | s the |
| _ | organization's accounting for conservation easements | |
| Par | | r Similar Assets |
| | Complete if the organization answered "Yes" 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 bala | |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand | ce of public |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance | |
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance | of public service, |
| | provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p | provide the |
| | following amounts required to be reported under FASB ASC 958 relating to these items: | <u>^</u> |
| a | Revenue included on Form 990, Part VIII, line 1 | |
| b | Assets included in Form 990. Part X | \$ |

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

| | e D (Form 990) 2023 ST LOUIS AUDUBC | | | | | 43-60520 | | | Page 2 |
|----------|--|-------------------------|---------------------------------------|-------------------|---------|------------------------|---------|-----------|---------------|
| Par | t III Organizations Maintaining | Collections of / | Art, Historical T | reasures, o | r Ot | her Similar Ass | sets (c | ontinı | Jed) |
| 3 | Using the organization's acquisition, accessi | ion, and other records | s, check any of the fo | llowing that mak | ke sig | nificant use of its | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | | d 🗌 Loan o | r exchange prog | Iram | | | | |
| b | Scholarly research | | | | | | | | |
| | Preservation for future generations | | | | | | | | |
| c | | - II C | . Is a set the set of setting and set | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explain | how they further the | e organization's | exem | pt purpose in Part | | | |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organization solicit of | | | | | | _ | _ | |
| | assets to be sold to raise funds rather than t | | part of the organization | on's collection?. | | | Ye | s | No |
| Par | t IV Escrow and Custodial Arra | ingements | | | | | | | |
| | Complete if the organization | answered "Yes" | on Form 990, P | art IV, line 9, | or r | eported an amo | unt on | Form | ۱ |
| | 990, Part X, line 21. | | | | | - | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermedia | arv for contributions | or other assets i | not | | | | |
| | included on Form 990, Part X? | | - | | | | ∏ Ye | • 🗆 | No |
| b | If "Yes," explain the arrangement in Part XII | | | | ••• | | | • | |
| b | | i and complete the lo | nowing table. | | | A | | | |
| | | | | | - | Amo | unt | | |
| С | Beginning balance | | | | 10 | ; | | | |
| d | Additions during the year | | | | 10 | 1 | | | |
| е | Distributions during the year | | | | 1e | • | | | |
| f | Ending balance | | | | 1f | | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for escrow or cu | stodial account l | iabilit | y? | Ye | s | No |
| b | If "Yes," explain the arrangement in Part XII | I. Check here if the ex | xplanation has been | provided on Par | t XIII | | | . П | |
| Par | | | | | | | | · 🗆 | |
| i ui | Complete if the organization | answarad "Vas" | on Form 990 P | art IV/ line 1(| า | | | | |
| | | | | | | (n T) | () = | | |
| | | (a) Current year | (b) Prior year | (c) Two years bad | | (d) Three years back | | r years b | |
| 1a | Beginning of year balance | 194,202 | 196,945 | 205,1 | 41 | 165,471 | | 184,3 | 383 |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | |
| | losses | 8,979 | (1,693) | (2,5 | 37) | 46,163 | | (17,2 | 202) |
| d | Grants or scholarships | 7,439 | 1,050 | 5,6 | 59 | 6,493 | | 1,6 | 675 |
| е | Other expenditures for facilities and | - | - | - | | • | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | 35 | | | | | | | 35 |
| | | | 104 000 | 100.0 | 4.5 | 205 141 | | 165 | |
| g | End of year balance | 195,707 | 194,202 | 196,9 | 45 | 205,141 | | 165,4 | ±/1 |
| 2 | Provide the estimated percentage of the curr | | e (line 1g, column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | % | | | | | | | |
| b | Permanent endowment% | | | | | | | | |
| С | Term endowment% | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiza | ation that are held an | d administered f | for the | e | | | |
| | organization by: | - | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | 3a(i) | | x |
| | (ii) Related organizations? | | | | | | 3a(ii) | | |
| | ., . | | | | | | | | x |
| b | If "Yes" on line 3a(ii), are the related organiz | • | | | ••• | | 3b | | L |
| 4 | Describe in Part XIII the intended uses of th | | owment funds. | | | | | | |
| Par | | | | | | | | | _ |
| | Complete if the organization | answered "Yes" | on Form 990, P | art IV, line 1 | 1a. S | <u>See Form 990, F</u> | Part X, | line 1 | 0. |
| | Description of property | (a) Cost or othe | r basis (b) Cost o | r other basis | (c) | Accumulated | (d) Boo | k value | |
| | | (investme | nt) (0 | other) | de | epreciation | | | |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| c | Leasehold improvements | | | | | | | | |
| | · | | | | | | | | |
| d | | | | | | | | | |
| <u>e</u> | Other | | | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) must e | equal Form 990, Pari | t X, line 10c, column | (B) | •• | ••••• | | | |

Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

43-6052063

Page 3

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| (2)FUNDS HELD FOR NATIVE LAND PROGRAM | 4,780 | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) . | 4,780 | |

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. . . .

| | le D (Form 990) 2023 ST LOUIS AUDUBON SOCIETY | 43-6052063 | Page 4 |
|------|--|------------|--------|
| Part | 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 | - | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | | |
| Part | | per Return | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | 1 1 | |
| 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: | | |
| а | Donated services and use of facilities | _ | |
| b | Prior year adjustments | | |
| C | Other losses | _ | |
| 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 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.) | | |
| C | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Part | XIII Supplemental Information | | |

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

| | | Supplement | nental Information Regarding Fundraising or Gaming Activities | | | | | OMB No. 1545-0047 | |
|-------------------------------|---|-----------------------|---|------------------------------|--|-----------------------------------|--|---|--|
| (Form 990) Complete if the or | | | the organization an organization enter | nswered "Yes ed more than | , or 19, or if the | 2023 | | | |
| | Department of the Treasury nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | ion | Open to Public | |
| | f the organization | | 30 to www.irs.gov/i | 0////9901011 | | | Employer identif | Inspection | |
| | OUIS AUDUBON | SOCIETY | | | | | 43-60 | 52063 | |
| Par | | | Complete if th | ne organiz | ation ansv | vered "Yes" on | Form 990, Part IV | | |
| | | 0-EZ filers are n | | | | | | | |
| 1 | | the organization rais | ed funds through | · _ | | | | | |
| a L | | | | | | | | | |
| b c | Phone solicita | | | | | | | | |
| d | In-person solid | | | 9 🗆 | | | | | |
| 2a | — · | ion have a written o | r oral agreement w | ith any indivi | idual (includir | ng officers, directors | , trustees, | | |
| | or key employees | s listed in Form 990, | Part VII) or entity | in connectio | n with profess | sional fundraising se | ervices? | 🗌 Yes 🗌 No | |
| b | | • | , | undraisers) p | ursuant to ag | reements under wh | ich the fundraiser is to | be | |
| | compensated at I | east \$5,000 by the c | organization. | | | | | | |
| | (i) Name and addres or entity (fun | | (ii) Activity | custody c | ndraiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | | | Yes | No | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| | | | | | | | | | |
| Total 3 | | - | n is registered or l | icensed to se | olicit contribu | tions or has been no | otified it is exempt fror | n | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | rt II | Fundraising Events. Com than \$15,000 of fundraising | event contributions and | answered "Yes" on For | m 990, Part IV, line 18, c | - |
|-------------------------|--|--|---|-----------------------|--|--|
| | | gross receipts greater than | | (b) Except #0 | (a) Other surgets | |
| | | | (a) Event #1 <u>BIRDATHON</u> (event type) | (b) Event #2 | (c) Other events <u>3</u> (total number) | (d) Total events (add col. (a) through col. (c)) |
| a) | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 12,979 | | 12,412 | 25,391 |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 | | | | |
| | | minus line 2) | 12,979 | | 12,412 | 25,391 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| nses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Dire | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 312 | | 4,253 | 4,565 |
| | 10 | Direct expense summary Add lin | 4.4 1.0 1. () | | | |
| | - | | |) | | 4,565 |
| Pa | 11 | Net income summary. Subtract li | ne 10 from line 3, column (d |) | | 20,826 |
| Pa | - | | ne 10 from line 3, column (d rganization answered "Y |) | | 20,826 |
| | 11 | Net income summary. Subtract li Gaming. Complete if the or | ne 10 from line 3, column (d rganization answered "Y |) | | 20,826 |
| | 11 | Net income summary. Subtract li Gaming. Complete if the or | ne 10 from line 3, column (d rganization answered "Y ine 6a. |) | | 20,826 Hore than (d) Total gaming (add |
| Revenue | 11 rt III | Net income summary. Subtract li Gaming. Complete if the or \$15,000 on Form 990-EZ, I | ne 10 from line 3, column (d rganization answered "Y ine 6a. |) | | 20,826 Hore than (d) Total gaming (add |
| Revenue | 11 rt III 1 | Net income summary. Subtract li Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue | ne 10 from line 3, column (d rganization answered "Y ine 6a. |) | | 20,826 Hore than (d) Total gaming (add |
| Revenue | 11 rt III 1 2 | Net income summary. Subtract li Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes | ne 10 from line 3, column (d rganization answered "Y ine 6a. |) | | 20,826 Hore than (d) Total gaming (add |
| | 11 rt III 1 2 3 | Net income summary. Subtract li Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes Noncash prizes | ne 10 from line 3, column (d rganization answered "Y ine 6a. |) | | 20,826 Hore than (d) Total gaming (add |
| Revenue | 11 rt III 1 2 3 4 | Net income summary. Subtract li Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes Noncash prizes Rent/facility costs | ne 10 from line 3, column (d rganization answered "Y ine 6a. |) | | 20,826 Hore than (d) Total gaming (add |
| Revenue | 11 rt III 2 3 4 5 | Net income summary. Subtract li Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses | ne 10 from line 3, column (d rganization answered "Y ine 6a. (a) Bingo |) | | 20,826 Hore than (d) Total gaming (add |
| Revenue | 11 rt III 1 2 3 4 5 6 | Net income summary. Subtract li Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | ne 10 from line 3, column (d rganization answered "Y ine 6a. (a) Bingo |) | | 20,826 Hore than (d) Total gaming (add |
| Direct Expenses Revenue | 11 1 1 2 3 4 5 6 7 8 En | Net income summary. Subtract li Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add line | ne 10 from line 3, column (d rganization answered "Y ine 6a. (a) Bingo (a) Bingo (b) Bingo (c) B |) | | 20,826 Nore than (d) Total gaming (add col. (a) through col. (c)) |
| Direct Expenses Revenue | 11 1 2 3 4 5 6 7 8 En a Is | Net income summary. Subtract li Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes Cash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Summa | ne 10 from line 3, column (d rganization answered "Y ine 6a. (a) Bingo (a) Bingo (b) Bingo (c) B |) | | 20,826 Nore than (d) Total gaming (add col. (a) through col. (c)) |

SCHEDULE O (Form 990)

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.



Department of the Treasury Internal Revenue Service Name of the organization

ST LOUIS AUDUBON SOCIETY

Employer identification number 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 AND ANNUALLY

THEREAFTER.

06. CEO, executive director, top management comp (Part VI, line 15a)

A PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF EMPLOYEES.

| Schedule O (Form 990) 2023 | Page 2 |
|----------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| ST LOUIS AUDUBON SOCIETY | 43-6052063 |

07. Other officer or key employee compensation (Part VI, line 15b

A PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF EMPLOYEES.

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 HAVE BEEN CHANGED TO VIRTUAL FORMAT.

10. Part V, response or note to any other line in Part V

ALTHOUGH ST. LOUIS AUDUBON'S REGULAR PRACTICE IS TO NOTIFY DONORS OF THE VALUE OF

GOODS/SERVICES PROVIDED

BY ST. LOUIS AUDUBON, IT DID NOT DO SO IN ALL CASES.

11. Part XI, response or note to any line in Part XI

PRIOR PERIOD ADJUSTMENTS

IT WAS DETERMINED THAT THE 04/30/2023 UNREALIZED AMOUNT WAS INCCORRECT AS FOLLOWS

UNREALIZED CRELEY CREDIT \$2898.47

UNREALIZED SLAS CREDIT \$7958.68